

2005	<ul style="list-style-type: none"> <li>• MECA negotiations between DHBs and NZNO. Nurse: Patient ratios proposed by NZNO. Agreement to jointly pursue a more sophisticated mechanism in preference to ratios.</li> </ul>
2006	<ul style="list-style-type: none"> <li>• Joint national Safe Staffing Healthy Workplaces Committee of Inquiry</li> <li>• Recommendations of the Committee of Inquiry presented to and endorsed by the parties.</li> </ul>
2007-2009	<ul style="list-style-type: none"> <li>• SSHW Unit established with joint governance. Initial approach taken focusing on the development of escalation plans in the 21 DHBs.</li> </ul>
2009	<ul style="list-style-type: none"> <li>• Three DHBs recruited as national demonstration sites for a new approach.</li> <li>• This saw the emergence of the Care Capacity Demand Management (CCDM) Programme and the adoption of patient acuity data as the foundation metric for the staffing methodology.</li> </ul>
2010	<ul style="list-style-type: none"> <li>• An independent review undertaken, resulting in a decision by the parties to progressively roll out the CCDM Programme to all DHBs</li> </ul>
2011	<ul style="list-style-type: none"> <li>• Three further eligible DHBs became involved in the CCDM Programme. An agreement signed bringing the Public Service Association (PSA) and Service and Food Workers Union (SFWU) into the agenda.</li> <li>• A further two years of funding secured from the DHBs. A commitment was made to involve a total of 12 DHBs by the end of June 2013.</li> </ul>
2012	<ul style="list-style-type: none"> <li>• Five further DHBs became involved in the CCDM Programme.</li> <li>• Ongoing commitments to the SSHW agenda made by the parties in the NZNO MECA.</li> <li>• Expert Stakeholder Advisory Groups established to extend CCDM methodology to Allied Health, District Nursing, Mental Health and Midwifery sectors.</li> <li>• National CCDM forums.</li> </ul>
2013	<ul style="list-style-type: none"> <li>• Case studies released by the SSHW unit in conjunction with several DHBs illustrating the impact of CCDM interventions at the ward/unit level</li> <li>• VRM evaluation</li> </ul>
2014	<ul style="list-style-type: none"> <li>• Allied Health Programme Consultant brought into the Unit.</li> </ul>
2015	<ul style="list-style-type: none"> <li>• Final Evaluation Report released to the sector.</li> <li>• 14 DHBs engaged with the CCDM Programme.</li> <li>• CCDM implementation wording strengthened in the MECA.</li> <li>• CCDM FTE Calculation independently reviewed by Martin Jenkins.</li> </ul>
2016	<ul style="list-style-type: none"> <li>• CCDM Staffing Methodology software development.</li> </ul>
2017	<ul style="list-style-type: none"> <li>• CCDM Staffing Methodology software Phase 2 release.</li> <li>• CCDM Copyright invested by all parties at the MoH.</li> <li>• CCDM Standards released &amp; 13 DHBs completed their assessment.</li> <li>• CCDM Core Data Set reviewed and updated.</li> <li>• MECA negotiations agreement reached for all 20 DHBs to complete the CCDM programme by 2021.</li> <li>• CCDM now included in the MoH OPF for DHBs.</li> </ul>
2018	<ul style="list-style-type: none"> <li>• CCDM Staffing Methodology software Phase 3 released.</li> <li>• 14 DHBs actively engaged in CCDM implementation.</li> <li>• 17 DHBs have a validated patient acuity system.</li> <li>• 2 DHBs in the process of validating another system.</li> <li>• 1 DHB has no patient acuity system.</li> <li>• No DHB has full attained all the CCDM Standards.</li> </ul>