CCDHB CARE CAPACITY DEMAND MANAGEMENT PROGRAMME

LETTER OF AGREEMENT

CAPITAL & COAST DISTRICT HEALTH BOARD (CCDHB)

INTRODUCTION

DHBs and other sector groups often work closely together to further the collective needs and initiatives of all parties. This letter of agreement (LOA) recognises the close and collaborative nature of the engagement among the parties in circumstances where they consider it unnecessary to engage in a full commercial-style contract for service delivery, given that there is already shared endeavour and a relationship of trust between the parties. On the other hand, this LOA recognises the need to record and document what services are to be delivered, in what manner, and by when.

The purpose of this LOA is to describe the relationship among the Safe Staffing Health Workplaces Unit (SSHW Unit), CCDHB and the union parties, and to set out the parties' commitments to activities and outcomes.

TERM

The term of this LOA is set out in Schedule A (the Term).

NATURE OF RELATIONSHIP BETWEEN PARTIES

For the purposes of this LOA, each party is an independent organisation and this LOA does not create any employment relationship, joint venture, agency, trust or partnership between or among any of the parties.

BACKGROUND TO CCDM PROGRAMME

The SSHW Unit was set up at the request of the 20 DHBs and the New Zealand Nurses Organisation (NZNO) to support the implementation of the recommendations of the 2006 Committee of Inquiry report (the COI Report). Latterly, the PSA and SFWU became involved and a structured programme resulted, and is now being implemented in the majority of DHBs. The Care Capacity Demand Management (CCDM) Programme is established within a DHB using the parties preferred industrial partnership model.

CCDM addresses key elements of the safe staffing healthy workplaces agenda and balances the requirement to deliver quality patient outcomes in quality work environments in ways that make efficient use of the health resources.

The CCDM Programme is underpinned by a partnership approach involving health unions in a collaborative model of participation. To operate successfully, the CCDM Programme requires a high level of information and data sharing so that the parties can make joint decisions.

PURPOSE OF CCDM PROGRAMME

The purpose of the CCDM Programme is to enable the DHB to:

1. Develop a seamless coordinated and effective system of care capacity/demand matching.

2. Utilise a whole of organisation approach that supports interconnection between the social and technical elements.

3. Implement recognised best practice tools and guidelines for DHBS to achieve Care Capacity Demand Management.

4. Implement recognised best practice tools to maximise the effectiveness of the environment of care.

5. Support the parties' commitment under the Health Sector Relationship Agreement (HSRA) and relevant clauses in collective employment agreements.

COMMITMENTS OF PARTIES TO LOA

CAPITAL & COAST DHB WILL:

1. Appoint the DHB CEO as overall sponsor of the CCDM Programme within the DHB for the Term.

2. Establish within the DHB a permanent CCDM Central Council (the Council) in accordance with the clause below, with appropriate terms of reference, comprising key DHB personnel (including key executives, professional leaders and union representatives), and stakeholders.

3. Achieve the agreed programme milestones, timeframes and outcomes by assigning specific responsibilities to key staff, as set out in the agreed CCDM Council work plan.

4. Establish standing groups at appropriate points during the Term to support specific activities as defined by the Council in relation to the programme of activity set out in Schedule A.

5. Collaborate with participating unions to ensure delegates are released from the workplace in order to participate in the CCDM Programme's activity.

6. Share the DHB's experiences and learning with other interested DHBs, for example by hosting site visits and sharing the resources it has developed.

7. Participate in on-going collaborative evaluation and research associated with the CCDM.

8. Adhere to the data collection and sharing principles set out in this LOA and share information freely with participating unions and the SSHW Unit for the benefit of the CCDM Programme.

9. Steadily progress development of a whole of organisation approach towards CCDM using strategies that will include (but are not limited to):

   a. Identifying DHB strengths and opportunities for improvement.

   b. Planning, prioritising and implementing activity to improve capability.

c. Providing regular reports as requested to the SSHW Unit Governance Group on the DHB's progress with the CCDM Programme.

d. Establishing and refining the DHB's data set to support the CCDM Programme.

e. Forecasting and setting the DHB's staffing base using the tools and processes provided.

f. Implementation and development of Variance Response Management.

g. Ensuring maximum utilisation of a validated patient acuity system.

h. Establishing permanent structures within the DHB to support the CCDM Programme.

THE SSHW UNIT WILL:

1. Provide appropriate SSHW Unit resource to support the parties as set out in Schedule A.

2. Work collaboratively with the DHB and the union parties on the programme of activity as set out in Schedule A aimed at further embedding CCDM within the DHB.

3. Keep information pertaining to the DHB, its operations or personnel strictly confidential, unless the SSHW Unit has the prior agreement of the DHB.

4. Support and promote the strategies, guidelines and tools that result from the CCDM Programme and this LOA to the health sector as a whole.

5. Participate in on-going collaborative evaluation and research associated with CCDM.

6. Provide information and support to assist the DHB in developing a whole of organisation approach towards CCDM.

THE PARTICIPATING UNIONS WILL EACH INDIVIDUALLY:

1. Ensure that their local union staff are provided with appropriate time and support to enable them to participate in the implementation of the programme of activity set out in Schedule A.

2. Work collaboratively with the DHB to ensure that delegates are able to be released to participate in implementation of the programme of activity set out in Schedule A.

3. Provide a visible presence in wards and services that are actively implementing the CCDM Programme.

4. Champion and support the CCDM Programme.

5. Participate in training and development activity associated with the implementation of the CCDM Programme.

6. Take responsibility for communicating relevant information internally with their delegates and members, and nationally within their organisation.

7. Participate in evaluation and research activity associated with the CCDM Programme.

8.   Adhere to the data collection and sharing principles set out in this LOA and observe good faith principles in dealing with sensitive information that is shared with them through participation in the CCDM programme.

9.   The union parties will lead the implementation of the CCDM programme in partnership with the DHB in accordance with the Nursing and Midwifery Multi Employment Collective Agreement and the partnership charter for the CCDM programme at CCDHB. ("Together we successfully lead the implementation of the Care Capacity Demand Management (CCDM) programme to deliver better patient outcomes by ensuring safe staffing and healthy workplaces"). CCDHB Partnership Charter Oct 2017

CCDM COUNCIL AND LOCAL COUNCIL

When a DHB enters the CCDM Programme, a central CCDM Council comprising of DHB and union participants will be established. This group may be known within the DHB as the CCDM Council or by another name. Whatever name is given to the group, it is referred to as the CCDM Council for the purposes of this LOA.

The purpose of the CCDM Council is to support the implementation of the CCDM Programme and to make on-going decisions and recommendations to the DHB about improving organisational design to support safe staffing and healthy workplaces.

Membership of the Council comprises DHB personnel (including key executives, professional leaders and union representatives), and other stakeholders.

As each ward or service takes part in the CCDM Programme across the DHB and considers staffing redesign, a local council (known as the Local Council for the purposes of this LOA) that mirrors the CCDM Council is set up. The purpose of the Local Council is to collect relevant data to show whether the CCDM Programme's processes are working well, to make local changes and to recommend changes to the CCDM Council that are outside of the scope of the Local Council.

Following the implementation of the CCDM Programme within the DHB, both the CCDM Council and each Local Council will become permanent forums within the DHB, supporting on-going decision making and service design or redesign.

DATA COLLECTION AND SHARING

Good quality data is the foundation of CCDM. The goal is that information is generated on the day and over time that demonstrates whether things are going well or whether change is required. There are four main areas where information will be collected for the CCDM Programme. No information is collected or disclosed that would enable individual staff to be identified. Staff will be advised that their survey responses are anonymous, and before staff data is provided to SSHW it must be de-identified.

1.   The Discovery Phase. This happens at the beginning of the CCDM Programme and involves an online staff survey, interviews with key staff and consideration of documents associated with the DHBs performance, strategy and goals. A report is generated for the CCDM Council.

2.   Wards and services across the DHB are systematically engaged in data collection processes and analysis that results in a report being generated by the DHB, with support and oversight provided by the SSHW Unit, for the CCDM Council and Local Council. The purpose of the report is to propose a revised staffing model, if appropriate, and any recommended changes to the work environment.

3. A centralised operations centre is generally established within the DHB that aims to show the capacity to demand match in the moment. Data is taken from the inpatient management system, the rostering and HR system and is generated directly by staff within the services using a scoring tool to show capacity/demand match/mismatch. This data is made available to the CCDM Council, to the Local Council, and to staff at appropriate levels of the DHB to aid decision making.

4. The SSHW Unit undertakes research and evaluation of the CCDM Programme within the DHB. This can involve assessing qualitative and quantitative data. Patient information would not normally form part of the SSHW Unit's data presentation. In the event that it does, it will first be de-identified.

WORKING RELATIONSHIP

Primary liaison among the SSHW Unit, the DHB and union parties will be provided by an assigned SSHW Unit Programme Consultant who will work collaboratively with CCDHB, and the CCDM Council.

Functional engagement within the DHB will take place as agreed between the CCDM Council and the SSHW Unit, and will be based on the programme of activity set out in an agreed work plan approved by the CCDHB CCDM Council and SSHW governance Group. Progress towards achievement of this work plan will be reported to the CCDHB Board.

The SSHW Unit will focus on supporting the parties to develop and maintain robust and accurate data in relation to capacity and demand matching, the quality of the work environment and the quality of patient services.

The CCDM Programme will assist the DHB to develop internal CCDM capacity and continue to work towards successful DHB implementation of the SSHW COI Report's recommendations. Ideally this work will be facilitated via already established local collaborative partnerships (joint forums) and in particular through bipartite make-up of the governance arrangements.

EXPECTED OUTCOMES

FOR CCDHB AND UNION PARTIES

The parties intend that during the Term the DHB will benefit from significant progress in the following areas:

1. The ability to identify and use existing data, as well as identify and develop new sources to augment its current activity associated with CCDM.

2. Commitment and participation by representatives of the participating health unions in the collaborative agenda.

3. Achieve a more complete organisational picture of capacity and demand.

4. Advance the use of forecasting windows for predicting variance in demand and acting on identified mismatches between capacity and demand.

5. Accuracy of budget setting and improved adherence to budgets.

6. Reduction in avoidable variance between demand and capacity.

7. Ensuring staff numbers more closely match workload activity, and skill mix is closely matched to acuity ensuring that care capacity meets demand more consistently.

8. Variance response management will be embedded and improved.

9. Greater flexibility in dynamically matching capacity to demand

FOR THE SSHW UNIT

The SSHW Unit will have the opportunity to further test, evaluate and refine CCDM strategies, tools and resources for general DHB implementation.

FOR THE HEALTH SECTOR

Tested and validated tools will be available for application to all DHBs.

STATEMENT OF COMMITMENT

We the undersigned commit to provide the resources required to implement the CCDM Programme as set out in this agreed LOA and work plan approved by the CCDHB CCDM Council and SSHW governance Group. Progress towards achievement of this work plan will be reported to the CCDHB Board.

We are committed to and will give a high priority to this initiative and in enhancing and improving current systems and processes in the interest of:

1. assuring patient safety and satisfaction;

2. supporting staff health and well-being; and

3. maximising organisational efficiency and effectiveness through best use of available health resources.

We commit to the relationship and activities described in this LOA.

We will commit the resources of our organisation and will use a whole of organisation approach to support the desired outcomes and support our commitments under the Healthy Workplaces Agreement and HSRA.

Where the parties agree that the outcomes of the CCDM Programme demonstrate a mismatch between demand and capacity (over or under supply), we commit to working together towards implementing an appropriate response and acknowledge that the status quo will not be the favoured option.

Management of change processes that are due to this programme will be consistent with relevant collective agreements.

This LOA may be terminated on notice by any Party, and may be revised or modified with the written agreement of all Parties.

Debbie Chin
Chief Executive   SIGNATURE
On behalf of
CCDHB   DATE

Memo Musa

                                   SIGNATURE

Chief Executive
On behalf of
New Zealand Nurses Organisation (NZNO)   DATE: 15/12/2017

Warwick Jones

                                   SIGNATURE

Assistant National Secretary
On behalf of
Public Service Association (PSA)   DATE: 30/01/2018
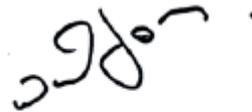
Julie Robinson
Co-Chair   SIGNATURE

On behalf of
Safe Staffing Healthy Workplaces Governance Group Unit   DATE: 15/12/2017

STAGE OF IMPLEMENTATION

CCDHB has recently completed the discovery phase of the CCDM implementation of the programme. CCDHB has an established CCDM council that is responsible for the overall governance of CCDM at CCDHB. The DHB has developed its annual work plan in preparation for the signing of the Letter of Agreement.

CCDHB has completed a partnership workshop and drafted a partnership charter ready for use across all governance levels of the programme.

A Core Data Set work stream has also been established to assess the DHB's capability to provide a balanced data set based on the CCDM Core data set metrics. These metrics will form the basis of data analysis at monthly CCDM Council meetings and all other work streams that are developed across the CCDHB CCDM programme.

Other work streams for validated patient acuity and Variance response have been identified. A Staffing methodology work group will be established early 2018.

TERM OF LETTER OF AGREEMENT

The term of the LOA will run from 15th November 2017 to 31st December 2018

FOCUS OF ACTIVITY FOR FIRST TWELVE MONTHS TO JUNE 2018

- CCDM Council structure established
- Working groups to be established within a partnership framework
- Partnership training and establishment of a Partnership Charter
- TrendCare Improvement plan to be developed following TrendCare assessment against CCDM standards
- Develop communications strategy
- Build Core Data set for analysis and reporting against CCDM standards at all level of CCDM implementation

CCDM EXECUTIVE COUNCIL

MEMBERS AS FOLLOWS:

Alex Ward	PSA Organiser
Andrea McCance	Executive Director of Nursing
Annie McCabe	NZNO Delegate
Carey Virtue	Executive Director MCC
Carolyn Coles	Associate Director of Midwifery
Chris Lowry	General Manager Hospital and Healthcare
Chris Stuart	PSA Organiser
Delwyn Hunter	Executive Director SWC
Donna Hickey	General Manager People and Capability
Emma Williams	CCDM Site Coordinator
Georgia Choveaux	NZNO Organiser
Jannel Fisher	Communications Manager
Libby Neal	MERAS Delegate
Leanne Samuel	Integrated Operations Centre Director
Lisa MacDonald	Charge Nurse Manager Representative
Steven Stewart	Nurse Manager Integrated Operations Centre
Stuart Port	SSHW Unit Programme Consultant
Suzanne Rolls	NZNO Professional Nursing Advisor
Toni Dal Din	Director of Nursing MHAIDS

CCDM PROGRAMME COORDINATION

Emma Williams CCDM Site Coordinator.

SSHW UNIT REPRESENTATIVE

Stuart Port Programme Consultant.

CCDM Annual Work Plan				Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
CCDM Standards	**No.**	**Key activities**	**Key resource required**												
Standard 1 Governance The CCDM governance group (organisation and ward/unit) ensure that care capacity demand mangement is planned, coordinated and appropriate for staff and patients	1	Undertake partnership training. Develop a partnership charter. Regular partnership 'check ins' as part of monthly CCDM Council agenda. Clear communications around expectations to other groups for partnership i.e Local Data Councils (LDC's), CCDM workstreams.	CCDM Council, Lesley Fraser (Facilitator), all parties in CCDM work streams												
	2	Develop communications strategy and monitor effectiveness.	Site coordinator; SSHW programme consultant; Unions and DHB Partners; CCDM toolkit of resources (SSHW).												
	3	CCDM Council to monitor Core Data Set (CDS).	CCDM Council.												
	4	Set up Local Data Councils (LDC) as agreed by Council, once CDS is operational.	Site Coordinator, SSHW Programme Consultant, Ward CNM's, ADON's, Operations Managers.												
	5	CCDM Council to monitor progress of established work streams.	CCDM Council.												
	6	Agree framework for complex decision making at CCDM Council (notably FTE calculation recommendations).	CCDM Council.												
	7	Submit progress report to CCDM Governance group 3/12.	CCDM Council.												
	8	Review Terms of Reference for CCDM Council after 6 months.	CCDM Council.												
Standard 2 Patient Acuity The Validated patient acuity tool underpins care capacity demand managemet for service delivery	9	Review and confirm membership of TrendCare Operational Group. Review terms of reference and reporting line. Align with TrendCare gold standards and CCDM standards.	Site coordinator; SSHW programme consultant; TrendCare operational group.												
	10	SSHW Unit assessment against CCDM standards and TrendCare gold standards.	SSHW Unit.												
	11	Develop workplan for TrendCare improvement and development to align with TrendCare gold standards and CCDM standards.	TrendCare Operational Group.												
	12	CCDM Council monitors progress of TrendCare Improvement and development plan and puts actions in place as required.	CCDM Council												
Standard 3 Core Data Set The organisation uses a balanced set of CCDM measures (Core Data Set) to evaluate the effectiveness of care capacity and demand management overtime and to make improvements	13	CDS education for CCDM Council.	Site coordinator; programme consultant; SSHW Unit resource.												
	14	Assessment of data required from CDS. Understand data required and sources within CCDHB.	Initial CDS work stream.												
	15	Set up Core Data Set (CDS) workstream. Agree membership and terms of reference. CDS needs to be established before LDC's are implemented and staffing methodology commenced.	CCDM Council; CDS work stream.												
	16	Monitor CDS monthly.	CCDM Council												
Standard 4 Staffing Methodology A systemtic process is used to establish and budget for staffing FTE, staff mix and skill mix to ensure the provision of timely, appropriate and safe services	17	Set up staffing methodology working group subject to CDS set up and TrendCare improvement.	CCDM Council.												
	18	Identify process for wards to undertake staffing methodology inclusive of TrendCare data quality checks.	CCDM Council.												
	19	Staffing methodology education for Council and Union delegates.	SSHW Unit resource.												
Standard 5 Variance Response Management 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	20	VRM working group to be established TOR to be agreed and scope of group to be endorsed by Council.	CCDM Council/VRM working group.												
	21	Review current VRM suite of tools within IOC and identify refinements required (icluding I.T) to improve organisational wide variance response (including Occupancy at a Glance).	IOC/VRM work stream.												
	22	IOC standard operationg procedures to be reviewed/developed/aligned to reflect CCDM standard 5.	IOC/VRM work stream.												
	23	CCDM Council to monitor monthly and review recommendations from VRM working party for action and improvement	CCDM Council												
	24	IOC Standard operating procedures to be implemented once agreed by CCDM Council.	WRM working group and CCDM Council, IOC												
	25	Clinical area VRM Standard Operating Procedures to be developed by VRM group and endorsed by CCDM Council.	WRM working group and CCDM Council, IOC												

KEY DELIVERABLES AND TIMELINE

DHB's deliverables: As per major milestones

SSHW Unit's deliverables: On-going commitment to 0.5fte resource to assist with programme facilitation and implementation

Union parties' deliverables: Commitment to ensuring the implementation of the CCDM programme in a partnership framework across CCDHB

SPECIFIC RESOURCE COMMITMENTS

DHB: To provide 1.0fte for CCDM coordination. TrendCare coordinator resource co-opted as required. Commitment from the DHB to maintain monthly working group and CCDM council meetings within an agreed partnership charter.

SSHW –-0.5 FTE Programme Consultant until the end of the term of this agreement.

Unions: Commit to attending all monthly working group and CCDM council meetings. Provide on-going support at all levels of CCDM implementation across the DHB within an agreed partnership charter.

REPORTING AND MONITORING

Monthly at all CCDM related council and work stream meetings.

OTHER