Overview

Welcome to the October 2015 Safe Staffing Healthy Workplaces newsletter. This quarterly newsletter is to keep you up-to-date with the Care Capacity Demand Management programme (CCDM) news and events.

In this issue:

- Update from the Director; including new logo for the CCDM programme
- Departing staff of the Safe Staffing Unit
- On change
- What we have been reading.

SSHW Unit Director Update

This month I am fortunate enough to be heading to the UK for a couple of Rugby world cup games so….

GO THE ALL BLACKS!! Here is an update I wrote before I left

There have been a number of highlights over the last three months including the visit from Sir David Dalton, the CE from the Salford Foundation Trust in the NHS. Hutt Valley hosted a site visit for him where he sat in on the Operations Centre meeting and met with the key staff involved with CCDM. I then attended the Health Round table New Zealand chapter meeting (Southern DHB very kindly hosted me for the day) where he was the key note speaker. We were all impressed with the level of transparency and accountability that was evident at Salford through his visible leadership.

Departing staff of the SSHW unit

It is with great sadness we announce that Rebecca Oakes has left the Unit this month. We would like to say a huge thank you to her for developing the CCDM Informatics role into what it is today. We will miss her and we wish her and her family all the very best in the UK.

Above is Sir David Dalton with Shelly Williams, Colette Bretton, Helen Pocknall, Tania Forrest, Caroline Peckston and Claire Jennings of Hutt DHB.
As the copyright process nears completion, The SSWH Unit Governance group have endorsed the development of a new CCDM logo for the programme resources. This will be used as the trademark for CCDM going forward, so you will start to see this more often associated with the programme. The SSWH Unit logo will remain the same.

**New look for CCDM**

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A new national group has been established to support the ongoing development and refinement of CCDM for Nursing. The SSHW Unit Nursing Working Group held its first meeting with the focus on the End of Shift survey and reviewing the Core Data Set. The reporting structure for this group is to the national DONs and the SSHW Unit Governance Group.

Group membership is still evolving but so far includes:

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<tr>
<th>Role</th>
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<tr>
<td>Director of the SSHW Unit</td>
<td>Lisa Skeet</td>
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<td>Programme Consultant</td>
<td>TBC</td>
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<td>- CCDM Informatics</td>
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<td>Programme Consultant</td>
<td>Maree Jones</td>
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<td>Director of Nursing</td>
<td>Marg Dotchin, Auckland DHB</td>
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<td>Nurse Leader</td>
<td>Maurice Chamberlain, BoP DHB</td>
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<td>Deborah Labuschagne, Waikato DHB</td>
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<td>Clinical Nurse Manager</td>
<td>Jenny Hanson, Southern DHB</td>
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<td>Site Coordinator</td>
<td>Keryn Thornton, Northland DHB</td>
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<td>CCDM Implementation Coordinator</td>
<td>Megan Buckley</td>
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<td>NZNO Professional Nurse Advisor</td>
<td>Suzanne Rolls</td>
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Answer To 3 Questions About CCDM - In Your Experience - Megan Boivin - District Operations Manager, Southern District Health Board

Every newsletter we will ask a stakeholder to respond to 3 questions about the impact of CCDM.

What is the most obvious organisational change you have noticed as a result of CCDM?

The DHB has embraced this programme, to the extent that it is accepted as part of Business as usual, we use the methodology for our annual planning cycle. The Local Data Councils are an enabler for our wards, and the staff are grateful for a place to discuss ideas, and local solutions to the problems that they face on a day to day basis. The other occupational groups within the organisation are looking to nursing to see if they can leverage off the work that we are doing in CCDM.

What difference has it made to your individual job?

As the Operations Manager the CCDM work has been invaluable in the way that we have developed our Integrated Operations Centre, we now have so many tools to support us in our work. The fact that this is a recognised programme with validated tools, therefore evidence based makes our job so much easier. We are able to be very transparent around what our decisions are based on.

What has been the most challenging aspect of implementing the programme?

The fact that it is very resource intensive and needs time to develop and mature. Some of our clinical areas were so keen to get going that they did not understand why things were taking so long.

Recently NZNO and the SSHW Unit had the opportunity to spend time together in Auckland, Wellington and Christchurch. The focus of the days was to refresh roles and responsibilities, further understand resourcing and commitment, ensure the CCDM knowledge base was continuing to grow nationally and understand how the partnership between NZNO and the DHBs could be supported to continue achieving results. The days were valuable in setting a firm direction of how to advance on the already positive relationships and what more NZNO and the SSHW Unit needed to develop. The thing that was really clear was the similarities in our values – SAFE STAFFING, HEALTHY WORKPLACES which is the right staff in the right place at the right time – a language we all commonly share.

NZNO has been able to incorporate the recommendations from the days into the CarePoint Strategic Plan, which is already in progress.

Research & literature

The notion of “change management” is increasingly being viewed as sitting alongside fax machines and brick sized mobile phones - a great advance in their time, but the digital world has overtaken them. Imagine the world now without the internet, Facebook and Twitter.

The term “change management” suggests we are operating in a steady state and introducing change challenges the status quo. In healthcare this is anything but our reality. New initiatives, targets and programmes come from all directions all the time. Change management doctrine tells us what tools must be used for change management and in what order- as though change management is simply project management. Working in health challenges the notion that change in our complex systems can be managed as if we were building a machine. Read Stefan Norrvall.

But this doesn’t mean there is no place for tools, models and frameworks. George E.P. Box (an early pioneer in quality improvement and statistical theory) claimed that essentially all models are wrong, but some are useful. A model developed by Prochaska, DiClements and Norcross that is useful for change in the health context is borrowed from health promotion and is often used in areas such as smoking cessation, exercise adoption and weight control.

The model identifies that there are steps prior to action which are just as important as the action required. Sometimes when the reason for change is evident to us, we don’t remember that others are not in the same place and are not ready to rush to action. To engage others in change and gain their commitment rather than simply compliance, we need to start our work where they are – which may be having no recognition of a need for change.

Instead of labelling people as resisters or laggards, we need to make a compelling case for change, appealing to their interests and concerns.

In a post on LinkedIn proposing an alternative to change management, Niels Pflaeging suggests that in organisations that constantly change how they do things and test the value of the change against their purpose as an organisation, there is no such thing as “change management”. People are so connected to the purpose that initiatives that are seen to further the organisations purpose emerge and get support without elaborate plans, milestones or blueprints. He suggests we think of change as like adding milk to coffee- “spill a tiny bit of milk into coffee, and with this tiny nudge a new pattern is instantly being created. It’s altogether different from the original one, pure coffee, and the change is permanent. There’s no way of returning to the first pattern.”

In the world of change, the new call to action is for change platforms rather than change programmes. Gary Hamel & Michele Zanini (2014) say “Change comes naturally when individuals have a platform that allows them to identify shared interests and to brainstorm solutions.” When change is imposed from top down, it is limited by the knowledge of the people at the top. A platform for change is generative-providing an opportunity for everyone to brainstorm ideas and solutions.