Version 4, 6 May 2012

Waitemata DHB Workforce Strategy

Waitemata
District Health Board
Te Wai Awhina

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Introduction

Waitemata DHB is committed to operating within its means and providing sustainable health care services that meet the needs of our local communities. Together these local communities comprise an ethnically diverse population of over 558,000 people.

The diversity of this local population also translates into diversity of the district's workforce, but the current composition of the workforce does not reflect the population. A major challenge for Waitemata DHB is to ensure that its workforce better reflects the community that it serves.

We aim to strengthen the capability of our already committed workforce to allow for the greater use of evidence based clinical and corporate practice. We are striving for a workforce that is committed to life-long learning and development, is individually excellent, is trained to work in teams and can come together to ensure that Waitemata's population receives the best health care possible. An organisational environment which supports a "Healthy Workplace" is a key factor in achieving a workforce which reflects the qualities outlined.

Our workforce needs to be working in different ways and with alternative models of care in order to meet the demand. This may require the development and implementation of new roles but emphasis also needs to be given to the structure of teams and on the location of the delivery of care (ie. primary care) in order to meet the demands of the future health needs of a growing population.

This strategy development is part of a national planning process to ensure that DHBs and other state service organisations focus on workforce as a priority.

This plan also recognises that in order to achieve successful outcomes planning needs to be undertaken at a local, regional and national level.

This plan is aligned with Health Workforce New Zealand's six broad areas of activity. These are:

1. Increasing numbers of some workforces through increased recruitment, retention and repatriation
2. Training and recruiting more health professionals with generic skills, to increase flexibility and respond to the increasing shift towards primary and community- based models of care and integration between institutional and community settings.
3. Improving the linkages in workforce activity across the health system, increasing collaboration and economies of scale.
4. Developing better and regionally aligned approaches to professional training and career planning to support the national Health Board's approach to ensuring services are clinically and financially viable
5. Enabling health professionals to take on new tasks and responsibilities, freeing up limited and expensive clinician time, and ensuring high quality and best value clinical training will contribute to improved satisfaction for trainees and better outcomes for patients.
6. Making the best use of training settings and experiences.

Each of these priority focus areas are reflected in this strategy and/or the regional service plan.
This plan will span a four year timeframe but will include an annual review process which will ensure the content remains current and new priorities are included in the planning.

The content of this plan will cover the following areas

- Workforce Data Intelligence
- Capacity
- Capability
- Culture & Change Leadership
- Employment Framework

Workforce Data Intelligence

The focus of workforce data intelligence is to analyse current and historical employee data to identify key relationships among variables and use this as insight when planning the workforce needed for the future. In addition to recruitment and retention variables, health workforce data analysis also includes reviewing the age, ethnicity and gender profiles of the workforce.

An analytical approach is important as it provides a fact based method of understanding workforce behaviours and trends. Workforce data intelligence also provides further context to workforce planning efforts by ensuring perceived workforce behaviours/ trends are consistent with actual behaviours/trends identified using a more quantitative approach.

Well-developed workforce data intelligence is highly advantageous in assisting us to identify issues and determine appropriate actions to close the gaps and ensure a sustainable and appropriate workforce for the future.

Priority Focus Areas

Standardised workforce metrics

Within Waitemata DHB we have been working on a programme of developing standardised and relevant workforce metrics to support managers within the business to plan and strategise in relation to their people resources.

To ensure that workforce information is validated and well understood by the business, a set of standardised KPIs has been developed for Waitemata DHB. These KPIs have been in place for approximately 12 months and we are now able to see a full year of trended information.

The purpose of implementing a standard set of KPIs was to allow benchmarking and to enable us to monitor human resource performance across the organisation.

This information is currently provided to the Board and organisation through the HCA Report. It is used to identify trends and significant changes; particularly where the DHB is failing to achieve or maintain performance against the target set for the financial year. The information is provided by service and professional group to allow further analysis and action where necessary.

Further work has been identified to enhance the delivery of this information to a unit and team level.

Opportunities exist to share this information regionally and allow for a standard set of metrics to all DHBs in the Northern Region and therefore allow comparisons between like units, services or the DHBs as a whole.

Mental Health Services are already utilising a national KPI database for Adult Mental Health service s to benchmark against and to support quality improvement processes.

Moving toward a regional view of the health workforce requires that we are able to identify and measure the health workforce in a consistent manner across the entire region. A number of issues (including lack of access to data, and disparate reporting cycles) have hampered efforts to provide a regional view in the past. Standardised workforce metrics require regional agreement and commitment to an agreed upon set of data protocols for the collection, recording and output of workforce data.

Metrics should permit comparisons that identify the position of each DHB, and the combined regional status, regarding a given issue (i.e. ethnicity profile).

Collection and reporting of workforce data:

Within Waitemata DHB there is a continued focus on increasing the efficiency of access to workforce related data and for this data to be integrated into service and other planning and monitoring of compliance processes.

Strong systems analysis of the regional workforce requires a complete picture of what the regional workforce makeup is. At present there is very little data available centrally on the Primary Care workforce within the region.

Open and timely access to anonymised regional workforce datasets will provide for better regional and sectoral planning, and help to identify where and why workforce pressures are being experienced in different parts.

Forecast future workforce requirements:

In order to better plan for changes to service delivery, service growth due to demographic change, the repatriation of services, the development of new services and/or the introduction of new roles or extended scopes of practice, workforce requirements need to be modelled to fit the scenario(s) proposed.

Over the past two years Counties Manukau DHB has completed annual workforce demand forecast that project the workforce needs out to 2020. The formula is weighted for projected patient demographic change.

Waitemata DHB is in the process of utilising the Counties Manukau DHB model for its own workforce forecast. Alongside the quantitative analysis a qualitative analysis considers changes affecting the organisation, stakeholders, the New Zealand health sector and the wider environment to focus on those likely to have the greatest impact on the health workforce over the next 10 years.

The demographic growth forecast model could be extended out for each organisation and a regionally consistent workforce demand picture obtained. This would be particularly useful for regional planning, and in conversations with training providers around future graduate requirements and/or the provision of training for any new roles that may be required.

What are we trying to do?

- Standardise workforce metrics
- Develop centralised process for managing HR data processes (such as APC management etc)
- Forecast future workforce requirements

Why is this important?

- Data is necessary to identify trends and workforce changes
- Data is necessary for use in planning, service change/ development and team management
- Centralised HR reporting is important in supporting managers to manage workforce related compliance

How are going to do it?

- Review and agree on standard data metrics
- Review current data collection systems and processes
- Complete Workforce forecasting

How will we know when we have achieved it?

- Standardised regional workforce metrics implemented and reports are available
- Data is available for modelling and forecasting purposes

Capability

In order to meet the demands and needs of our population, we need the right people, in the right place at the right time. We need health professionals to receive 'fit for purpose' development, support and supervision.

In order that we plan for the future, the skill mix and the configuration of the workforce should be based on integrated care pathways and future service design.

Working differently requires us to test workforce innovations and to strengthen clinical leadership to ensure we have the capability to deliver our services. This involves all members of the multi-disciplinary team.

Priority Focus Areas

Strengthen clinical leadership:

The complexity and unpredictability in the healthcare environment is greater than ever and the pace of change has accelerated. Within this adaptive environment it is not possible for any one individual or professional group to know the solutions. Hence, strengthened clinical leadership from the bedside to the boardroom is vital for the delivery of an excellent healthcare service.

Waitemata DHB is in the second year of a two year leadership development programme for 100 senior clinical and manager leaders from across our DHB. This *Leadership at the Point of Care* programme is provided by the NZ Leadership Institute, a leadership research and development unit from the University of Auckland. It focuses on leadership mindset and practices relevant to working in our adaptive healthcare environment. A variety of initiatives focusing on sustaining leadership and leadership mindset and practice are being developed.

Succession planning for clinical leadership will be scoped in the next 12 months. It is critical that both our current clinical leaders are supported by competent and capable delegates and that our future clinical leaders are supported to develop leadership mindset and practice.

Strengthening the role of SMO leaders is a priority for this organisation. Ongoing focus on these roles and how they interact with their management counterparts underpins a range of activity including the leadership programme mentioned above.

Assessing our Capability

The DHB recognises that to ensure the provision of healthcare services necessary to meet the populations' needs for the future, ongoing assessment and review of current and future capability is essential. This area of work enables the organisation to manage any areas of risk related to the level of skill required to deliver services in line with requirements outlined in the HPCAA. At an individual employee level this work will also contribute to the ongoing career development opportunities and pathways available to our workforce. In turn this provides employees with the opportunity to engage and contribute to the planning, development and implementation of new services.

Allied Health and Technical CASP and Merit Progression Framework

The framework for progression through the Allied Health and Technical salary scales is based on the provisions of the MECA. Since the introduction of Designated Positions within this MECA in 2006 the DHB has completed a review and comparison of all designated positions within the organisation providing an appropriate banding structure. In addition, to enable clinicians to access the full band available for their position the organisation offers CASP training complemented by the work of a moderation committee to review and approve applications and completed portfolios. Following the completion of banding by the wider Auckland Regions DHBs it is now intended that the banding structure will be reviewed on a regional basis to remove regional competition and anomalies. Furthermore the DHB will be undertaking analysis to

identify all current clinicians eligible for CASP. This piece of work will identify the full current potential for development of clinical skill and allow managers and employees to consider areas for service and skill development. At a national level further work is planned in 12/13 to develop a consistent CASP Framework to provide clinicians nationally with a pathway for professional development and progression.

Performance Development Reviews (PDRs)
Providing employees with feedback on their performance and clear expectations of their contribution to service delivery going forward is critical to maintaining an engaged workforce and ensuring that all employees have a shared understanding of the priorities for the organisation. Currently the monitoring of completion of Performance Development Reviews is a highly manual process, WDHB plans to implement an on-line Performance Review process, which will have clear links to career development needs and service requirements. This system will also allow for electronic monitoring of the completion of the reviews and allow for analysis of development needs and capability at a macro level.

Establish the workforce requirements for new models of integrated care:

Shifting care to more appropriate settings is a national and regional focus. Providing "Better, Sooner and More Convenient" care indicates a focus on developing models of care and service delivery that are more integrated across settings and within the service delivery team.

In this area, Mental Health Services group will be guided by the strategic direction for models of integrated care described in the new Mental Health Blueprint document currently in development.

Invest in education, learning and research

A highly skilled workforce is critical to the delivery of excellent health services across our district. Our people are our greatest resource and continued investment in formal and informal education and learning and best-practice research is critical to 'Best Care for Every One.'

The establishment of Awhina Health Campus is an acknowledgement of the importance of clinical education, learning and research and innovation to health care outcomes. Therefore effective investment in these areas is essential. However just doing more education, learning and research is not the answer but making it better, smarter and more appropriate. Like healthcare itself we need an evidence base for what we do. We need trained professionals to plan and dp the work and overall we need to be measuring outcomes and results, basic statistics like volume or time. The key question to ask is, "What are we going to stop doing so that we can do more of what produces better outcomes?"

Issues that need to be examined are how to achieve equity in the provision of postgraduate education for the whole healthcare team.

Facilitate workforce innovation and new or expanded roles

It is clear that we are not able to continue to work in the same way if we are to meet the demands of the future.

Developing new roles and team structures that allow for increased productivity or enhancing scopes or practice to enable clinicians to utilise their specialist knowledge and skills are ways in which we can look to meet the future demands of population health and wellbeing.

Some of these innovations will be planned and implemented in a systemic way through the leadership of the HWNZ funded training hubs and others will be organic and developed through service and team planning. It is important that both approaches are supported with rigorous evidence based practice and by a willingness of all parts of the organisation to embrace the investigation and implementation of new ways of working.

It is also critical we continue to explore technology as an enabler to doing things differently. Advances in 'telehealth' need to be harnessed and explored in relation to many aspects of service delivery.

Improve cultural capability of primary and secondary care workforce

New Zealand studies have identified a lack of cultural knowledge and skills in the health workforce as a major barrier to provision of accessible, safe and equitable health services for New Zealand's diverse population. Given the high diversity of the Waitemata DHB population, this DHB recognises the need to provide a framework for creating a culturally safe environment for health practitioners and the population we serve across primary and secondary care. This includes Deaf Culture and assumptions made about people with disabilities.

Improve service productivity and efficiency

Innovation in Workforce Development is not limited to the introduction of new roles. Ongoing, rigorous and inclusive processes need to be in place to examine the current use of human and other resource to ensure that the best patient and quality outcomes are being achieved. Current service configurations may not best support patient need or allow for the most appropriate health professional to be providing the care or support. Service productivity and efficiency can be continuously improved by increasing the organisation and application of education, learning and research within our DHB, the region and the sector. All sections of the workforce both clinical and managerial contribute to service efficiency so a focus will be on management development as well as ongoing professional development activity for clinicians.

In the Mental Health Services group ongoing work is being done in the area of Lean Thinking. This programme is undertaken in partnership with the PSA and supports teams to identify areas for improving processes, productivity and efficiency.

What are we trying to do?

- Strengthen Clinical leadership within the District Health Board
- Ensuring that our workforce are competent to deliver 'Best Care for Every One'
- Ensure a sustainable model for the development of Clinical leaders
- Enhance Clinical Education programmes
- Strengthen the provision and quality of clinical education in primary healthcare settings
- Develop 'new ways of working' through the implementation of new roles, team structures or work related processes
- Build strong partnerships with Tertiary institutions to ensure the development of a 'fit for purpose' graduate workforce and ensuring strong alignment of organisational needs and Post Graduate education offerings

Why is this important?

- Engaged and active clinical leaders are critical in the delivery of high quality healthcare services
- Succession planning is a key strategy in the development of clinical leaders
- We have a responsibility to measure the competence of our workforce
- To meet the health service delivery demands predicted for the future, we must innovate and look to implement new ways of working.

How are going to do it?

- Continue to deliver 'Leadership at the Point of Care' and engage with the development of the NZ Centre for Excellence in Healthcare Leadership (a HWNZ initiative)
- Implement a clinical leader succession planning programme
- Closer collaboration through the development of NoRTH (Regional training hub)
- Implement pilot project to trial workforce innovation (pharmacy prescribing, Rehabilitation assistant, clinical scientist)
- Promote inter professional practice
- Develop and implement a regional and national CASP framework

How will we know when we have achieved it?

- Clinical places on the Leadership programme are filled for each cohort
- All clinical staff meet competency requirements or have a professional development plan in place
- HR KPIs are achieved or exceeded
- Individual project objectives are met
- Measures relating to clinician engagement are set and met
- Audits are completed on an annual basis

Capacity

In order to ensure our ongoing organisational development requirements, we need to attract, recruit and retain quality health professionals and employees into our organisation. Given the competition for health professionals locally and internationally, we need to be promoting the benefits of our organisation to the wider community.

It is also important that we promote heath careers as an option to young people and community members, with a specific focus on the Maori and Pacific communities. To do this, we need more targeted and coordinated recruitment strategies.

It is also important given the make up of our community that we respond to the growing Asian population within our catchment with respect to our workforce strategies.

New models of employment (e.g earn and learn models like the Anaesthetic Technician trainees) could be expanded into other roles.

Priority Focus Areas

Developing a workforce that reflects the community it serves (with a focus on building Maori and Pacific health professionals)

Developing a workforce that reflects the community that we serve is an important organisational priority. International research indicates that a diverse health workforce reflective of its population, can improve quality of care, expand access to services, increase safety, and minimise miscommunication leading to improved outcomes for patients.

In addition to the quality improvement benefits, there is a genuine business need to recruit from our local communities. Importing healthcare professionals is no longer a sustainable option. We need a steady stream of health workers being trained locally. We also need to grow a workforce that understands the needs of the community that we are serving. As a District Health Board we recognise and are committed to Te Tiriti O Waitangi and acknowledge Maori as our partners in delivering sustainable health services.

To this end, we are focussing on developing the Maori and Pacific Health Workforce.

A number of workforce development challenges exist in building capacity in these groups. It is not sustainable to implement activity in only one part of the workforce development pipeline, but rather systemic change is required in order to grow, attract, retain and develop this group.

Employee resource requirements for services:

Our ability to attract, recruit and retain a highly skilled, motivated workforce who practices in ways which ensure the patient experience is maximised is critical to meeting our goals. In order to maximise this ability work will occur in the following areas

- Enhancement of a Waitemata DHB employment brand relevant to the purpose statement “Best Care for Every One”
- Innovative sourcing and pro-active recruitment of a diverse workforce based on forecasted future needs and reflecting our community
- Maintain and develop best practice selection processes to assess candidates for success in our organisation
- Improvement in the rate of internal promotions/appointments (career planning/succession planning)
- Maintenance and ongoing development of retention strategies to retain and support our growing workforce for all ages and stages

- Creating an environment that fosters a 'Healthy Workplace" and links to improved patient/client outcomes will enable a holistic approach to supporting a workforce that is flexible in a changing environment.

It is important that we plan recruitment risks for critical and vulnerable workforces. An ongoing focus on building connections and talent pools for these workforces as well as building solid risk management strategies will continue to occur.

Waitemata DHB specifically recognises its responsibility in supporting the transition of students to new graduate practitioners.

Well supported and comprehensive new graduate programmes exist for some professional groups but for others the volumes of new graduates recruited annually and the way in which they are orientated to their practice is not as structured to grow future workforce. For example, we could have graduate rotational programmes across services.

In order to maintain an active workforce pipeline it is critical that we develop a plan for the recruitment and orientation of all new graduates to the DHB. Given the focus on the priority to increase the capacity of the Maori and Pacific health workforce, it is important that this review takes into account how we will support these new graduates into employment.

Engage with tertiary and training providers:

Closer and more effective collaboration between DHBs and tertiary organisations and other training providers offers significant opportunities for both improved health care outcomes and the development of a health workforce from pre-entry to post graduate. To make this a reality it is important for each partner organisation to contribute what they do best into the mix. A broad understanding of key drivers and the working environment of each partner organisation is critical. Cross appointments can help this to occur as does open and honest communication and the development of clear contracts and written agreements.

Facilitate clinicians to work at the 'top of their scope':

HWNZ have identified that it is desirable that throughout the sector clinicians work at the "top of their scope." Commentary suggests that this is a desired state and not necessarily easily achieved." Work will be undertaken to identify barriers to this occurring in a range of clinical and delivery settings. The projects below are examples where work is occurring which would contribute to this

- Implementation of new scopes of practice for enrolled nurses and HCAs – Mental Health and Physical health
- Clinical nurse specialist developments / Nurse practitioner development in primary and secondary care
- Mental Health focus on supporting specialisation to top of scope and broadening skill base of NGO partners
- Allied Health Assistant scope of practice and training implementation (likely to be regional) - Linking to a skill mix review for the Allied Health registered practitioner workforces
- Introduction of PCA positions in Outpatients
- DHB Accreditation Programme for Standard Equipment (MOH)

Strengthen development capacity:

One of the greatest challenges facing organisations is under-utilisation of skills and knowledge. Integration, resource and ideas sharing and innovative thinking are key enablers for expanding and enhancing our capacity to develop our current and future workforce. New integrated structures such as Awhina Health Campus are about capacity building.

Waitemata DHB is coming to the end of a three year project to establish e- Learning as a delivery option to complement classroom-based learning for DHB employees. The modules are able to be accessed through

the internet on a 24/7 basis and this provides flexibility for staff and expanded provision of formal learning. At the end of the project e-Learning will be fully integrated into a blended learning model and one element in a learning technologies strategy.

A key area of focus will be the development of the Northern regional Training Hub (NoRTH). NoRTH will build from its initial operational role of RMO deployment in the metro Auckland region to play a key role in supporting the education and development of post graduate medical, nursing and allied health workforces regionally. NoRTH will work closely with HWNZ, the NoRTH Board and the Northern Region Clinical Leaders forum to agree its workplan and align with wider workforce planning being undertaken locally, regionally and nationally to increase clinical placements for all professional groups

Increase clinical placements for all Health Professionals:

There is a need across the sector for an increase in the number of clinical placements for all professional groups and in all healthcare settings. Support and tools need to be developed to ensure capacity is managed appropriately and that the quality of the placements support student learning both in their individual professional area and as an inter-disciplinary healthcare team. For example collaborative student placements

What are we trying to do?

- Recruit, develop and retain a workforce which reflects the population we serve
- Utitise the knowledge and expertise of our highly qualified workforce to enhance the quality of the service we provide
- Build a reputation as a great place to work through establishing relationships with students in a range of ways at different stages in their training
- Undertake activities that attract Maori and Pacific people into health careers and our DHB
- Improve the skills of the clinical workforce to meet the needs of older patients.

Why is this important?

- To ensure that our patients and clients and their family/whanau have an experience under our care which enhances their health outcomes
- To ensure WDHB is an employer of choice and known as a great place to work and develop as a professional
- To ensure, via relationships and input with tertiary providers, that graduates arrive ready to deliver care in appropriate ways.

How are going to do it?

- To strengthen organisation activities such as the scholarship programme which will provide and sustain a pipeline of Maori and Pacific new graduates in a variety of disciplines
- Quality Student clinical placements are provided in all disciplines in all settings across the catchment
- Explore barriers and changes to models of care to enable clinicians to work at “top of scope”
- Provide education to support the management of workforce diversity.

How will we know when we have achieved it?

- Workforce demographics are more reflective of the population that we serve
- Clinicians report that they are able to work at the top of their scope
- All available student placements are filled within the district.

Culture

Engaging employees through positive human resource practices is something that DHBs and other employers can do to promote a supportive culture that will retain employees.

Visibility of senior management, a no-blame approach linked with appropriate accountability and good clinical governance underpin a positive organisational culture. Culture is about good leadership, engagement and participation in decision making, feeling valued, having a sense of autonomy and control over the workload and feeling part of a well functioning team.

Priority Focus Areas

Engage the workforce:

DHB people strategies which focus on clinical leadership and workforce engagement are critical to our success. Building a culture which embraces high performance and continuous learning and improvement to ensure an enhanced patient experience and the retention of our highly skilled workforce is central to our work. This work is best achieved when the partnership with our unions is strong and our strategies for engagement, clear, structured and agreed.

The DHBs values and the desired behaviours and actions that under-pin our values are seen as a significant part in developing the organisational culture, that will meet our organisational promise of 'Best Care for Every One.'

Employee satisfaction improvement surveys covering such issues as team-work, health and safety in the workplace, workload and management support, career intentions (including to stay or leave) provide the opportunity for benchmarking with other regional DHBs and with organisational change over time.

Communication is a key enabler in the area of organisational culture and employee engagement. In order for employees to feel engaged with the business and to ensure they are able to participate in ideas generation and decision making they must have access to information within the organisation and have the opportunity to respond. Good internal communication is critical to enabling this.

Implement Human Resources activity:

In order for the organisation to effectively manage our human resources we need access to accurate and timely information.

The review and updating of HR Policies and practices to meet a changing environment are an ongoing need. Strong business related contribution to the development of HR systems capability, is critical.

What are we trying to do?

- Create a culture where clinical leadership and workforce engagement are at the core of our success
- Create a patient/client experience which is based on the DHB's promise statement, "Best Care for everyone," and our values
- Create a culture where employees are treated and treat each other in ways which reflect the DHB promise statement of "Best Care for everyone" and our values.

Why is this important?

- Retention of employees
- A engaged workforce and positive culture creates a platform for quality patient experience and outcomes
- An engaged workforce embraces and contributes to change and innovation more readily.

How are going to do it?

- Implement the 'Best Care for Every One' values programme
- Service recognition programme implemented
- Career planning support is offered widely across the organisation
- Improve internal communication
- Strengthen employee engagement in organisational change and development
- Increase functionality of and reporting within core Human Resources systems
- On-boarding programme is implemented.

How will we know when we have achieved it?

- All employees understand and live the organisational values as reported in compliments and performance review processes
- Strengthen management human resources capability to reinforce and support the culture and values of the organisation
- Increased satisfaction reported via staff satisfaction survey related to internal communications, career options and engagement in change processes and organisational development
- Service recognition programme is sustained
- Increased useage of My careerPATH
- Efficiencies are achieved in HR systems and processes
- On-boarding is implemented and enhanced as appropriate.

Change Leadership

To achieve transformational change in our ways of working across the spectrum of service delivery options our way of leading and approaching change must evolve from our current sector models. The focus must move to a place where issues are raised and conversations had which challenge the status quo to its core. This involves having an inclusive approach to early change conversations, engagement with unions and other stakeholders in meaningful ways and providing learning opportunities so that a shared language and way of thinking is embedded which assists decision makers.

Priority Focus Areas

Ensuring change readiness:

In order for the organisation to effectively implement changes which are initiated internally, regionally or nationally our professional leaders/ managers and clinicians need to work in partnership with union delegates and employees to prepare the workforce for change.

The implementation of the Enhancing Engagement Framework provides principles and a foundation for this work to occur in a partnership model where possible; or where this is not possible clear expectations on the parties involved for consultation and implementation. Further activity and planning is required to enable all parties to engage constructively and proactively as we continually seek to implement ongoing improvements to the services we deliver.

Improving employee communication:

Clear, timely and consistent communication is a critical to the success of any change initiative. In the continually changing environment it is essential that all employees are aware of any initiatives that will potentially impact on their work. The DHB must identify appropriate communications strategies and plans to meet the needs of the workforce to enable them to perform their roles effectively within this environment.

What are we trying to do?

- Plan, manage and evaluate organisational change initiatives in ways which result in improved service delivery and staff engagement.
- Challenge the status quo in full consultation with key stakeholders and in line with ministerial and organisational priorities

Why is this important?

- Current ways of working and delivering care and services is not sustainable overtime
- The workforce needs to be engaged in these processes for effective and efficient implementation

How are going to do it?

- Implementation of the Enhancing Engagement Framework.
- Embedding of the Leadership mindset and practices inherent in the *DHBs Leadership at the Point of Care programme* in everyday practice
- A clear communication programme is evident in all change processes

How will we know when we have achieved it?

- Change results in measurable enhanced outcomes for patients
- Measurable efficiencies whilst meeting quality outcomes are achieved
- Staff engagement is improved.

Employment Framework

HR and ER strategies need to be positioned to support achievement of our goals. These strategies are usually determined and negotiated at a regional or national level and have a profound impact on our ability to deliver on productivity, efficiency and employee engagement objectives within our DHB. Living within our means is an absolute expectation and Employment Relations strategy must align to the budget parameters. Waitemata DHB is actively involved in these processes at the most senior level. This work assists to ensure our remuneration and bargaining strategies deliver on our organisational strategy. An adaptable and flexible workforce is needed to meet the requirements of new ways of working.

This strategy recognises that the Good Employer obligations and principles as described by the State Services Commission, underpin all our Human Resources policy and practices.

These principles are:

- Good and Safe working conditions
- Being an equal opportunities employer
- Fair and transparent selection of suitably qualified people for appointment; and
- Recognition of the aims and aspirations of Maori, and proactively support the employment requirements of Maori, women people with caring responsibilities and people with disabilities.

Not yet completed but activity identified for local and regional discussion is:

- IEA Remuneration regional strategy further developed
- Allied Health Designated roles - regional approach
- Exit survey data – reporting framework being established.

Commit to regional investment and collaboration

Waitemata DHB and Auckland DHB have an agreed strategy re key areas for collaboration and investment over the next year. These include key HR functions of which Workforce Development is part or directly aligned. ER and HR processes will be part of this work. Some initiatives will involve the whole region including Counties Manukau DHB and Northland DHB. Planning is occurring as per regional planning processes, which support the achievement of Regional Health Plan strategies and objectives. This process will formally detail specific actions. Willingness has been demonstrated through the regional plan development of areas where critical informal links can be made across the region. This is of particular importance as boundaries are reduced between secondary and primary care providers and DHB populations.

Waitemata DHB is committed to and actively involved in this work to ensure the greatest impact can be achieved from the sharing of our local and regional expertise and strengths so that our workforce both current and future is positioned to meet the challenges of ongoing change and reflects the diversity of our population.

Appendix A Waitemata DHB Workforce Overview

The following charts and graphs describe the Waitemata DHB employed workforce. This data is sourced from the Leader payroll system and is accurate as at 31 December 2011. Issues identifying an appropriate and consistent avenue for collection of Primary Care workforce data have meant that this important piece of the workforce puzzle has been excluded from any analysis to date.

Figure 1. WAITEMATA DHB employed workforce, by Workforce Group (FTE, %)

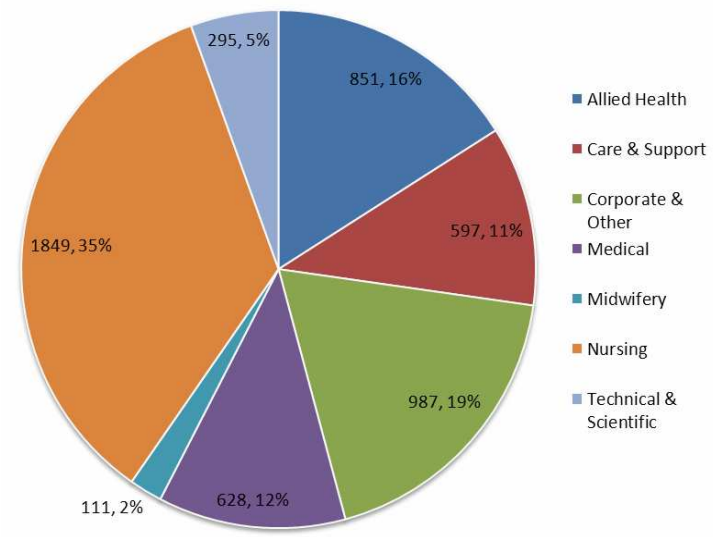


Figure 1 identifies that the 'Nursing' workforce group is significantly larger than all of the others, followed by 'Corporate & Other' and 'Allied Health'. The 'Midwifery' workforce group contributes the smallest proportion of FTE at only 2% of total.

Figure 2. Waitemata DHB Patient Discharges and Employed Workforce, by Ethnicity

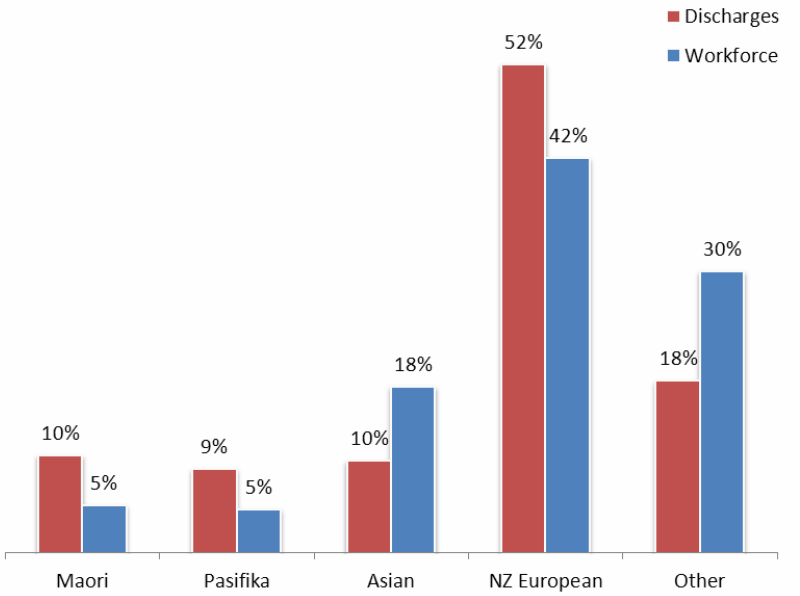
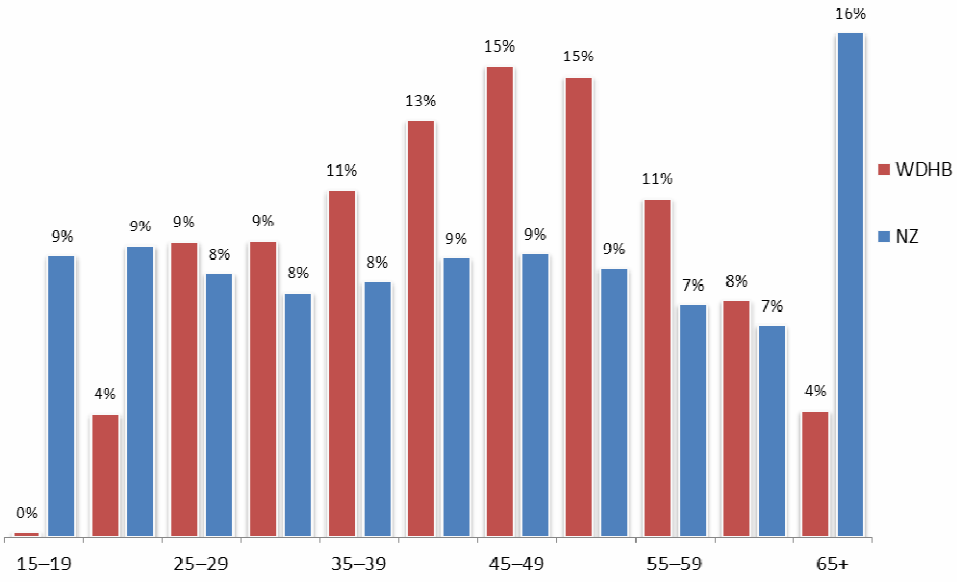


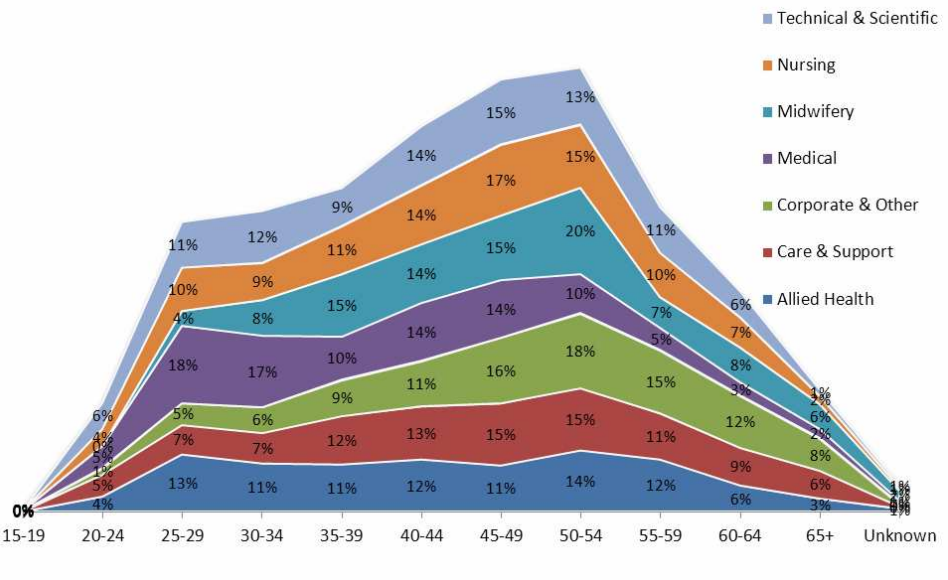
Figure 2 compares employed workforce (at 31 December 2011) with total patient discharges by ethnicity (for the 12 months to 31 December 2011). What is evident is that both Maori and Pasifika utilisation of services is higher than their representation within the overall workforce. In addition, Waitemata DHB catchment population projections for 2011 (Stats NZ) identify Maori & Pasifika contributing 9% and 8% respectively, and Asian contributing 16% of the total Waitemata DHB catchment population.

Figure 3. Waitemata DHB and NZ Working Age Population Age Structure



The differences between the Waitemata DHB employed workforce and the NZ estimated working age population (Stats NZ, December 2011 Quarter) profiles are marked, however may not be overly surprising given the significant training time required to enter a number of health careers. Average age of the Waitemata DHB workforce is 44.7 and 23% are ≥ 55 years of age.

Figure 4. Waitemata DHB Workforce Age Profile, by Workforce Group



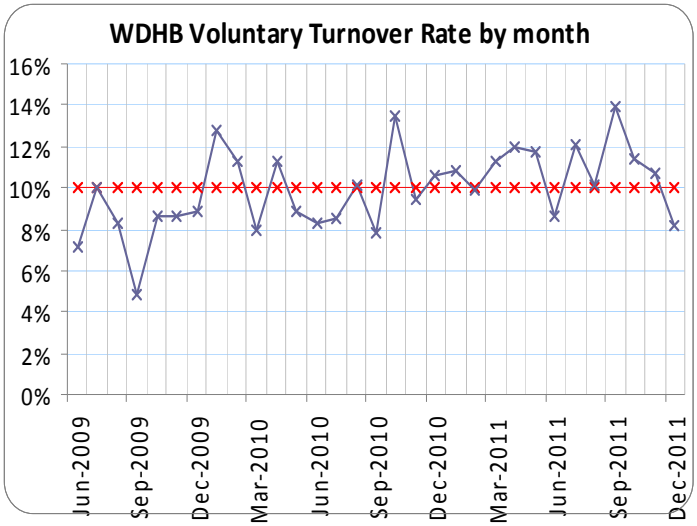
As you can see from Figure 4 (above), the age profiles of the different workforce groups within Waitemata DHB follow similar patterns with the major spikes for the majority falling in the 45-55 year brackets.

The following charts and graphs provide a view of the organisations current Wellbeing KPIs and the actual performance in relation to the DHB to target as at 31 December 2011.

KPI Results Overview

KPI Targets	UoM	Target	Current Month	Last 12 Months
Turnover Rate	%	10.0%	8.2%	10.9%
Voluntary Terminations LOS < 6mths	%	8.0%	7.4%	10.1%
Voluntary Terminations LOS <12mths	%		23.7%	20.3%
Sick Leave Rate (% Total Hours)	%	2.7%	2.5%	3.2%

KPI Trend Results and commentary



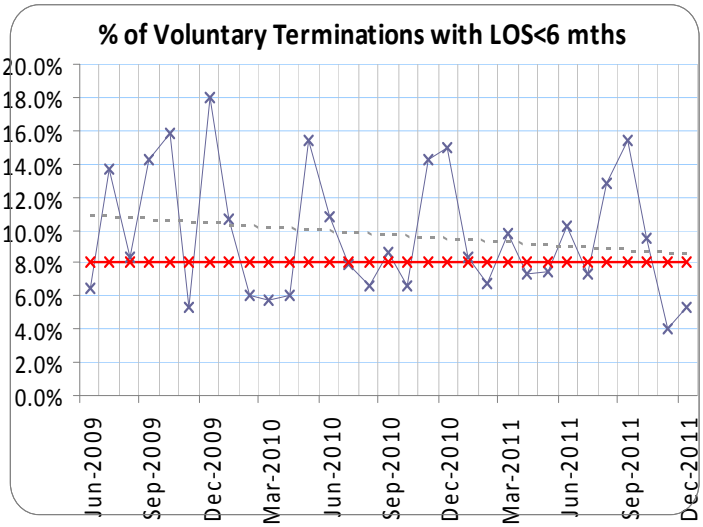
Turnover

Trends:

The monthly turnover is variable, but the annualised result remains within 1% of the DHB target.

Planned Actions:

The DHB has been collecting increased information on reasons fro leaving over the last 12 months. This data will be presented in a report form at an organisation level and by service to identify any trends, areas for concern and mitigating actions that can be taken.



Voluntary Terminations LOS < 6 months

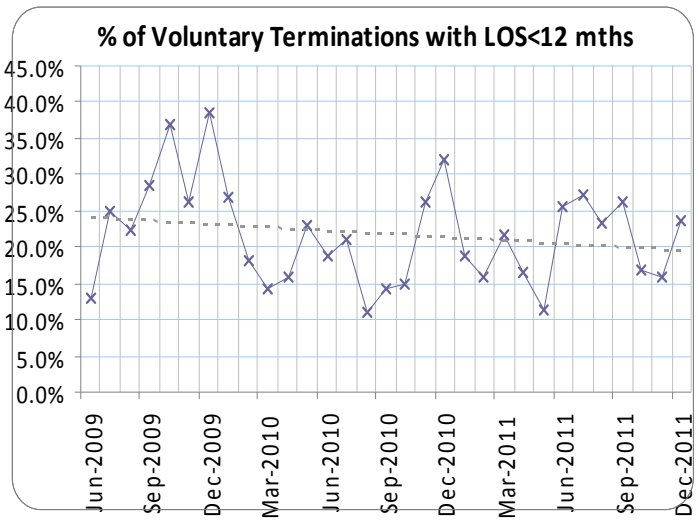
Trends:

The monthly turnover result for employees with less that 6 months service is variable, which is in part due to the small numbers being considered. The annual rate of turnover in the first six months of employment continues to reduce, a trend which has been continuing for more than 2 years. If this reduction in turnover is maintained the annualised target will be met in the next quarter.

This data excludes RMOs, casuals, and involuntary reasons for leaving (ie) redundancy, dismissal and medical grounds.

Planned Actions:

A specific programme of work is planned to assess reasons for leaving within this group. The aim of this work will be to identify whether the reason for leaving is linked to the initial appointment process, the support provided through orientation or otherwise.



Voluntary Terminations LOS < 12 months

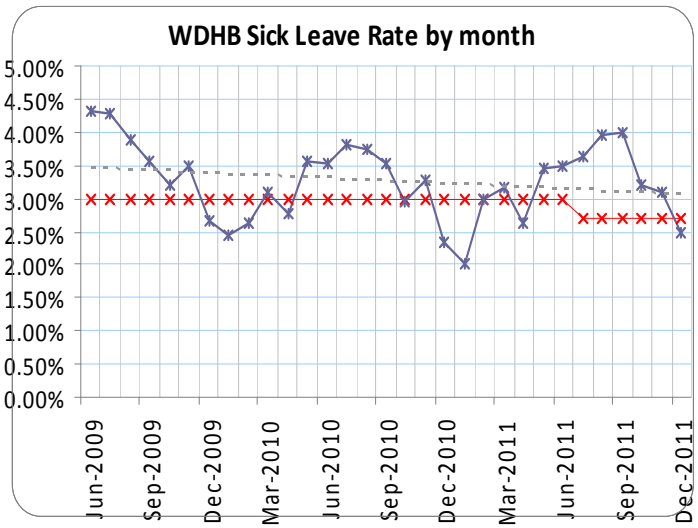
Trends:

The monthly turnover result for employees with less that 12 months service is variable. The annual rate of turnover in the first 12 months of employment has continued to reduce, a trend which has been continuing for more than 2 years

This data excludes RMOs, casuals, and involuntary reasons for leaving (ie) redundancy, dismissal and medical grounds.

Planned Actions:

Further analysis by professional group and service to identify any areas of concern is underway. The aim of this work will be to identify whether the reason for leaving is linked to the initial appointment process, the support provided through orientation or otherwise.



Sick Leave

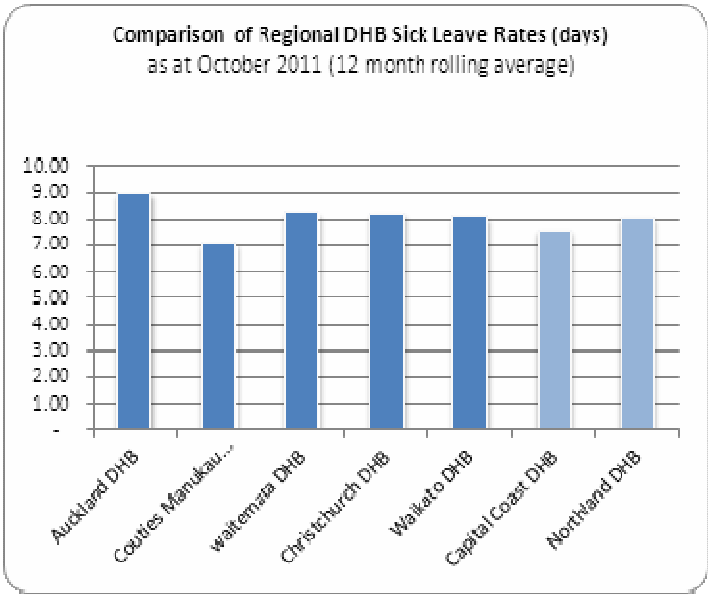
Trends:

The monthly rate of sick leave usage demonstrates an annual pattern of highs and lows. The annualised result has shown a continued reduction and a sustained ongoing period of improvement

The recent results are disappointing as the the lack of ongoing improvement to the annual result and trend suggests that the DHB will need to take further action and progress to meet the new target to save a further 10% on sick leave from the previous financial year to 2.7%

Planned Actions:

Improved reporting at team and individual level is planned for release shortly. This will enable managers to identify problems in a more timely manner.



3. Annual Leave Balances >25 days

	Current Annual Leave Balances by Division			
Division	AL bal 0-24 days	AL bal 25-49 days	AL bal 50-74 days	AL Bal 75+ days
01-WACP Corporate	111	37	7	1
01-WCFA Facilities and Development	56	26	3	-
01-WGFA WDHB Governance and Funding	4	8	-	2
01-WHOG Hospital Operations	392	160	15	2
01-WIMO Medical and HOPS	1,148	437	120	36
01-WMHS Mental Health Services	817	315	44	13
01-WPDS Decision Support	28	11	5	-
01-WPMA Provider Management	5	-	-	-
01-WSAS Surgical and Ambulatory	666	297	62	12
01-WWCW Child Women & Family	720	197	20	8
Grand Total	3,992	1,488	276	74
Grand Total Last month	3,916	1,550	284	74

The DHB has made progress in addressing those employees with significant annual leave balances. Each employee with a balance above 75 days has a plan in place to reduce this to under the KPI within the 11/12 financial year. It is anticipated that once this target has been achieved further plans will be put in place to reach a new KPI of around 65 days.

Appendix B - Workforce Context

Our DHB's Strategic Direction

Providing the Bes Care for Every One is our promise to the Waitemata community

Environment

The Waitemata DHB Annual Plan and this Workforce Strategy represent a continued focus on improving patients' experience of our health system while improving productivity and delivering more efficient, coordinated, whole-of-system responses that help people to live longer, healthier and more independent lives. To achieve this we will be working closely with Auckland DHB and with our other regional colleagues within constrained funding increases to deliver better, sooner, more convienant services across the spectrum of care.

Key government and organisational priorities are:

- Improved access to Emergency Care
- Improved access to Elective Surgery
- Improved access to Cancer services
- Increased immunisation rates
- Increased rates of smoking cessation advice given to all
- More coordinated service delivery in the area of Cardiovascular disease / Diabetes
- Better service integration – primary care development and delivery
- Improved access and service delivery to Child and Youth mental health services with a focus on reducing inequities for Maori
- Health of Older People
- Provision of more timely access to cardiac services
- Supporting Whanau Ora development within our district
- Living within our means

Snapshot of Waitemata DHB

- Largest and second fastest growing population of all districts – over 558,000 people, with the population expected to grow by an additional 105,000 people over the next 13 years
- We have the highest proportion of least deprived (deciles 1 and 2) people and the second lowest proportion of highly deprived (decile 10) people of any DHB.
- People who live here have a higher life expectancy than elsewhere in the country, particularly so for Maori who have the highest life expectancy in the North Island. However, Maori and Pacific people still tend to live on average 6 years less than others. Women tend to live 4 years longer than men on average.
- Around 18% of the Waitemata population is Asian, 10% Maori and 7% Pacific
- About 21% of the population are under 15 years of age, 13% of the population are over 65 years, with around 2% over 85 years old
- Around 7,900 babies were born to Waitemata residents in 2011
- There were 108,000 public hospital discharges for Waitemata residents in 2011

Please refer our website www.waitematadhb.govt.nz for further information on our population profile.

Our Strategic priorities

We have made great progress on our journey toward providing the Best Care for Every One. This journey continues in 2012/13 as we seek to achieve our goal of reaching our full potential. Our priorities for

2012/13 have been guided by the Minister of Health's Letter of Expectations, the Northern Region Health Plan, the needs of our community and patients and the organisation itself.

Our priorities are:

- Improved population health: adding to and increasing the productive life of people in the northern region and reducing health inequalities
- Improved patient safety and experience 'first do no harm' and performance improvement
- Improved sustainability: the DHB's health resources are efficiently and sustainable managed to meet present and future health needs

Additionally the joint ADHB/WDHB joint goals are:

- Achieve health targets
- Improve service integration
- Improve patient safety and experience
- No deficits, productivity and innovation

Workforce implications of regional clinical service priorities

The Northern Region operates as part of a national health system and as such our overall direction is set by the Ministers expectations for the sector as described above.

The Northern Regional Health Plan outlines strategic challenges and longer term goals for the region. We have made good progress in 2011/12, setting the foundations in place across the regional workstreams, such as establishing clinical networks, achieving the health targets in most districts, training staff for patient safety and quality improvements and advanced care planning, implementing the global trigger tool and launching the bowel screening pilot.

This regional work begins to address some of the challenges we face from high population growth, ageing and disease trends, also around our workforce shortages and ensuring the sustainability of the region's services.

The agreed direction for our region is set out in the Northern Region's Charter. The mission, together with the 'Triple Aim' helps us to identify priority areas of focus. The Triple Aim drives us to improve the health of our region's population in a way that makes best use of our limited resources and enhances our patients' experience of care. The Northern Region Health Plan priorities focus on the following areas:

- First, do no harm focused on patient safety and improving quality.
- Life and Years (achieve longer, healthier more independent lives for the people in our region) focused on diabetes, cardiovascular disease, health of older people and cancer for the first year of the plan and extended to include child health, mental health and respiratory services in 2012/13 or year two of the plan.
- Informed patient focused on ensuring patients get care, information and support aligned to their individual context, particularly whanau ora assessment and advanced care planning.

In addition to these three goals we have also placed emphasis on regional achievement of the national health targets, affordability and the alignment of capacity to demand. To make this Regional Health Services Plan work, there is also an emphasis on strengthening regional collaboration particularly for the three enablers: information technology / services, workforce and facilities.

Waitemata DHB's activity for the 2012/13 year aligns to the Regional Plan as shown by the planning framework diagram in the WDHB Annual Plan. We are contributing to the achievement of the Northern Region Health Plan through clinical leadership of the Life and Years Diabetes and Health of Older People's campaigns, and membership of the all the 'Big Dot' campaigns, Regional Clinical Leaders' Forum, Regional Chairs / Executives Forum and Northern Region Health Plan Steering Group. We will also contribute through the achievement of specific actions within the plan such as continuing the roll-out of the national

bowel screening pilot, and establishment of a further integrated family health centre. Refer www.ndsa.co.nz for a copy of the Northern Region Health Plan.

Workforce Trends

There are a number of factors and trends that impact on Workforce in general that may also be impacting the healthcare workforce.

LABOUR FORCE GROWTH IS SLOWING

The number of young New Zealanders entering the workforce will decline over the next 10 years. This is a result of declining birth rates and the trend for young people to stay in education longer. While most clinical roles are highly skilled and require at least three years tertiary study, the declining birth rate magnifies the labour force issue for the health sector. Baby-boomers of the 1950s and 1960s are now moving into the retirement age brackets hence the lag with younger people entering the market will mean increasing competition for skilled migrants.

GLOBAL LABOUR MARKET AND COMPETITION

The recent and future trend in migration is global mobility – particularly for those with skills in demand in the global labour market. 14% of the New Zealand born population lives overseas and, of those, 45% are tertiary educated. This indicates that if migration rate trends continue, New Zealand will lose more skilled migrants is gained.

Immigration will remain as one way to resource skilled health hobs but the prediction is that the main sources of immigration is likely to swing away from the United Kingdom, Australia and the Pacific to migrants from non-English speaking backgrounds. This means that employers will increasingly need to manage issues around English language ability and registration.

MAORI AND PACIFIC WORKFORCE

The Maori and Pacific workforce participation rate is forecast to grow from 23.5% in 2006 to 29% in 2015. However, despite big increases in education levels amongst Maori or Pacific, they still lag behind statistics for New Zealanders of European origin. The growing population of young Asians outperforms all other groups in educational attainment. Focussed attention on bringing young Maori and Pacific into the health jobs is a national priority, and given these results, is likely to remain so.

ASIAN AND MIGRANT WORKFORCE

The Asian workforce is over-represented within the Health sector. The number of Asians employed in the healthcare industry has grown almost three times from 3,291 in 1996 to 11,496 in 2006. Of Asians in the healthcare industry almost half were employed as Professionals. This reflects the growing demand for doctors in New Zealand. Migrant doctors from South Asia are of increasing importance in filling this gap. Similarly, the reliance on migrant nurses from Southeast Asia has also grown (Department of Labour. 2010)

With an ageing population there will be a growing demand for paid caregivers. The proportion of older people aged 65 years and over in New Zealand is projected to double over the next 30 years. As the incidence of disability increases with age, so does the need for care. This means that there will be a demand for migrant workforce to fill such paid caregiver position. The projections show that the number of paid caregivers needs to treble over the next three decades in order to meet the likely future demand for paid care (Department of Labour 2009).

AGEING WOKFORCE

Two key factors contribute to our ageing workforce. First the declining birth rate means that fewer people enter the workforce year on year. Secondly government policy abolishing compulsory retirement and increasing the eligibility age for superannuation to 65 means that people need to remain in the workforce for longer.

The result has seen a large shift in the workforce age profile with nearly one third of workers aged over 50 and one third of those aged over 60. There is no indication that this trend will reverse so planning needs to focus on workforce participation issues in an older workforce e.g. managing ability/disability, retirement planning, incentives to remain in the workforce and flexible working options.

In the next 10-15 years fewer older workers are likely to retire and this provides us a window of opportunity to implement strategies to increase the number of people entering the health workforce.

INCREASING WORKFORCE DIVERSITY

The impact of immigration, changes in access to tertiary education and skill shortages mean that the New Zealand workforce is becoming a broader mix of age, ethnicity, ability and gender.

There are now more female than male tertiary graduates at all levels so it is likely that roles in the health sector previously dominated by males (e.g medicine) likely have more females than males within 10 years. Another education trend shows that an increasing proportion of students are aged 40+. As the workforce ages, the trend to change careers mid life seems likely to grow.

The EEO trust suggests that while the focus will be on attracting and retaining increasingly scarce talent in a global labour market, better use could be made of the underemployed and people who might be marginalised in employment eg those living with a disability, the young and unqualified, women and older people and new migrants

INCREASING WORKFORCE DIVERSITY

The health and disability workforce in WDHB is becoming increasing ethnically diverse reflecting trends in immigration and the changing demography of the Auckland region. Asian groups are the second largest cluster of ethnicities in Auckland after European, making up 19% of the total Auckland population (SNZ, 2007). By 2021 Asian groups will comprise 28, and 25 percent in North Shore and Waitakere regions, respectively. Asian health workforce are young, largely overseas born and many are from non-English speaking backgrounds (Department of Labour, 2010).The Asian workforce is making a large part of the WDHB current workforce and is critical to WDHB future health workforce.

As the Auckland region population ages, the demand for health services will grow and future providers of health services are likely to be different to the main groups of consumers (Badkar, Callister & Didham, 2008). These trends highlight the need to prepare the workforce to be culturally competent to manage cross-cultural interactions between employers and employees, as well as between patients and health and disability service providers to provide culturally appropriate and safe services.

FAMILY AND GENDER ROLES EVOLVE

64% of couples with dependant children work full time. This is an increase from 1991 where only 52% were in paid work. With an ageing population many workers find themselves providing care to elderly relatives of dependants while still working. When added to the trend for women to have children later in life some workers find themselves looking after dependant children and elderly relatives at the same time – something seen rarely in the past but likely to increase.

The number of women who are main breadwinners is increasing and it is likely that women with children will increasingly spend time as sole breadwinners. Today, women are less likely to be partnered and are more likely to do paid work to support themselves and their children.

Young women are now more highly educated than their male peers. Along with a pronounced social change around having children, fewer women are having children and, if they do, they tend to do so in later life and have fewer than in the past.

While women have traditionally been more likely to compromise their working life to manage family and community commitments, the proportion of men engaging in these roles is continuing to grow. A survey

conducted in 2006 showed that 90% of New Zealand parents believe a father should be as heavily involved in the care of his children as the mother, but only 52% sat they do share childcare responsibilities

ECONOMIC RECESSION

The economic recession is negatively affecting most sectors in New Zealand but less so in the health sector. Although there are more redundancies and few job opportunities across a range of sectors, the Department of Labour states that workforce resilience in the health care and social assistance sector is medium. This means that individuals have the ability to reattach to new jobs. Along with a forecast for medium growth trends and strong growth in the next five years, the health sector's ability to attract workers from other sectors or careers to upskill or retain in health could be a strategy to managing workforce shortages.

CHRONIC CONDITIONS

Society and the economy are going to be significantly influenced by the affects of and increase in chronic conditions. Those such as obesity, diabetes, heart disease and mental health issues will impact on productivity, sickness rates and presenteesism. The DHB has a responsibility to assist in addressing these conditions as they can impact on our ability to successfully meet our objectives.

Chronic conditions or long term conditions as they are more commonly called in New Zealand are a major challenge to our health system. We have read for years that the health systems in advanced economies needs to refocus attention away from single episodes of acute care dealt with in hospitals toward a coordinated , but predominantly community health (primary health) led, response to the growing burden of complex long term conditions. However, we have barely started this work. Our health science courses are still hospital and acute focused, our planning and spending reinforces the importance of acute care and the current generation of health care leaders see health care in terms of hospital based activities. Clearly the system needs to change at all levels. Our focus in this workforce development plan must be on reforming and reshaping the training of the next generation of health care providers as well as refocusing current health care planning on excellent interprofessional, community based responses to long term conditions.

Long term conditions also have a major impact on the wellbeing and productivity of our current workforce. As our workforce ages they too will be statistically likely to be dealing with their own complex long term conditions. Therefore health services will need to pay more attention to the health and wellbeing of its own workforce. This will mean some significant changes to many aspects of the work environment. The concept of the health promoting health service is an international movement that can be adopted and adapted to promote staff wellbeing as well as to refocus the health system to address what some have called the most series pandemic - long term or chronic conditions. They may also be living with a family member with a long term condition and this will impact on the need for flexible working.

Appendix C – Workforce Strategy Action Plan 2012 -2016

Workforce Data Intelligence				
Objective	**Actions**	**Measure**	**Accountability**	**Timeframes**
Standardise workforce metrics				
Organisational leaders have access to useful and standardised workforce metrics for use in planning and team management	Review HR KPI's	Review completed, new metrics implemented	GMHR	2012
All registered health professionals and employees are legally allowed to work	Centralised process for monitoring: Annual Practicing Certificates (including conditions on scope of practice) Work Permit and Contract Expiry dates	System centralised and compliance is monitored monthly or annually	GMHR healthALLIANCE Professional Leaders	2012
Forecast future workforce requirements				
Establish workforce requirements for the future	Complete Annual workforce forecast report with projections to go out to 5, 10, 15 years	Workforce forecast is completed	GMHR	Completed in June 2012, and reviewed for update annually

Capability				
Objective	**Actions**	**Measure**	**Accountability**	**Timeframes**
Strengthen clinical leadership				
Develop and enhance leadership practices at Waitemata DHB	Work with ELT steering group and New Zealand Leadership Institute to provide and enhance the *Leadership at the Point of Care* programme for clinical and manager leaders	100 clinical and manager leaders complete the programme	Awhina	2012
	Work with NZLI to identify and provide a range of initiatives to sustain leadership mindset and practices (including a 'Day 7 'programme)	At least two initiatives are implemented Programme evaluation is completed	Awhina	2012
	Contribute to the work being done nationally on the NZ Centre for Excellence in Healthcare Leadership (NZCEHL)		Awhina	2012-
Leadership talent (with a focus on developing clinical leadership) is identified and nurtured within the organisation	Develop a succession planning platform for Waitemata DHB which includes: – Building on current programmes ands initiatives to ensure successors are identified and grown within the DHB – Ensure all senior leaders are developing succession plans within their team	Complete stocktake of all activities related to succession planning Pilot Succession planning tool with ELT and their direct reports	GMHR	2012

Invest in education, learning and research				
Enhance Clinical education programmes				
	Work with tertiary providers to ensure that pre licensure programmes deliver a fit for purpose workforce	Better Nursing programmes in West Auckland and North Shore Auckland Medical students rate the 4, 5 and final year placements highly and commit to working for Waitemata DHB	Awhina	2012-2014
	Ensure that new Massey Nursing and Dietetics programmes are supported Ensure the new masters of Dietetic training offered by Otago University is supported	Up to 35 Massey University Bachelor of Nursing students are trained in resuscitation and moving and handling as planned 100% of participants achieve competence Support the establishment of the Massey University Dietetic student training programme launched in February 2012 through: 1) Representation on the External advisory committee 2) Support with the lecture programme 3) Support of the supervision of Masters students Provide Clinical Placements for UoO students Support the supervision of Masters projects as required	Awhina WDHB Dietetic Services	2012-2014
	Take part in the inaugural New Zealand inter-professional Health Care Challenge and use this to help develop Waitemata DHB inter-professional skills	Waitemata DHB and AUT teams are established and compete in May 2012	Awhina	2012

Strengthening the provision and quality of clinical education in primary healthcare settings	Conduct a learning needs analysis of all primary care nurses	Minimum 30% response rate to survey	Awhina	2012
	Conduct a longitudinal study of the effectiveness of the Flinders programme (for self-management of chronic conditions)	Cost / benefit analysis is undertaken	Awhina	2012
	Review and adjust the preceptor programme to better meet the needs of Primary health care nurses in respective areas	Greater than 80% high satisfaction rating for the programme from new graduates and their employers	Awhina	2012
	Review and adjust the Professional Development Recognition programme (PDRP) for Primary Care Nursing	Reviewed programme available	Awhina	2012

Improve patient care and employees experiences and wellbeing via research	Facilitate links between DHB researchers and academic, commercial organisations and funders	Better applied research – communicated via publications and presentations and then applied into pathways and practice guidelines Engagement of patients and communities into applied research	Awhina	2012-2016
Facilitate workforce innovation and new or expanded roles				
Clinical Pharmacists are able to prescribe under new legislation	– Prescribing strategy developed – Pilot pharmacists prescribing – As part of pilot two clinical pharmacists are supported to undertake post graduate training for prescribing rights		Clinical Leaders (DON, DAH & CMO)	2012-2014
Allied Health Assistant Scope of Practice and training is implemented	Awaiting regional feedback - is likely to be a regional process		Director of Allied Health	2012-2014

Clinical Scientist pilot evaluated for implementation			Director of Allied Health	2012/2013
Podiatry services	Feasibility study completed on development of a podiatry service is completed and evaluated		Director of Allied Health	2012/ 2013
Patient Care Assistant Role is implemented in Outpatients	Recommendations from consultation process are implemented Appropriate educational qualification is sourced (via Careerforce) and implemented		GM Hospital Operations/ Director of Nursing	
Align designated positions with profession specific career frameworks	Identify feasibility of aligning physiotherapy career framework with DHB designated positions structure	Report outlining possible methods of implementations	DHB professional Leader (Physiotherapy) HR Workforce Development	2012-2014
Improve cultural capability of primary and secondary care workforce				
Improve cultural capability of primary and secondary care workforce	Development and rollout of CALD learning resources including: - Online & Face to Face learning for "Working in mental health context with CALD clients) - Web based resources for Working Asian and SE Asian Mental Health Clients" - Web based Culture-specific CALD supplementary learning resource "working with	Completed and rolled out by end of 2012	Asian Health Services	2012

	Middle Eastern, Latin American and African Mental Health clients'			
	Continue to promote and increase the uptake of CALD cultural competency courses by eligible primary and secondary care workforces in WDHB	400 primary and secondary staff enrolled for CALD training curses for year 2012-2013	Asian Health Services	2013
	Develop and roll out an online questionnaire to survey WDHB managers about what challenges they are facing with managing cultural diversity and what training/resources/ support are available to them or they would like to have available to assist them and their culturally diverse migrant workforce	Report of findings from survey completed by end June 2013 with follow up plan	Asian Health Services	2013
Improve service productivity and efficiency				
Service configuration best supports patient need	Review of Psychology service provision for Adult Physical health		Director of Allied Health	2012-2013
	Implementation of 'Optimising Workforce' programme in Mental Health Services		GM Mental Health	2012-2013
	Further implementation of 'Lets Get Real' competencies within Mental Health Services including SSOA		GM Mental Health	2012-2013
Better organisation of education,	Establishment of Education and Research/Innovation committees	All new education & learning programmes, approved through the Education committee have effective learning objectives and	Awhina	2012

learning and research at Waitemata DHB		outcomes and measures A review schedule for key, existing education and learning is developed and carried out. Research strategies are set for the DHB by the DHB researchers themselves Research Quality improves Publications in quality peer reviewed journals increases More employees from all services have the opportunity to include research in their workload.		
Provide an enhanced and cohesive manager development programme	Source and evaluate management capability framework models and identify ones for use at Waitemata DHB	A framework for Waitemata DHB is available	Awhina	2012-2013
	Develop a manager development framework for the DHB incorporating existing and new programmes. Review and amend existing management development programmes and courses	The *Management Foundations* programme is reviewed and updated	Awhina	2012
	Design, develop and deliver a programme for service and operational managers	A programme for operational and service managers is available		2012-2013
Strengthen systems and processes with linkages to	Administering workforce initiatives, for example, voluntary bonding, leadership development, Advanced		NoRTH with support from DHB Clinical Leaders, GMHR	2102

national workforce development strategies	Trainee Fellowship Scheme and other HWNZ innovations including compulsory career plans and regional administration of post graduate funding from HWNZ			

Capacity				
Objective	**Actions**	**Measure**	**Accountability**	**Timeframes**
Employee resource requirements for services				
Ensure delivery against HWNZ new graduate programme requirements.	Working in conjunction with the DON, support delivery of the Nursing Entry to Practice expansion programme for nurses in Primary and secondary care	100% compliance with HWNZ contractual requirements 100% Level 2 PDRP	Director of Nursing / Awhina	Annually
	Working in conjunction with the DON, support delivery of the Competence Assessment Programme for nurses in primary and secondary care	100% compliance with HWNZ contractual requirements 100% Level 2 PRDP	Director of Nursing / Awhina	Annually
Ensure quality entry to practice opportunities exist for all professional groups	Review new graduate establishment levels for all professional groups		DHB Professional Leaders GMHR	2012
	Review all existing Entry To Practice programmes currently operating Ensure transference of 'intelligence' from successful Entry To Practice programmes is available for those groups looking to redesign or develop new programmes		DHB Professional Leaders GMHR	2012-2013
Enhance career development support opportunities for employees	Increase the number of managers skilled at conducting career coaching conversations	4 manager clinics delivered with a minimum of 80% of participants rating the clinical of high or very high value A minimum of 80% of the managers who completed the	Awhina	2012

		training report having career conversations with their employees		
	Pilot an in-house coaching programme aimed at growing talent	Achievement of individual coaching goals A minimum of 80% of participants rate the 1:1 coaching as high or very high value	Awhina	2012
	Working in conjunction with the relevant professionals, develop career pathway models for two additional workforce groups	Career pathway models for two workforce groups are developed	Awhina GMHR	2012-2013
	Pilot a generic e-portfolio (in collaboration with ADHB)	Timelines achieved	Awhina	2012-2013
	Establish group and individual career coaching options for primary health care nurses	Available for all RN's across primary care, specifically for those enrolled on post-graduate programmes	Awhina	2012-2013
	Establish professional support for nurses on Nurse Practitioner career pathway	Identify and engage PHC nurses on Nurse practitioner pathway	Awhina	2012-2013
Strategies are developed to recruit and retain critical and vulnerable workforces	Risk register developed with key actions to monitor identified groups Risk management plans are identified for each group		GMHR / Provider GM's	Ongoing
Increase engagement levels of candidates	Develop strategies to increase internal referral rates via Employee referral programme	Rate of referral is 25%	GMHR	2014
Engage with tertiary and training providers				
Unitec and Waitemata DHB work closely to enhance nursing education	Nursing students utilise Waitemata DHB training programmes Students are integrated into	Unitec saves money while increasing the quality of student learning Students feel part of the DHB and	Awhina	2012-2014

	Waitemata DHB Enhance Maori and Pacific Student results	want to work here following graduation Engage these students into the DHB		
AUT/Otago Polytechnic / WDHB Occupational Therapy Clinical Schools are enhanced	Renew annual contracts with the schools of Occupational Therapy	Establish the role of the Clinical Centre Leader (CCL)	WDHB OT Professional Leader	
Developing a workforce that reflects the community it serves (with a focus on building Maori and Pacific health professionals)				
Increase young peoples interest and take up of Science subjects	Through the Kia Ora Hauora work programme, work with careers advisors and subject teachers to promote science subjects at school	75% engaged in WDHB Kia Ora Hauora programme indicated an interest in a healthcare pathway	GMHR	2012
	Through the Kia Ora Hauora work programme, create opportunities to engage with priority schools that show the link between health and science. This could be completed in conjunction with tertiary providers	75% uptake in engagement activities	GMHR	2012
Increase the number of high school students / community members pursuing healthcare studies	Ensure all students in the WDHB Kia Ora Hauora programme have access to the WDHB scholarship programme to reduce financial barriers	Scholarship information is provided to all students and all are invited to attend a seminar on the Scholarship programme during Years 12 & 13	GMHR	2012
	Ensure a focus on career development planning as part of the Kia Ora Hauora programme.	All students indicating an interest in a Heath Career pathway develop a career plan as part of the Kia Ora Hauora programme	GMHR	2012
Support the development of Health & Science Academies in the Waitemata DHB catchment	Develop a business case to support the development of a Health & Science Academy at Hato Petera Develop a business case to implement a second Health & Science Academy within the	Business case developed Funding achieved Business case developed	GMHR	2012-2013

	Waitemata DHB Catchment	Funding achieved School identified Implementation plan created		
Develop a strategy to address recruitment and retention issues with Asian, Migrant and Refugee populations	Consult with relevant services	Develop and implement workforce plan	Asian Health Support Service	2012
Strengthen education and learning capacity				
Provide leadership in e-learning development	Design and deliver new e-Learning modules to fulfil the organisational learning needs in 2011-2012, as per the prioritised list	Seven new modules developed, delivered and assessed	Awhina	2012
	Collaborate with other DHBs both regionally and nationally regarding e-Learning best practice and sharing of modules		Awhina	2012

Culture

Objective	Actions	Measure	Accountability	Timeframes
Engage the workforce				
Support implementation of organisational values programme	Following board approval, support the development of an implementation plan for the organisational values that includes: – Organisational communications – Values refinement and identification of aligned behaviours – Review of HR policies and practices to support values programme		CEO, GMHR, Awhina	2012-2013

	– Learning programme alignment to new values – Reward and recognition programme developed to support implementation of values and behaviours			
Implementation of ongoing initiatives at an organisation level to respond to the results of the Employee Satisfaction Survey	Improved communications at all levels of the organisation Increase employee engagement in organisational changes and developments Improved support for employees and managers to prevent and respond to bullying and harassment in the work place Increased support for career development at individual level	All employees are aware of organisational plans, targets, changes and developments Unions, delegates, and managers are skilled and confident in their relationship with one another to take a proactive approach to resolving problems early All employees and managers have a clear understanding of the responsibility to prevent bullying and harassment in the workplace and how to address this All employees are aware of the tools available to them for career planning All managers are skilled in identifying and addressing performance issues at the earliest opportunity	CEO, GMHR, Awhina, Communications	2012-2014

	Implementation of training and support for managers to address and manage poor performance			
Waitemata DHB is the employer of choice for all ages and stages in the Northern Region	Activity is implemented within the following areas: - Recognition programmes including Long service recognition - Ageing Workforce - Succession planning	Business Cases are developed and implemented	GMHR	2012-2016
Career planning support is made available to all employees	Implement My CareerPATH across the organisation	Increased use (by employees) of online 'self help' tools and resources	Awhina	2012
Clinical Volunteers in Allied Health	Encourage Clinical Volunteering amongst Allied Health teams to support experienced clinicians to return to work and provide opportunities for experience for new graduates who have yet to secure employment (based on current Dietetic Model with 50% project and 50% clinical observation philosophy)		Allied Health Professional Leaders	2012 – ongoing
Implement Human Resources activity				
HR Processes are efficient, effective and accurate	Implementation of increased functionality within leader KIOSK to provide centralised electronic reporting Implement electronic forms for HR processes which are not available on leader KIOSK	Employees and managers are able to complete transactional HR processes such as WRE, Continuing Medical Education (CME) and Annual Practicing Certificate (APC)management within KIOSK Employees and managers are able to complete and process other changes to employment matters through electronic forms, and all relevant parties are updated on these changes.	GMHR	2012-2014

		The organisation is able to maintain its performance review system electronically		
HR Reporting is enhanced to provide managers with the information required to deliver their services effectively and efficiently	Improved automated reporting is implemented to support the requirements of the organisation, including Annual Practicing Certificate compliance, Fixed Term Contract expiry and Work Permit expiry Managers are provided with analysis of turnover and retention data to assist their team planning and development	Managers are alerted to HR compliance issues at the appropriate time to allow them to be addressed and prevent breaches in practice Managers are aware of issues of concern driving turnover in their teams and develop strategies to address these0	GMHR	2012-2013
All employees receive seamless and efficient on boarding experience	All On boarding processes are mapped New Taleo On-boarding programme is implemented for all roles		GMHR	2012-2013
	On-boarding programme is enhanced to include orientation and engagement activities		GMHR	2013-2014

Change Leadership Action Plan 2012-2016				
Objective	**Actions**	**Measure**	**Accountability**	**Timeframes**
Ensuring Change Readiness				
All managers and clinical leaders are skilled in leading change processes to implement continuous improvements in the services delivered to our population.	All managers, clinical leaders and union delegates are provided with education and training to assist with their ongoing working relationship. All managers, clinical leaders and union delegates work with the "Enhancing Engagement Framework" which the DHB has developed with the Unions to work together on issues of joint interest including continuous improvement initiatives. All Service and Professional Joint Consultative Committees are reviewed to ensure terms of reference and attendees meet the needs of the forum.	A new programme for managers, clinical leaders and union delegates is developed and delivered jointly to all relevant groups. Service and Professional Joint Consultative Committees work to identify, address and deliver continuous improvement activities	GMHR	2012-2014
Improving Employee Communication				
All employees are alerted to and have access to national continuous improvement initiatives, including changes proposed by Health Benefits Limited	A clear communications strategy is in place at organisation and service level to communicate proposals, collate feedback and advise on outcomes in accordance with the National Change Management Framework. A clear communications strategy is in place at organisation and service level to	All change management processes or national initiatives which will impact the DHB have a centralised co-ordinated communication process and location. The DHB will seek to use all appropriate and available media to increase the awareness of employees.	GMHR and Communications	2012-2013

	advise employees on any relevant National Bipartite Action Group initiatives			
All employees are alerted to and have access to regional collaboration initiatives, including changes proposed between ADHB and WDHB	A clear communications strategy is in place at organisation and service level to communicate proposals, collate feedback and advise on outcomes in accordance with the Regional Change Management Framework.	All regional change management processes or initiatives which will impact employees within the DHB have a centralised co-ordinated communication process and location. The DHB will seek to use all appropriate and available media to increase the awareness of employees.	GMHR and Communications	2012-2013

NoRTH Action Plan 2012-2016				
Objective	**Actions**	**Measure**	**Accountability**	**Timeframes**
Broaden NoRTH clinical and managerial governance	Strengthen governance structure with clinical oversight from medical, nursing, midwifery and allied health and technical/scientific professions and representation from all four DHBs		Regional Clinical Leaders forum GMHR NoRTH Primary Care	2012-2013
	Continued integration of Northland DHB into NoRTH at a governance level and where appropriate operationally		Regional Clinical Leaders forum GMHR NoRTH Primary Care	2012-2013
Delivery of key elements of workforce training and development	Appoint Regional Programme Director of Training, supported by professional advisors		NoRTH	2012
	Training/Education programmes professional standardised and aligned with national service delivery needs and the NRHP		Regional Clinical Leaders forum NoRTH	2012-2014
	Standardise PGY1 and PGY2 training programme		CMO's NoRTH	2012
	100% of HWNZ funded Post entry trainees supported to develop and implement career plans and provide effective mentoring services		Regional Clinical Leaders forum NoRTH	2012-2013
	Coordinate clinical placements to support specialist training programmes		NoRTH	2012-2013
Align Recruitment and workforce planning with capacity and model of care requirements	Manage a single regional RMO locum workforce pool		NoRTH	2012-2013
	Roll out ACE recruitment tool pilot for		GMHR	

	New Graduate nurses		DON NoRTH	
	Extend NoRTH activities and support development of alternative workforce by: - Implementing 2011 recommendations on the technical scientist workforce - Developing business cases and further supporting the implementation for Nurse Specialist training and midwifery complex care initiatives		Regional Clinical Leaders forum NoRTH	
Strengthen systems and processes to support placement and workforce development activity	Administer voluntary bonding, Advanced Trainee Fellowship Scheme and other HWNZ innovations		NoRTH	2012-2013
	Improve data collection and analysis for clinical workforces to improve long term planning		Regional Clinical Leaders forum GMHR NoRTH	2012-2013
	Maintain baseline data on Maori & Pacific Health Professional workforce - DHBs to provide information to HWNZ funded Maori and Pacific health professionals (health professional group, number in each group and % Pacific) - 100% compliance with reporting requirements		NoRTH	2013

Appendix – C Medical Trainees by specialty

MEDICAL REPORT TWO: 1 DECEMBER 2010 TO 30 NOVEMBER 2011

PROVIDER:	**Waitemata DHB**
CONTRACT NUMBER: 308382	

PU CODE	DESCRIPTION	CONTRACTED VOLUME	CONTRACTED ELIGIBLE TRAINEES COMPLETED TRAINING FOR THE PERIOD	TOTAL ELIGIBLE TRAINEES COMPLETED TRAINING FOR THE PERIOD	TOTAL ELIGIBLE & INELIGIBLE TRAINEES COMPLETED TRAINING
CTM20	Year 1 House Surgeons	26	35	35	50
CTM30	PGY2 - SHO	10	10	12	30
CTM32	Diploma in Paediatrics	0	0	0	0
CTM51A	Anaesthesia - Pre Part 1	11	9	9	9
CTM51B	Anaesthesia - Post Part 1	0	2	2	2
CTM51C	Anaesthesia - Provisional Fellowship Year	0	0	1	1
CTM52A	Emergency Medicine - Pre Part 1	3	3	4	6
CTM52B	Emergency Medicine - Post Part 1	3	3	4	4
CTM53C	GP Co-ordination	0	0	0	0
CTM53D1	GPEP1 (DHB GP)	0	0	0	0
CTM53D2	GPEP2 (DHB GP)	0	0	0	0
CTM54A	Physician Training - Adult Medicine (Basic)	21	21	32	34
CTM54B	Physician Training - Adult Medicine (Advanced)	4	4	10	10
CTM54PA	Physician Training - Paediatrics (Basic)	0	0	7	8
CTM54PB	Physician Training - Paediatrics (Advanced)	2	2	2	2
CTM54C	Physician Training - Sleep Medicine	0	0	0	0
CTM54D	Physician Training - Diabetic Medicine	0	0	0	0

CTM54IF	Physician Training - Infectious Diseases	0	0	0	0
CTM54IM	Physician Training - Immunology	0	0	0	0
CTM54L	Palliative Care Medicine	0	0	0	0
CTM54LH	Palliative Care - Hospice Rotation	1	1	1	1
CTM54PR	Physician Training - Paediatric Rheumatology	0	0	0	0
CTM54R	Physician Training - Rehabilitation	1	1	1	1
CTM54S	Physician Training - Sexual Health	0	0	0	0
CTM55A	Obstetrics and Gynaecology - Pre MRNZCOG	4	4	7	8
CTM55B	Obstetrics and Gynaecology - Post MRNZCOG	1	1	1	1
CTM56A	Ophthalmology - Pre Part 1	0	0	0	0
CTM56B	Ophthalmology - Post Part 1	0	0	0	0
CTM57A	Pathology - Pre Part 1	2	2	2	2
CTM57B	Pathology - Post Part 1	0	0	1	1
CTM58B1	Psychiatry - Basic Year 1	3	3	3	3
CTM58B23	Psychiatry - Year 2/3	12.5	11	11	18
CTM58A	Psychiatry - Advanced	5	5	5	5
CTM60A	Radiology - Pre Part 1	3	3	4	4
CTM60B	Radiology - Post Part 1	8	8	7	7
CTM60RA	Radiation Oncology - Pre Part 1	0	0	0	0
CTM60RB	Radiation Oncology - Post Part 1	0	0	0	0
CTM61AD	Dermatology	0	0	0	0
CTM61S	SET Surgery Training	14	12	12	29
CTM62RM	Rural Hospital Medicine	0	0	0	0
CTM70RA	Radiology Part 1	0	0	0	0
CTM70RB	Radiology Part 2	0	0	0	0
CTM70RC	Radiology Part 3	0	0	0	0
CTM70TA	Medical Physics - Therapy Part 1	0	0	0	0
CTM70TB	Medical Physics - Therapy Part 2	0	0	0	0
CTM70TC	Medical Physics - Therapy Part 3	0	0	0	0

CTT20	Anaesthetic Technician	6	6	7	7
CTT30	Cardiopulmonary Technician	0	0	0	0
CTT50	Physiology Technician	0	0	0	0
CTT70	Cytology	0	0	0	0
CTMRT30	Ultrasonography	3	3	3	3
CTMRT4N	Radiotherapy - New Graduate - Non Supernumerary	0	0	0	0
CTMRT4S	Radiotherapy - New Graduate - Supernumerary	0	0	0	0
		144	149	183	246

References & Reference Documents

Awhina Health Campus Annual Plan
NoRTH Annual Business Plan
Waitemata DHB Maori Workforce Development Plan (Draft)
Northern Regional Health Plan - Workforce section
Counties Manukau DHB Workforce Report 2011