## 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.

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| **1.1** The purpose, values, scope and direction of the organisations CCDM council and ward/unit local data councils is clearly identified and regularly reviewed | • There is a combined DHB and health union partnership approach to CCDM Programme implementation.  
• There are documented and agreed terms of reference that are reviewed annually.  
• The CCDM Programme forms part of the organisations documented quality improvement strategy.  
• The councils’ activities are focused on both programme implementation and ongoing monitoring of care capacity demand management.  
• Membership includes all agreed and required stakeholders. |
| **1.2** Permanent governance for CCDM is established for the organisation and for each ward/unit | • There is a CCDM council for the organisation and local data councils for each ward/unit.  
• The councils are led by suitably qualified and/or experienced persons with authority, accountability and responsibility for service provision. This may include a DHB and health union co-lead.  
• The councils’ meet according to their documented terms of reference.  
• All stakeholders demonstrate knowledge and understanding of the CCDM Programme.  
• There is evidence of regular meetings with documented actions and timelines.  
• There are formalised agreed CCDM workplans which are reviewed at each meeting. |
| **1.3** Permanent governance for CCDM is effective and operational for  
  a. CCDM council and  
  b. Local data councils | • The councils’ meet according to frequency stated in their documented terms of reference.  
• Minutes show 80% attendance of all listed parties.  
• Both DHB and health union partners actively lead programme implementation.  
• Councils’ at all levels of the organisation report from the floor to the board against agreed CCDM workplans.  
• The organisation CCDM council regularly communicates with all stakeholders and levels of the organisation. |
### Criteria

| 1.4 The CCDM council and ward/unit local data councils establish, monitor and act on CCDM data for continuous quality improvement. |

### Guidance

- Meeting minutes include evidence of regular DHB and health union partnership review.
- CCDM Programme implementation is progressing according to agreed timelines.

  - The core data set is used to evaluate the effectiveness of care capacity demand management over time.
  - The core data set is reviewed at each council meeting at all levels of the organisation.
  - The core data set results are used to inform the annual CCDM workplans.
  - There are regular reviews of variance response management including reported staffing shortfall events.
  - There is evidence of a bipartite approach to issue resolution.
  - The CCDM council takes action on issues and escalates to the Board where appropriate.
### Standard 2.0 – Validated patient acuity tool

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

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| **2.1 There is a validated patient acuity committee that is effective and operational.** | • The committee meets according to its documented terms of reference.  
• The committee has accountability, authority and responsibility for ensuring the vendor ‘gold standards’ are met.  
• Meeting minutes include evidence of regular review of data integrity and accuracy.  
• Minutes show 80% attendance of listed parties.  
• There is a formalised and agreed annual workplan reviewed at each meeting.  
• Escalation of issues from the committee to the CCDM council occurs when needed. |
| **2.2 There is dedicated coordinator FTE for managing the validated patient acuity system.** | • The coordinator is suitably qualified and knowledgeable about the validated patient acuity system use and functionality.  
• The dedicated coordinator FTE is relative to the organisation’s size and sufficient to be effective in the role.  
• Regular quality audits are undertaken and reported to the committee.  
• Staff training and education is scheduled, delivered and evaluated.  
• System maintenance occurs as required to meet the business needs.  
• System upgrades are planned and coordinated effectively. |
| **2.3 The patient acuity system is supported and prioritised as a critical ‘service delivery’ IT system.** | • System upgrades are scheduled and resourced.  
• System upgrades are installed within 3 months of release from the vendor.  
• The system effectively interfaces with other DHB IT systems e.g. roster, patient management system.  
• Electronic display of patient acuity data is supported by IT expertise. |
| **2.4 There are processes in place to ensure the validated patient acuity system is used accurately and consistently.** | • Assessment against the vendor standards occurs annually by the committee and results are reported to the CCDM council.  
• There is 100% attainment of the vendor standards for the components of the validated acuity system in use.  
• All staff receive training at induction and updates as required.  
• Inter-rater reliability is tested at least annually for all staff using the system.  
• The HPPD by patient type/category is checked 6-12 monthly against benchmarks. |
### Criteria   |   Guidance
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|  | • The worked roster is accurately recorded in the system.  
|  | • Line managers monitor data accuracy; daily, weekly and monthly.  
|  | • Line managers’ report on patient acuity data monthly.  
|  | • Results of audits are reported at each committee meeting.  

### 2.5 Business rules are clearly defined and in use to ensure consistent use of the system.

|  | • There are documented and agreed business rules that are reviewed annually.  
|  | • There is evidence that the business rules are applied in practice.  

### 2.6 Validated patient acuity data is utilised in daily operational and annual planning activities.

|  | • Acuity measures are included in the core data set and reported from the floor to the Board.  
|  | • Validated patient acuity forms the basis of the daily operations meeting and variance response management.  
|  | • Validated patient acuity data is used for forecasting and the staffing methodology.  

Standard 3 – 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 overtime and to make improvements.

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| 3.1 The CCDM council has the authority, accountability and responsibility for setting, implementing and monitoring the core data set. | • The DHB has an agreed core data set.  
• Policies and procedures define the measures, tolerances and describe the process for reporting.  
• The core data set is centrally collected, collated and reviewed at each council meeting.  
• The core data set is aligned to the DHB strategic goals.  
• Line managers from the floor to the Board have accountability for the measures in the core data set.  
• The core data set informs decision-making and actions taken at all levels of the organisation. |
| 3.2 The core data set is used to evaluate the effectiveness of care capacity demand management in the DHB and make improvements. | • The core data set includes measures from all three sides of the CCDM Programme triangle:  
  • Quality patient care  
  • Quality work environment  
  • Best use of health resources  
• The core data set includes all of the CCDM Programme measures.  
• Measures are trended over time and show improvement.  
• Control charts are used to identify special cause variation.  
• There are appropriate resources to support the collation, analysis and presentation of the core data set.  
• Clinicians and managers work together to identify actions for improvement. |
| 3.3 The core data set is monitored, reported and actioned at ward/unit, directorate and hospital wide level. | • Staff at all levels of the organisation can identify CCDM measures and how they are performing.  
• Measures are reported monthly from the floor to the Board.  
• CCDM measures are on the ward/unit staff meeting agenda.  
• Budget holders discuss the core data set as part of regular monthly meetings.  
• The core data set is discussed at every council meeting.  
• Minutes reflect actions and timelines. |
| 3.4 The organisation annually reviews the relevance, frequency and effectiveness of the core data set. Reporting on progress with quality improvement. | • Each measure in the core data set is revised annually for currency and relevance.  
• Reviews are documented and communicated from the floor to the Board.  
• Recommendations for improvements to the core data set are actioned. |
## Standard 4.0 - Staffing methodology

### Criteria

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<td>4.1</td>
<td>The organisation has staffing budget setting procedures in place that are reviewed annually by the CCDM council.</td>
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<td>• The FTE calculation methodology is being used as the basis of annual staff budgeting.</td>
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<td>• The DHB has a formal process in place to validate FTE calculations.</td>
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<td>• The staffing budget is set using the results of the FTE calculation based on data from the past 12 months.</td>
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|   | 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. |
|   | • The DHB meets the validated acuity system standards recommended by the vendor. |
|   | • Patient acuity data is validated as accurate before proceeding with the FTE calculation. |
|   | • The DHB uses the staffing methodology software provided by the SSHW Unit. |
|   | • All inpatient wards/units (that use a validated patient acuity) have completed at least one work analysis (and repeated this where indicated). |
|   | • The FTE calculation is completed annually for all inpatient wards/units that use a validated patient acuity system. |
|   | • Recommendations from the FTE calculation and work analysis are transferred into the annual CCDM workplan. |
|   | • Recommendations are implemented and evaluated. |
|   | • Both DHB and health union partners are actively involved in the staffing methodology process. |

|   | Budget holders are involved annually in setting the roster model, FTE and budget. |
|   | • Ward/unit managers and service managers meet with management accountants to discuss and agree the staffing budget. |
|   | • Changes to the budget are notified in advance of the budget being set. |
|   | • Plans to mitigate staffing budget shortfalls are discussed and agreed by the CCDM council. |

<p>|   | The roster model provides the best match of staffing to patient demand. |
|   | • Each ward/unit has a documented roster model, staff and skill mix requirements. |
|   | • The roster model in use reflects results from the FTE calculation and work analysis. |
|   | • There is minimal variance between the posted roster and roster model. |
|   | • Care hours variance is within accepted tolerances as evidence by outcomes in the core data set. |
|   | • The budget and roster pattern accommodates seasonal or predictable variation in patient demand. |</p>
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<td>4.5 The organisation regularly evaluates the adequacy of staffing levels/mix and acts on the findings.</td>
<td>• FTE calculations are run for summer and winter, where appropriate. &lt;br&gt; • The line manager reviews the roster model (daily, weekly and monthly) using validated patient acuity data. &lt;br&gt; • The impact of the roster model is monitored using the core data set, at each CCDM council meeting, at all levels of the organisation. &lt;br&gt; • Issues raised by staff about inadequate staffing levels or mix are reviewed and actioned through a bipartite process in accordance with the MECA and Health and Safety Act (2016). &lt;br&gt; • There is evidence of partnership meetings, workplans with agreed time lines. &lt;br&gt; • Issues of persistent concern are escalated to the CCDM council and Board where needed.</td>
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## Standard 5 – 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.

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| 5.1 There is an integrated operations centre where hospital-wide care capacity and patient demand is visible in real time 24/7. | • The organisation has electronic display of care capacity (staff and beds) and patient demand (numbers and acuity) in real time.  
• Patient flow, bed capacity and staff resource demand is visible for both acute and elective services.  
• There is hourly, daily, weekly and monthly monitoring and review of care capacity variance and responses. |
| 5.2 There is a suitably qualified and/or experienced person with authority, accountability and responsibility for managing staffing and patient flow 24/7. | • This person has management responsibility for the operations centre.  
• This person receives orientation and training to the role, including the validated patient acuity system.  
• Performance indicators for the role include accountability and reporting of care capacity demand management across the hospital.  
• This person is replaced when absent with suitably qualified and/or experienced person/s. |
| 5.3 The organisation consistently matches staffing resource with patient demand on a shift by shift basis. | • A Churchill exercise has been held or determined not to be needed.  
• There are effective communication systems and working relationships to deliver coordinated management of care capacity and demand.  
• There is a functional multidisciplinary (MDT) operations meeting held at least daily.  
• The daily operations meeting follows a relevant and standardised format.  
• The daily operations meeting is attended by ward/unit managers (or delegate), duty nurse manager/s and operations managers and other members of the MDT.  
• There are appropriate and timely actions to variance in care hours in real time.  
• Validated acuity data is used to forecast current and future shifts up to 24hrs in advance.  
• A documented process is used to request and allocate staff for unplanned staffing shortfalls.  
• Line managers periodically review the required staff mix and skill mix levels are being met. |