

## National Progress in Workforce Development

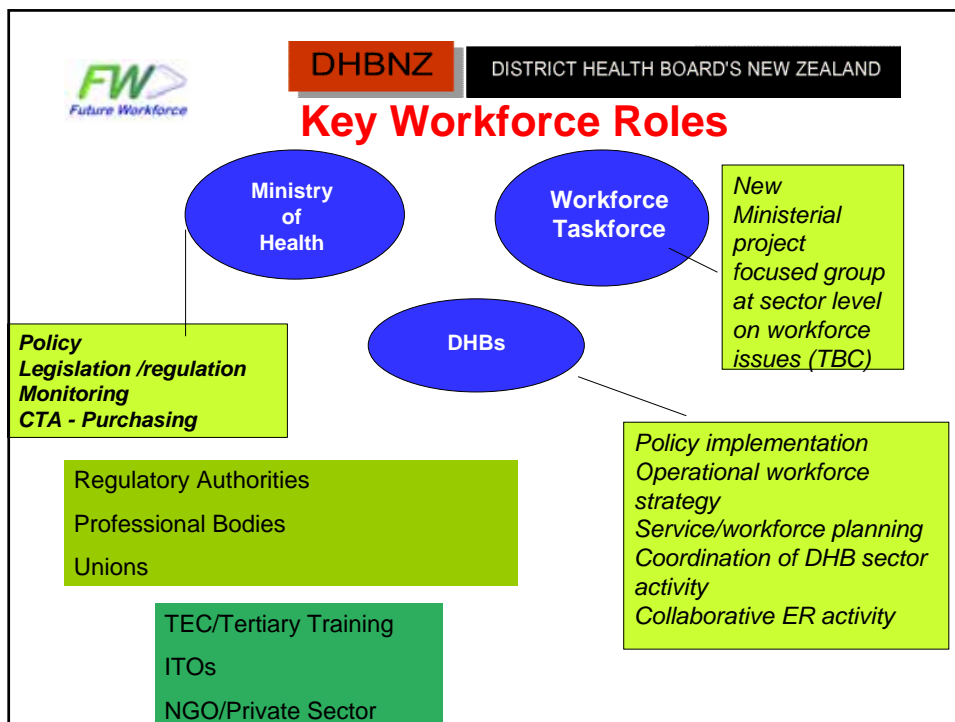
Opportunities for national co-ordination

Presented by: Dwayne Crombie

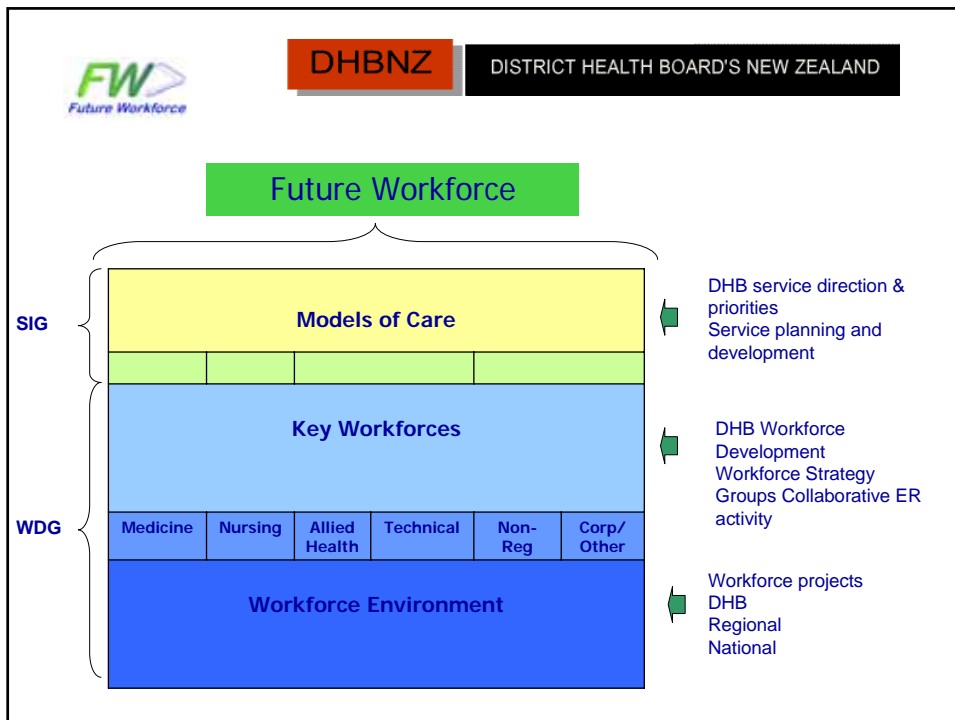
8 September 2006

## Health Workforce Today

- DHB have a responsibility for the health of local populations
- Ageing population structure and changing disease patterns are driving substantial increase in service demand
- Pressures on workforce supply due to ageing workforce, global market, work/life balance, career options, etc
- Workforce represents around 70% of total health spend but relatively poor information available on workforce
- Working smarter /new ways of working are absolutely necessary to meet future service needs



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- DHBNZ** DISTRICT HEALTH BOARD'S NEW ZEALAND
- DHB Workforce Leads**
- **Workforce Development Group**
    - Dwayne Crombie (*Cathy Cooney*)
    - Chai Chuah (*Margot Mains*)
    - Multidisciplinary team
  - **Workforce Strategy Groups**
    - **Nursing & Midwifery:** Jim Green
    - **Non-Regulated:** John Peters
    - **Allied Health:** Tony Foulkes
    - **Technical:** Phil Cammish
    - **Corporate:** Chris Clarke
    - **Medicine:** Margot Mains, David Meates, Nigel Murray
- Programmes**
- **ER/ IR:** Murray Georgel & CEOs
  - **HWIP:** David Meates
  - **Learning Sector:** To be proposed Oct 2006



**FW**  
Future Workforce

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**In 2006 /07 ...**

HWIP	Dec 06	Mar 07	Jun 07	Oct 07
Health workforce brand	→▲			
Health advice to education sector	→▲			
Health careers pathway Basis for planned innovation	→▲			
HPCAA value analysis	→▲			
WSG key workforce projects Making a practical difference	→▲▲▲▲▲			
Primary health workforce stream (aligned within MOH/DHB project)	→▲			
Workforce innovation /job redesign projects	→▲			
Integrated policy/operations At least 3 initiatives as MOH/DHB partnerships	→▲▲▲			

## Health Workforce Information Programme

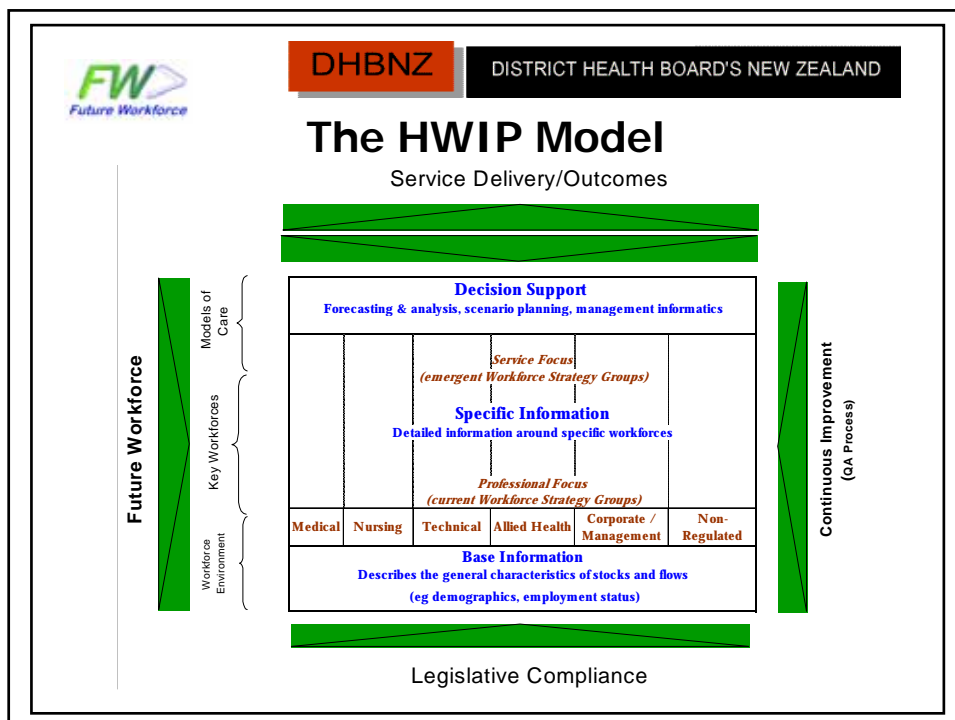
- One of the original “three planks” of national workforce plan
- Major gap in our ability to understand workforce baseline information
- Project is close to delivering consistent information locally, regionally and nationally but critically depends on contributing organisations especially DHBs
- Linkage to other key databases such as regulatory bodies

## The First Step: Base Information

- **Standard base data sets across 21 DHBs (standardised and analysed by HWIP) will enable regional and national analysis**
- **Base data includes:**

Linking Information	Unique Employee Identifier, Facility of Usual Employment, RA Membership Number
Transition and Stock-flow Information	Entry Source, Employment Start Date, Exit Source, Employment End Date, Reason for leaving,
Employee Demographic Information	Birth Date, Health Service, Job Title, Qualification list, DHB Common Chart of Accounts Qualification, Country of Qualification, Scope of Practice, Sex, Ethnicity, Iwi affiliation Employment Status, Union Status, Union Membership.
Utilisation Information	Total Contracted Hours, Total Hours Paid, Total Hours Accrued

- **Over time will reduce burden on DHBs responding to data requests and reporting**



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- ## Progress Against 2006 Goals
- DHB Base Data*
- HWIP Base Data Standard endorsed by HISO  
Interim Data Standard and Code Set Agreed by Expert Group
  - First set of base data is collected from all 21 DHBs and consistently defined  
All DHBs submitted data, most within the timeframe requested
  - Comprehensive base data and reports on the national DHB employee workforce are available (these will be accessible through the live HWIP website)  
On Track for Oct 06
  - Broad data quality improvement plan with targets for 2007 approved by DHB CEOs  
On Track for Dec 06



## HWIP 2006 Goals

### NGO Base Data

- Scope and approach for NGO base data collection  
Engagement underway

### Workforce Strategy Group Requirements

- Workforce strategy groups as key customers for workforce information  
Engagement underway

### Forecasting

- Forecasting methodology agreed by key sector stakeholders and accepted by the Clinical Training Agency  
On track



## Data Quality

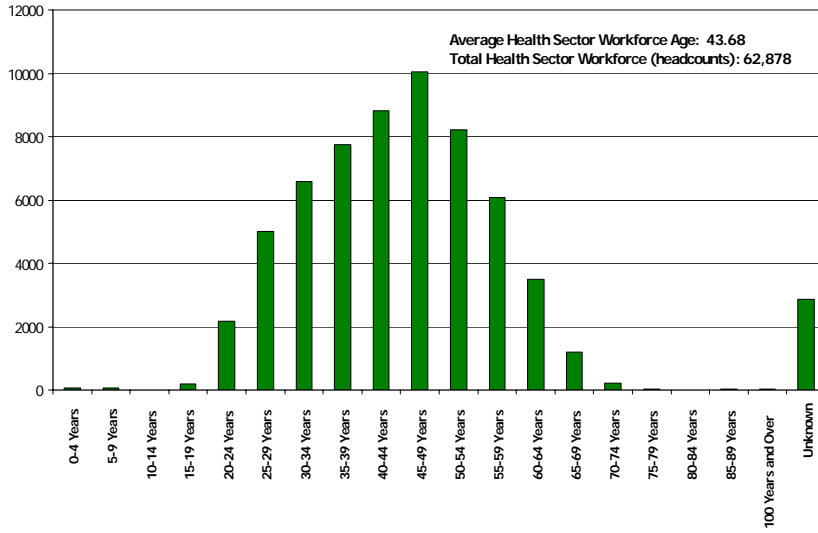
Variable	DHB to Check	Invalid	Missing	Transformed	Valid	Valid Data	Invalid Data
BirthDate	0.16%	0.00%	4.18%		95.66%	96%	4%
Common Chart Occupation		1.50%	23.79%	36.04%	38.67%	75%	25%
Country			82.83%	10.29%	6.88%	17%	83%
Employment End Date	0.33%		94.25%		5.42%	95%	5%
Employment Start Date	13.22%		0.42%		86.35%	86%	14%
Employment Status	27.47%	1.10%	22.03%	38.20%	11.20%	49%	51%
Entry Source		0.00%	83.22%		16.78%	17%	83%
Ethnicity		5.28%	22.07%	24.96%	47.69%	73%	27%
Exit Source			100.00%			100%	0%
Facility of Usual Employment		46.01%	0.53%	11.86%	41.60%	53%	47%
Health Service		12.46%	57.96%	7.29%	22.29%	30%	70%
Iwi Affiliation		0.07%	86.25%	3.69%	9.99%	14%	86%
Reason for Leaving		12.86%	87.09%		0.06%	100%	0%
Scope of Practice		13.60%	68.27%	0.21%	17.92%	18%	82%
Sex			0.46%	46.21%	53.33%	100%	0%



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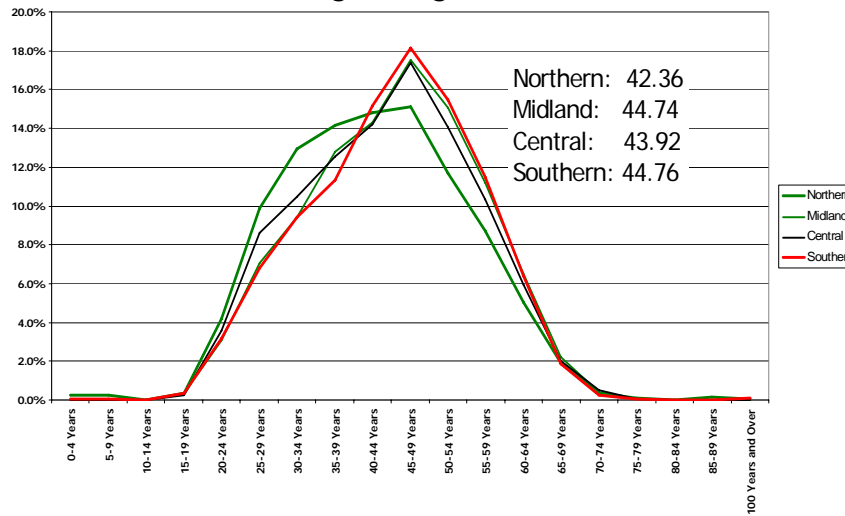
### National Age Profile

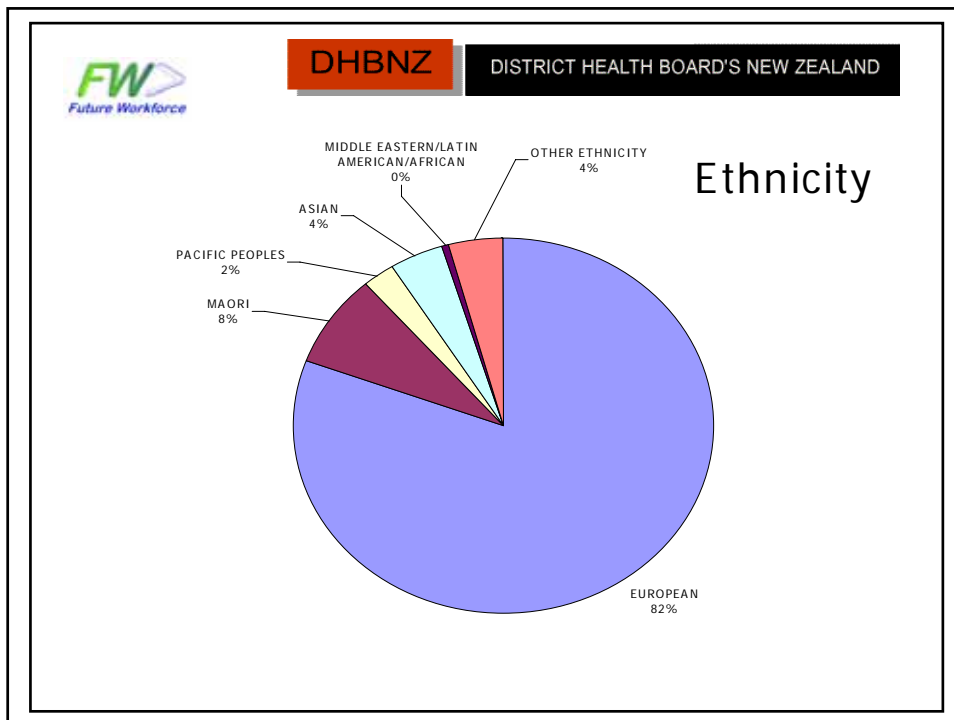


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### Regional Age Profiles





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## Health Workforce Brand

- Selected an agency to work on a specific “brand proposal” for DHB collectively, to CEOs by the end of the year.
- Approach includes
  - A communications programme requiring commitment to a long-term strategy with brand identity as an element
  - The importance of audience segmentation and attracting prime prospects at critical moments of truth
  - On-going promotion of the initiative over time and ensuring a sustainable programme
  - Not only a recruitment campaign but a re-positioning task with the lead generation as an outcome.

## Extracting Value

- Understanding the bigger picture and working the potential campaign work back to the brand (a career in New Zealand health as a compelling offer)
- Leveraging other opportunities
  - Public relations and unpaid media
  - Health provider advocacy opportunities
  - Partnering like-minded Government sector organisations to multiply campaign effect, e.g. Department of Labour
- Correctly apportioning the role of branding and brand identity within the overall communications programme
- Acknowledge early the powerful role of web and interactive media and plan for its integration
- Media efficiency away from mass to highly targeted communications and non-traditional channels.

### GO FURTHER WITH HEALTH



# New Zealand approach



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## Health Advice to Education

- Joint project with TEC and MOH
- Aim is to create a better and more informed link between the “production factories” and the health sector
- DHB discussion paper on health sector priorities drafted by December
- Active engagement with tertiary training and other providers on volumes, feedback on current programmes and the need for new programmes

## Health Careers Pathway

- Drive towards a more integrated and flexible health careers framework
  - Health system responsiveness
  - Employer shortages and gaps, multi-skilling
  - Employee choices and career development
- Focus on core competencies and skills
- Need for a coherent structure & pathways
- Implications for training programmes, regulatory and professional bodies, and industrial environment.
- Major consultative change process required



## HPCAA – Getting Value

- Analysis of the workforce development implications of this legislation
  - Rush towards “recognition” by groups
  - Major impacts on employers which worsen workforce shortages such back to work barriers and the loss of the enrolled nurse from acute care
- Opportunities to using the enabling provisions of this Act to create more flexibility

## Workforce Strategy Groups

- Allied
  - Environmental scan complete and focus is now on identifying priorities for action by end of September, national focus is seen as positive by many allied health groups
- Technical
  - Completed scan and drafted position statement, now in the process of agreeing priorities for action and assessing capability
- Corporate
  - Focus on HR and ER capability
- Other presentations
  - Nursing and Midwifery: Jim Green
  - Non-regulated sector: Lorraine Eade
  - Medical: Nigel Murray

## Workforce Innovation and Re-design

- Supportive environment for local innovation
  - Strengthen network and enlist top management support
  - Limited funding to support six local initiatives
- Identify high profile areas which are strategically important at a national level
  - Hospital at night medical cover
  - Second tier nursing
  - Operating theatre work
  - Unified non-regulated training approach
  - Physician assistant

## Joint DHB/MOH Collaboration

- Aim is to improve the linkage and synergy between policy and implementation
  - Careers pathway framework
  - Education sector relationship
  - Minister's taskforce on workforce with its initial emphasis on action in the medical workforce
  - Primary care workforce
    - Stocktake
    - nurse practitioner implementation,
    - extension of NETP to primary health.
    - LMC /midwife initiatives etc

## Conclusion

- Huge pressure to increase workforce to meet demand for healthcare (both numbers and competencies)
- Significant organisational and professional increase in interest, activity and momentum on workforce issues
- Lots of enthusiasm but minimal dedicated FTE resource for workforce development within DHBs
- Relationships between key players generally good and productive
- Collective action requires major efforts locally, regionally and nationally, innovation and superb networks