

BOARD UPDATE



WORKFORCE

MIDLAND DHB'S BOARD DEVELOPMENT DAYS

10/11 APRIL 2017

HEALTH AND SAFETY

WORKFORCE

HEALTH AND SAFETY AT WORK ACT 2015

Health and Safety Guide: Good Governance for Directors (March 2016)

<http://www.worksafe.govt.nz>

DIRECTORS TO UNDERTAKE DUE DILIGENCE S44(4)

- ◆ Acquire and update knowledge of health and safety matters
- ◆ Gain an understanding of the operations carried out by the organisation, and the hazards and risks generally associated with those operations
- ◆ Ensure the person conducting a business or undertaking (PCBU) has and uses appropriate resources and processes to eliminate or minimise those risks
- ◆ Ensure the PCBU has appropriate processes for receiving and considering information about incidents, hazards and risks, and for responding to that information in a timely way
- ◆ Ensure there are processes for complying with any duty, and that these are implemented
- ◆ Verify that these resources and processes are in place and being used

Appendix A: DIRECTOR HEALTH AND SAFETY CHECKLIST (p30)

- ◆ How do the board and all directors demonstrate their commitment to health and safety?
- ◆ How do you ensure that the organisation's risks are assessed and appropriate mitigation measures put in place?
- ◆ How does the organisation involve its workers in health and safety?
- ◆ How do you ensure that the organisation's health and safety targets are challenging, realistic and aren't creating unintended consequences?
- ◆ What data is the board receiving on both health and safety? Is this sufficient?
- ◆ How does the organisation ensure all workers are competent and adequately trained in their health and safety responsibilities and accountabilities?
- ◆ Does the organisation have sufficient resources (people, equipment, systems and budget) for its health and safety programme?
- ◆ How connected are you to what happens at the organisation's work sites? What measures are in place to inform you?
- ◆ Does the organisation have a schedule of audits and reviews to ensure the health and safety management system is fit-for-purpose?
- ◆ How do you ensure that actions identified in incident reports, audits and reviews are communicated to the appropriate level within the organisation and effectively addressed by the organisation?
- ◆ Does the organisation have policies and processes in place to ensure contractors used by the organisation have satisfactory health and safety standards?
- ◆ How does the organisation's performance compare with other comparable organisations and how do you know?
- ◆ How do you recognise and celebrate success?

NATIONALLY DRIVEN WORKFORCE DEVELOPMENT

WORKFORCE

WORKFORCE STRATEGY GROUP (WSG)

- ◇ Delivered via CentralTas
- ◇ Workforce strategies developed reflect government and sector priorities
- ◇ Engage with CEO group to achieve collective operational mandate
- ◇ Provide strategic direction for development of key workforces across DHBs
- ◇ Link with key stakeholders to drive effect change
- ◇ Ensure sector lens when considering workforce matters
- ◇ Provide governance for the agreed work plan activity
- ◇ Lead communication on work plan activity
- ◇ Prioritise workforce development actions/plans and oversee and endorse the AP for the Strategic Workforce Services (SWS) Programme
- ◇ Maintain and develop key stakeholder networks to support delivery of the workforce programme

KEY MESSAGES

- ◆ Start with the future –then assess the workforce we need for the future
- ◆ Receiving feedback from DHBs lead professionals on work programme priorities
- ◆ Alignment and trust amongst sector partners



- ◇ Looking at workforce issues being progressed at different levels, including focus on issues that needing national coordination or development
- ◇ Alignment with NZ Health Strategy themes and actions
- ◇ Leadership - working with GMsHR, HQSC, SSC, and MoH to ensure work alignment
- ◇ Reinventing partnerships with Unions - engaging in different conversations around strategic challenges and working “with” each other

KEY THEMES

- ◆ Current roles being used fully before new
- ◆ Base forecast on future use
- ◆ Minimise variation in clinical practice
- ◆ Take whole of sector approach
- ◆ Generalist roles important flexibility enabler

The Imaging Workforce in New Zealand

Work is being undertaken on the imaging workforce in NZ by the WSG in partnership with the National DHB Directors of Allied Health (DAH) Group and Health Workforce New Zealand

First Year Post Graduate Doctors (PGYIs)

The WSG considers that DHBs planning should be guided by some nationally agreed principles. These include for each DHB's allocation of graduates to be based on an agreed allocation methodology that is simple, fair and equitable

NATIONALLY DRIVEN WORKFORCE DEVELOPMENT

WORKFORCE

WORKFORCE STRATEGY GROUP (WSG)

LEADERSHIP DEVELOPMENT & TALENT MANAGEMENT STATE SERVICES COMMISSION

- ◇ DHBs CE and Chairs agreed a shared approach to talent management and leadership utilising public sector framework
- ◇ GMsHR recognise opportunity to broaden development of CEs and senior leaders within health sector to encompass public sector
- ◇ Ability to share a common language and approach across and beyond the health sector and broader public sector
- ◇ An enabling framework that aligns the 20 DHBs Leadership Domains
- ◇ Access to:
 - ◆ participants in a broad talent pool across health and public sectors
 - ◆ a wide variety of development opportunities
 - ◆ a wide range of talent and leadership toolkits
 - ◆ a contestable market of training providers with resources to support the framework
- ◇ An approach that accommodates current leadership development programmes and encourages alignment over time
- ◇ Support from SSC for implementation



DHB DATA & INFORMATION

WORKFORCE

How many people are employed by Midlands DHBs as at Dec 2016 and are numbers changing from 5 years ago? Table 1

Headcount = 14,090 increase of 11.3%

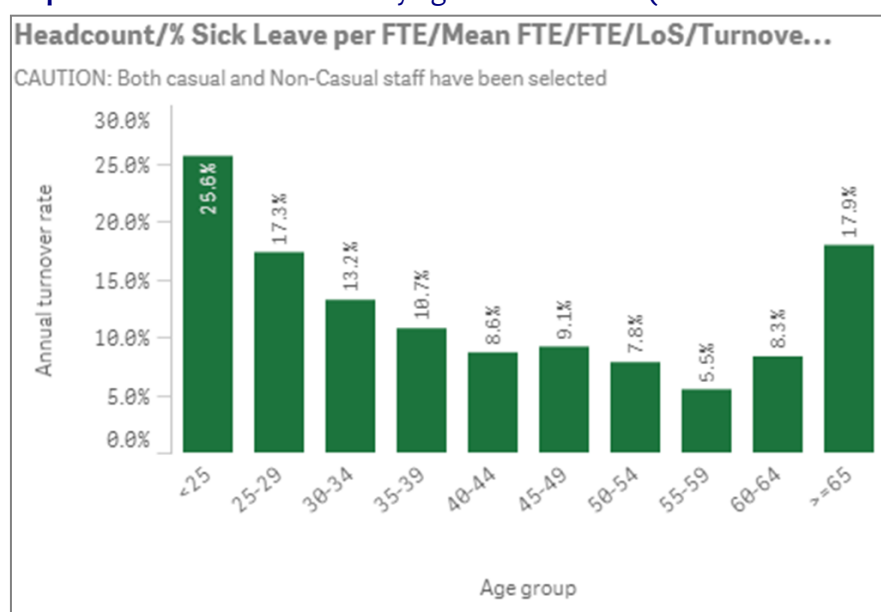
Contracted FTE = 10,906 increase of 11%

Mean age 46.8 years increase of 0.6%

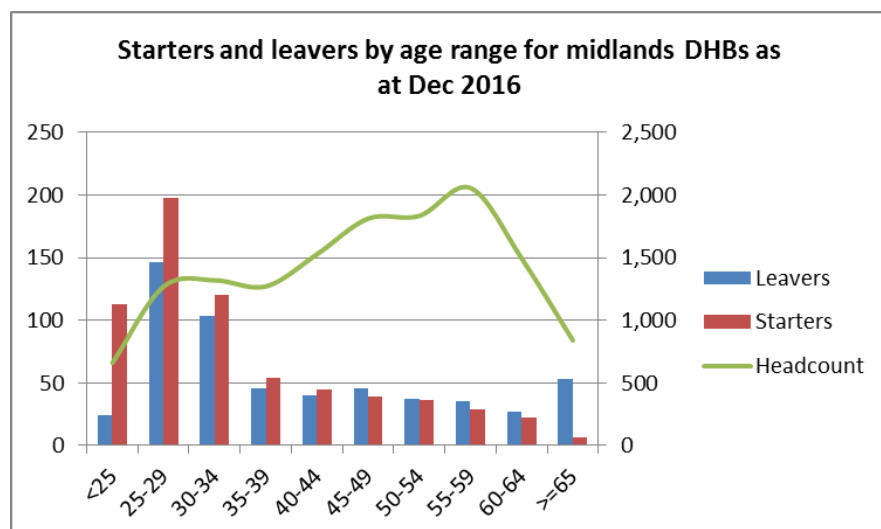
Is the workforce stagnating in Midlands DHBs?

More young people turnover than middle aged people. When people aged over 45 are leaving they are being replaced with younger people. However the overall numbers of older employees are higher than younger employees

Graph 1: Annual turnover rate by age as at Dec 2016 (excludes fixed term, RMOs).



Graph 2: Starters and leavers by age range as at Dec 2016 . *Note:* Secondary axis shows numbers of DHB employees by age.



NATIONAL TASKFORCES

WORKFORCE

Midwifery Strategic Advisory Group - Chaired by Helen Pocknall

- ◆ Last met in November 2016. Next meeting 27 March 2017. Still in development phase
- ◆ Concerned that supply of midwives will not meet future demand
- ◆ HWNZ and DHBSS initial nationwide workforce model shows decline in recruitment and retention compared to other health professional groups
- ◆ MOU signed by MCNZ and HWNZ to share data, allowing better understanding of workforce pressure and workforce needs. Data will be used to build a midwifery workforce planning model to strategically plan the continuing supply of midwifery workforce for both DHBs and community based services



Medical Taskforce Governance Group – Chaired by Ken Clark

- ◆ Last met in December 2016. Next meeting 21 March 2017
- ◆ Community Based Attachments (CBA) remains a concern with lack of engagement in DHBs around training obligations. Taskforce acknowledges knock-on effect of CBA on other health workforces
- ◆ The aging SMO workforce project is progressing the development of a national guidance document to support DHBs with management of SMOs in their later stages of their careers. Document focuses on career management planning rather than retirement planning and includes tools to enable individual and workforce wide discussions regarding work-life balance, working longer (including taking care of health needs), retirement options, succession planning and working with SMOs to identify their individual short and long-term plans to support transition to retirement



Nursing Taskforce Governance Group – Chaired by Jenny Carrier

- ◆ Taskforce holding a strategy day on 20 April 2017 for its members with NNO group and 20 selected strategic thinkers with a multidisciplinary focus
- ◆ Participants at strategy day will respond to recent Ministry's Symposium that outlined a radical way for the health system to deliver and for people to interact
- ◆ Indicators are that progress is slow in anticipating the kind of workforce that those changes will require, in particular medical workforce, which may well become redundant and replaced by technology. Urgent need to develop an entirely different workforce that will work in the community supporting people to navigate the health system and assisting them with health literacy and engagement
- ◆ Start by connecting with work with all the taskforces. Outcome to be a strategic agenda for the profession for the next 10 years and longer



NATIONAL TASKFORCES

WORKFORCE

Kaiawhina Taskforce – Chaired by Ray Lind



- ◆ First meeting is on 1 May 2017
- ◆ Taskforce membership expanded to include migrant workforce and rural health
- ◆ Opportunity to promote the work of the plan in a global context is being developed with Dr Tom Aretz, Vice President, Global Programs, Partners HealthCare International, Associate Professor of Pathology, Harvard Medical School
- ◆ 10 actions of the 56 actions identified have already been completed. Completed means that the action has been implemented, embedded and is now BAU or mechanism/system is available for up-take by providers, Kaiawhina or clients. 36 actions in the implementation phase

Allied Health Science and Technical Taskforce – Chaired by Stella Ward

Taskforce met on 7 March 2017:



- ◇ Taskforce noted the outcomes from the recent Medical Imaging Workforce of New Zealand Stakeholder Hui and provided feedback on the composition and capabilities of a small group to take this work forward
- ◇ Taskforce identified areas of commonality with other taskforces and opportunities for collaboration, in particular partnering with the Kaiawhina Taskforce
- ◇ Following the Ministry's Symposium at the end of February 2016, the taskforce will continue to consider a technology lens in all its ongoing and future work
- ◇ Taskforce sees linking and collaborating with the MSD's key staff regarding the social worker workforce and connecting with the Ministry of Vulnerable Children as a priority in the groups ongoing deliberations
- ◇ Good progress was noted with the ongoing modelling of the allied health workforces

NATIONAL DATA & INFORMATION

WORKFORCE – MEDICAL

Will there be a medical workforce in rural areas in the future?

Medical school outcomes database and longitudinal tracking project (MSOD) data indicates that there are small increases in the numbers of graduates preferring to practice in smaller locations however numbers are small.

Table 2

Preferred population centre size of future practice	2013	2015
Major city (population over 100,000) i.e. Auckland, Tauranga, Hamilton, Wellington, Lower Hutt, Christchurch, Dunedin	229	226
Regional city or large town (population 25,000 - 100,000) i.e. Rotorua, Napier, New Plymouth, Palmerston North, Blenheim, Timaru, Invercargill	93	104
Town (population 10,000-24,999) i.e. Whakatane, Tokoroa, Taupo, Levin, Masterton, Ashburton, Queenstown	19	24
Small town (population under 10,000) i.e. Huntly, Dannevirke, Gore	7	6
Not intending to work in NZ	5	6
Missing	18	9

Are more graduates interested in becoming a GP?

From the same survey data more graduates would like to become a GP and there are another 47 who are undecided however rated GP as their first preference, and nearly the same again had rated it as their 2nd and 3rd preference.

Graph 3: Percentage of all graduates by year

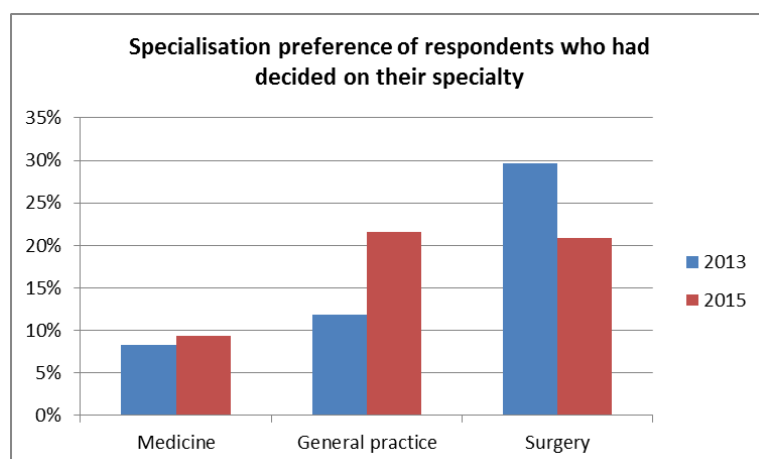


Table 3: Numbers of graduates between 2013 and 2015

First preferences decided medical graduates	2013	2015
Medicine	13	18
General practice	19	42
Surgery	47	40

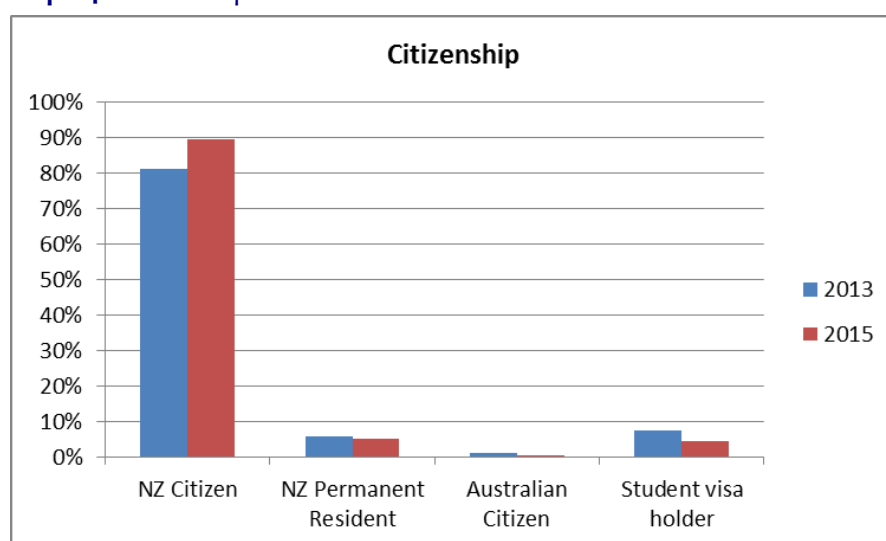
NATIONAL DATA & INFORMATION

WORKFORCE - MEDICAL

Are medical graduates NZrs?

Most graduates are NZ citizens in increasing numbers.

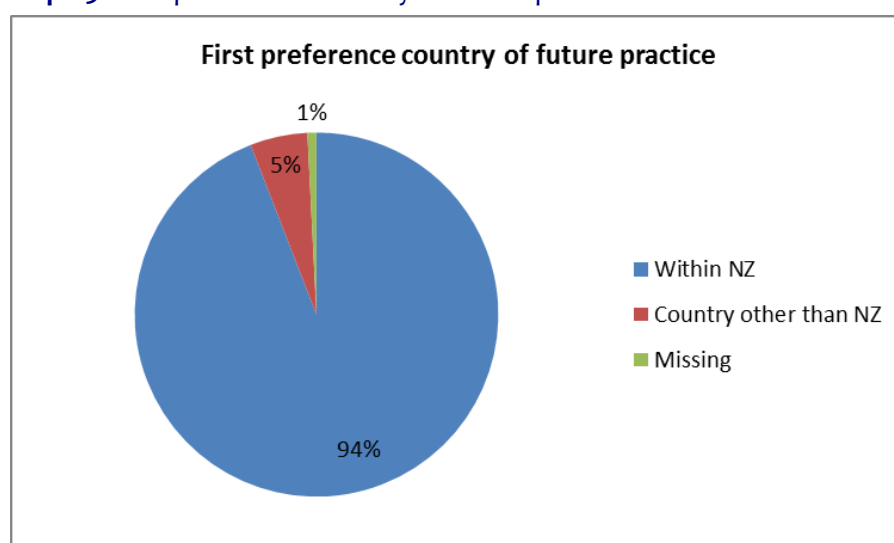
Graph 4: Citizenship



Will they stay in NZ to practice?

Most intend to practice in NZ. The percentage who don't is the same as the percentage student visa and Australian citizens.

Graph 5: First preference country of future practice



NATIONAL DATA & INFORMATION

WORKFORCE - MEDICAL

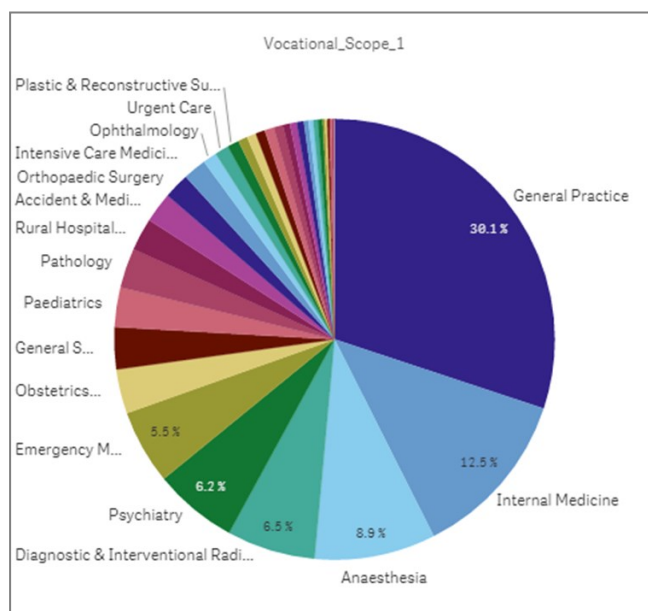
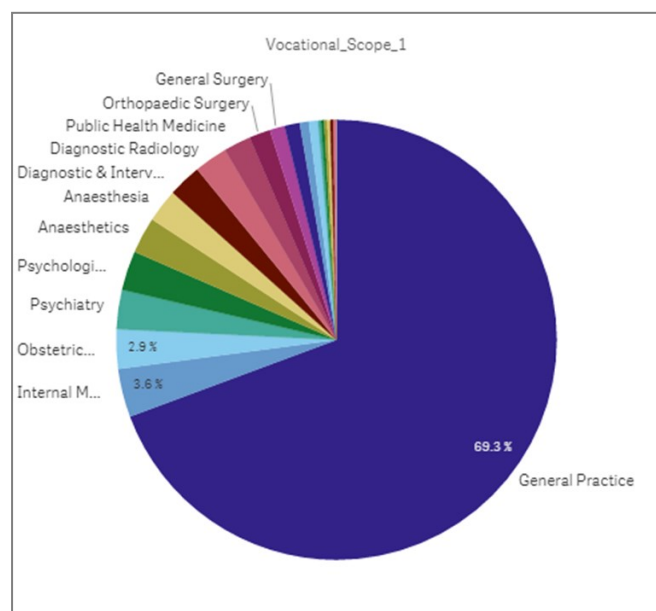
Has the proportion of the medical workforce with a GP vocational scope changed?

Medical Council Data. The graphs show how the proportions have changed.

Graph 6: Changes in vocational scope

1988

2015



NATIONAL DATA & INFORMATION

WORKFORCE - MEDICAL

Has the medical workforce become more specialised?

NZ Medical Council Data. There are 16 more vocational scope choices than in 1988 however the top five scopes remain the same.

Table 4: Medical Vocational Scopes

Vocational Scopes - Medical	Number new in 2015	Number new in 1988
General Practice	176	312
Internal Medicine	73	16
Anaesthesia	52	23
Diagnostic & Interventional Radiology	38	22
Psychiatry	36	26
Emergency Medicine	32	
Obstetrics & Gynaecology	19	13
General Surgery	18	5
Paediatrics	17	3
Pathology	17	1
Rural Hospital Medicine	14	
Accident & Medical Practice	13	
Orthopaedic Surgery	11	7
Intensive Care Medicine	10	
Ophthalmology	6	3
Urgent Care	6	
Plastic & Reconstructive Surgery	5	1
Otolaryngology Head & Neck Surgery	4	5
Dermatology	4	1
Radiation Oncology	4	1
Palliative Medicine	4	
Rehabilitation Medicine	4	
Public Health Medicine	3	9
Oral & Maxillofacial Surgery	3	
Pain Medicine	3	
Urology	2	1
Medical Administration	2	
Sports Medicine	2	
Vascular Surgery	2	
Cardiothoracic Surgery	1	1
Neurosurgery	1	
Occupational Medicine	1	
Paediatric Surgery	1	
Sexual Health Medicine	1	

NATIONAL DATA & INFORMATION

WORKFORCE – NURSING

Where are most nurses employed?

Nursing Council Data. About half are employed in DHBs and the rest are employed elsewhere.

Graph 7: Breakdown of where nurses are employed

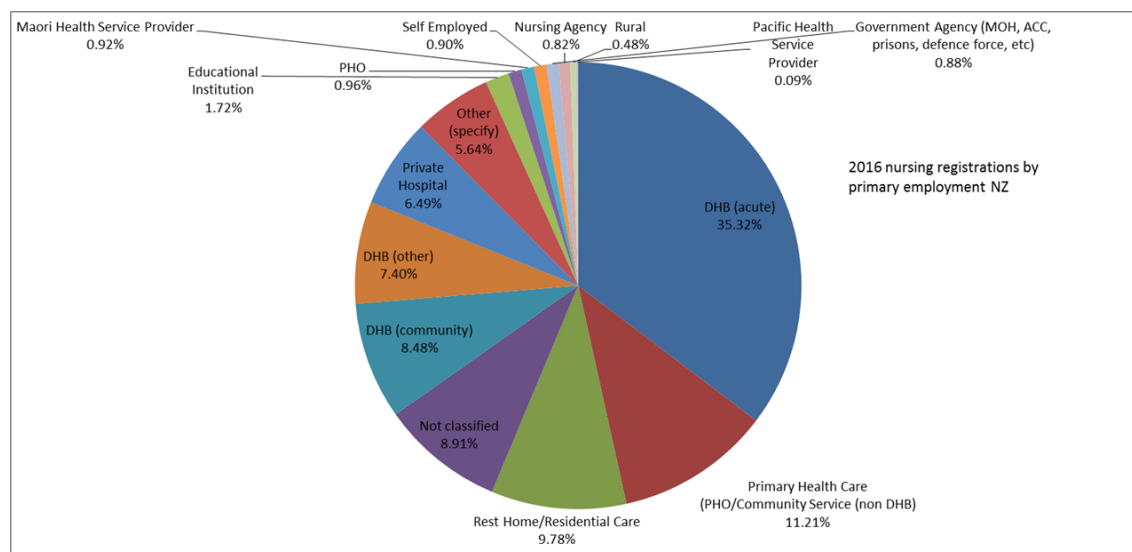


Table 5: Nursing – Employment Type

Nursing - Employment type	2016
DHB (acute)	19,044
Primary Health Care (PHO/Community Service (non DHB))	6,046
Rest Home/Residential Care	5,274
Not classified	4,804
DHB (community)	4,570
DHB (other)	3,989
Private Hospital	3,502
Other (specify)	3,042
Educational Institution	926
PHO	517
Maori Health Service Provider	495
Self Employed	487
Government Agency (MOH, ACC, prisons, defence force, etc.)	477
Nursing Agency	441
Rural	257
Pacific Health Service Provider	51
Total on register	53,922

NATIONAL DATA & INFORMATION

WORKFORCE - NURSING

Has the ethnic diversity of the workforce changed?

Here is the aged care workforce. Indicates an increase in numbers of Philippines and Indians. Registered Nurses in aged care are on the immediate skills shortage list however no other nursing positions are on the long term or immediate lists.

Graph 8: Ethnic Diversity of aged care workforce between 2011 to 2016

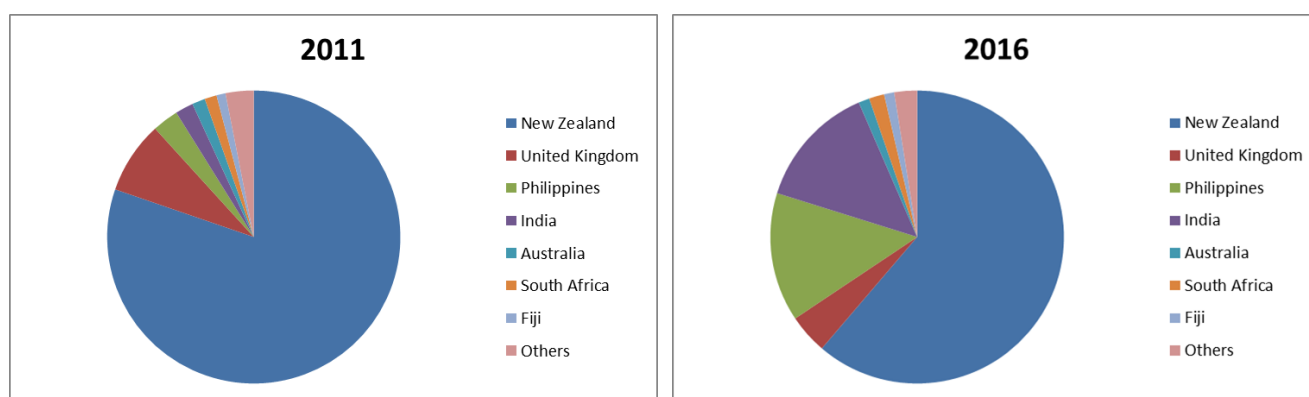


Table 6: Country qualified for nursing aged residential care workforce between 2011 and 2016

Nursing age residential care - Country qualified	2011	2016
New Zealand	724	659
United Kingdom	72	47
Philippines	26	153
India	18	147
Australia	13	13
South Africa	12	18
Fiji	9	12
Others	28	27
Total current APC	902.00	1076.00

NATIONAL DATA & INFORMATION

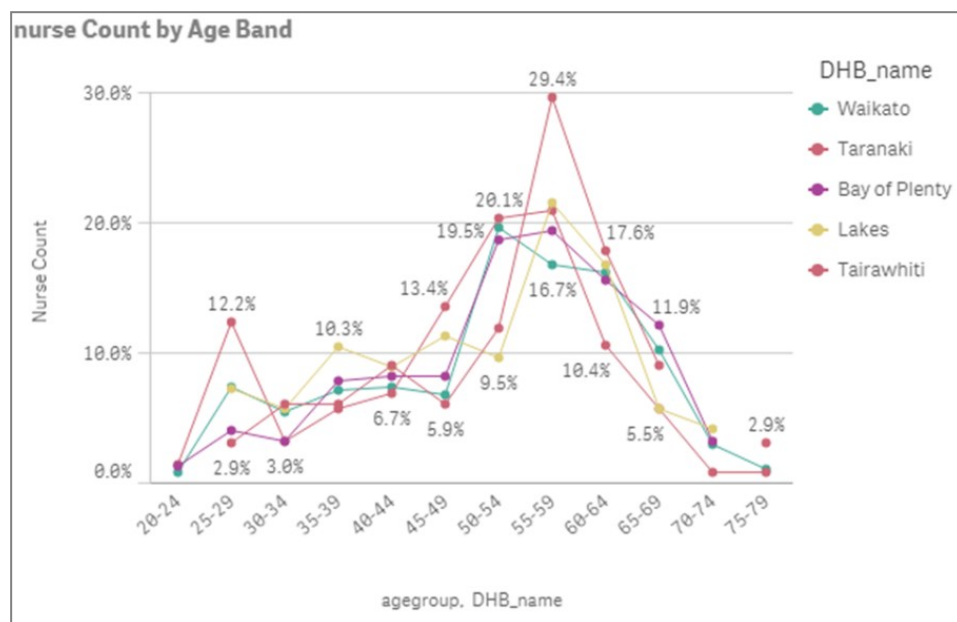
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What is the effect of changing ethnic makeup in the Midlands aged residential care sector?

The age profile is reducing.

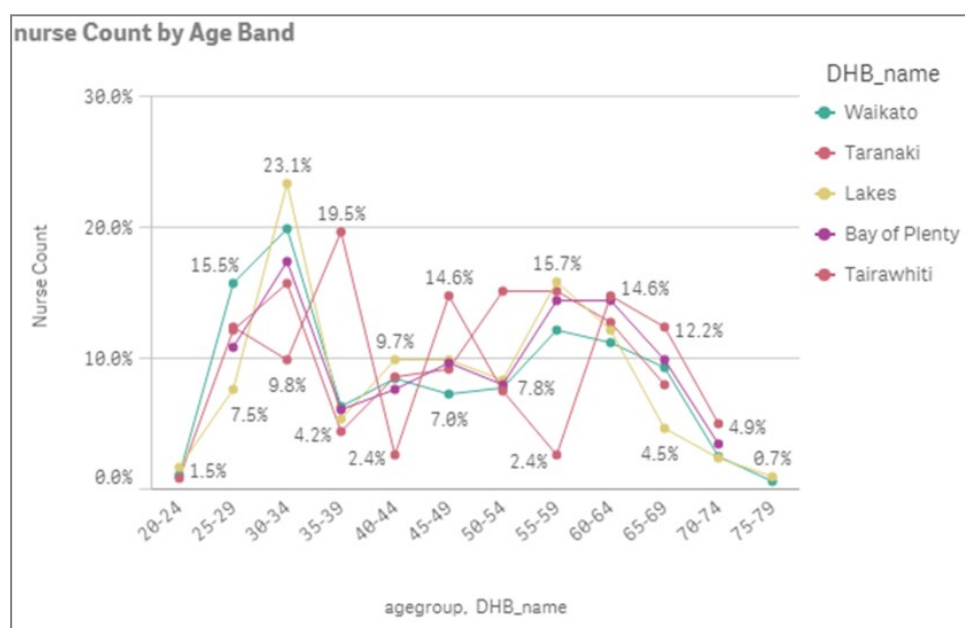
Graph 9: Nurse count by age band 2011

2011



Graph 10: Nurse count by age band 2016

2016



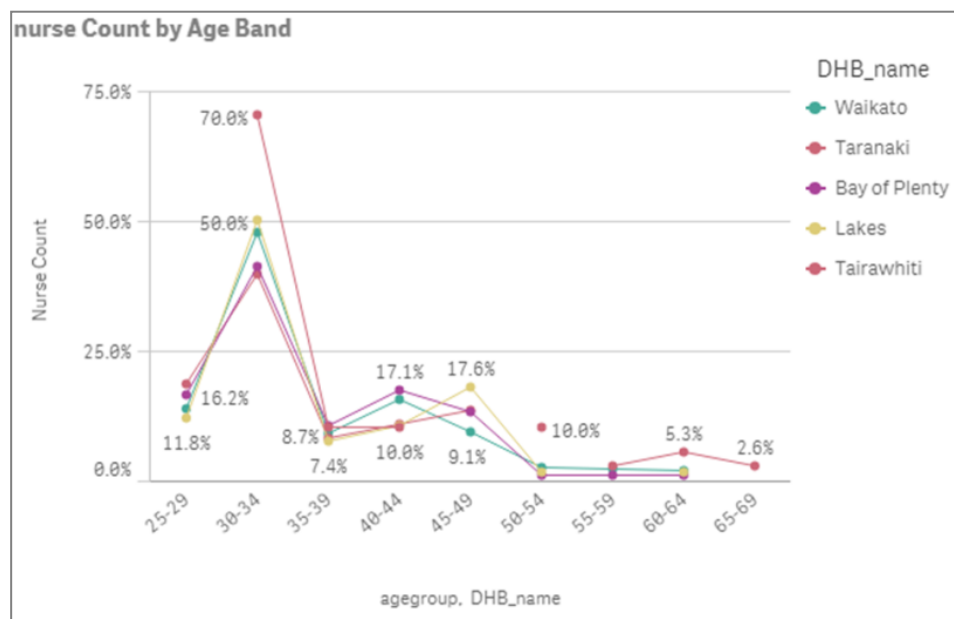
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WORKFORCE - NURSING

Here are the profiles of Philippines and Indian nurses in the aged care sector. It indicates that there are more younger nurses from these countries.

Graph 11: Nurse count by age band - Philippines 2016

Philippines – 2016



Graph 12: Nurse count by age band - India 2016

India – 2016

