MANATŪ HAUORA
MINISTRY OF HEALTH

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14 June 2023

s 9(2)(a)

[redacted]

Ref: H2023024130

Tēnā koe s 9(2)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 26 April 2023 for information regarding nurse training. You requested:

> *"Please provide me with information on the financial support for nurses training in NZ.*
>
> *Please provide me with any advice to Ministers on providing more financial support to nurse trainees in NZ in the last 3 years, including whether to remunerate or provide financial support when on placement.*
>
> *And if there is no advice please say why*
>
> *Please provide any advice you have or commissioned on recruitment to train nurses and retention rates and reasons for not enrolling or leaving before completion."*

On 3 May 2023, we partially transferred your request to Te Whatu Ora (Health New Zealand). As part of the health and disability reforms on 1 July 2022, some of the functions previously delivered by the Ministry's former Health Workforce Directorate have transferred to Te Whatu Ora. As such, some of the information you seek is held by their agency.

On 24 May 2023 we extended the period of time available to respond to your request under section 15A of the Act, as the consultations necessary to make a decision on the request were such that a proper response could not reasonably be made within the original time limit.

Manatū Hauora has identified two documents within the scope of your request. These documents are itemised in Appendix 1 and copies of the documents are enclosed. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in releasing information and consider that it does not outweigh the need to withhold at this time.

It is important to note that the data contained within the documents in scope of your request reflect a point in time, and the assumptions underpinning this data may have changed.

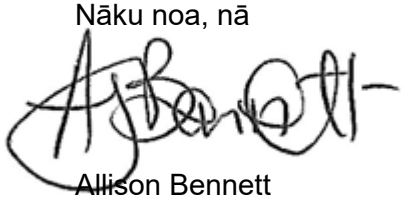
The current government is committed to supporting the health workforce. Health officials are developing a plan to manage workforce challenges in the short- to long-term.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā



Allison Bennett
Group Manager, Health System Settings
Strategy, Policy and Legislation | Te Pou Rautaki

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	16 August 2021	Briefing – Initiatives to grow the nursing workforce	Some information withheld under the following sections of the Act: • Section 9(2)(a) of the Act, to protect the privacy of natural persons; and • Section 9(2)(f)(iv) to maintain the constitutional conventions that protect the confidentiality of advice tendered by Ministers and officials.
2	16 March 2022	Memo – Briefing for Interview with TVNZ Sunday Programme	Some information withheld under the following sections of the Act: • Section 9(2)(a), • Section 9(2)(b)(ii) where its release would likely unreasonably prejudice the commercial position of the person who supplied the information; and • Section 9(2)(i) to enable a Minister or any public service agency to carry out commercial activities without prejudice or disadvantage.

MINISTRY OF HEALTH
MANATŪ HAUORA

Briefing

Initiatives to grow the nursing workforce

Date due to MO:	Monday 16 August 2021	**Action required by:**	N/A
Security level:	IN CONFIDENCE	**Health Report number:**	20211805
To:	Hon Andrew Little, Minister of Health		
CC:	Hon Peeni Henare, Associate Minister of Health Hon Aupito William Sio, Associate Minister of Health Hon Dr Ayesha Verrall, Associate Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Lorraine Hetaraka	Chief Nursing Officer	s 9(2)(a)
Pam Doole	Clinical Chief Advis r, Office of the Chief Clinical Officers	s 9(2)(a)

Minister's office to complete:

☐ Approved ☐ Decline ☐ Noted

☐ Needs change ☐ Seen ☐ Overtaken by events

☐ See Minister s Notes ☐ Withdrawn

Comment:

Document 1

Initiatives to grow the nursing workforce

Security level:	IN CONFIDENCE	**Date:**	16 August 2021
To:	Hon Andrew Little, Minister of Health		

Purpose of report

1. This briefing proposes a plan of work to increase the nursing workforce in response to high levels of nurse vacancies and to support the success of the nursing recruitment campaign announced by you in July 2021. It proposes shorter-term initiatives (Appendix Table One), longer-term increased investment (Appendix Table Two) and cross ag ncy coordin tion to improve the education pipeline to increase the domestic supply of n rses (Appendix Table Three).
2. This report discloses all relevant information.

Summary

3. The nursing supply of internationally qualified nurses (IQNs) has been significantly reduced during the COVID-19 pandemic.
4. Shorter-term initiatives have been identified e g. return to nursing, prioritising border entry for New Zealand nurses returning and programmes to enable some international nurses working as healthcare assistants to gain New Ze land registration.
5. Longer term strategies to increase the domestic supply of nurses are outlined that focus on removing barriers for Māori and Pacific students. Further discussions with other agencies are planned to determine wh ch strategies ma be feasible at this time.
6. These initiatives will be developed i to a programme of work and prioritised. We will identify how the programme can be re ourced and funding implications and report back to you by the end of September 2021.

Lorraine Hetaraka
Chief Nursing Officer
Office of the Chief Clinical Officers
Date: 16 August 2021

Hon Andrew Little
Minister of Health
Date:

Initiatives to grow the nursing workforce

Key points

7. The COVID-19 pandemic and the reduction in the supply of IQNs has highlighted New Zealand's domestic supply issues. New Zealand (NZ) has relied heavily on IQNs to grow its nursing workforce over the past two decades. IQNs contributed 55% of new registrants in 2018/19 and 58% in 2019/20 - 5062 nurses over two years[1] or 2500/year.

8. Immigration data identifies that since the pandemic (the last 16 months) only 471 nurses have entered the country to complete a Competency Assessment Programme (CAP) prior to registration and another 354 nurses entered as critical workforce[2], a total of 820 nurses.

9. Technical Advisory Services Limited (TAS) has completed some draft projections that indicate the enrolments may increase slightly but completions will remain below 1800 per annuum for the next five years. Increased demand for nurses is expected from all parts of the health sector as the population ages[3].

10. You announced a recruitment campaign[4] to fill 1450 n rsing vacancies. This campaign would initially focus on nurses who have left the workforce, NZ nurses who are overseas and IQNs based in New Zealand. Potential sources of untapped supply are limited in the current situation and strategies that focus on retent on will be just as important (see Appendix Table One).

11. Recruitment, re-employment and re ention will a l be important for safe services for the public and safe environments fo the workforce.

12. Inequities in remuneration for nurses across the sector creates problems for non-District Health Board (DHB) providers e.g. aged re idential care (ARC) and primary care. Increasing remuneration for DHB nurses under the current Multi-Employer Collective Agreement (MECA) negotiation ha the potentia to exacerbate the shortage. Some DHB nurses may reduce their hours of work and nurses from other areas may move into DHB employment making the sho tage in other areas more critical.

13. The domes c nursing education pipeline is not producing enough nurses to meet demand. Initiatives to reduce b riers and enable growth include staircasing of qualifications (Health Care Assistants (HCAs) to Enrolled Nurses (ENs) to Registered Nurses (RNs)), and working with other ag ncies to look at improvements to the pipeline including student funding to allow greate participation, earn as you learn options, reduction in student attrition, and the active ncrease in Bachelor of Nursing (BN) places by identifying more clinical learning placements and simulated practice options (See Appendix Table Three).

[1] Nursing Council of New Zealand (Nursing Council) registration data
[2] It is possible a nurse could have entered multiple times during the timeframe
[3] TAS July 2021 Unreleased modelling nursing pre-registration pipeline work
[4] The Mental Health Directorate and New Zealand Nurses Organisation (NZNO) have already planned nursing recruitment campaigns and there is a need for strong coordination across this work

14. The current nursing workforce is not reflective of the makeup of the general population with only 7% of nurses identifying as Māori and 4% as Pacific. Greater representation within the health workforce has been identified as a strategy to improve health and economic outcomes for these populations. Increasing Māori and Pacific enrolments and completions and total graduate numbers will require cross agency approaches to nursing workforce planning, funding and education models.

15. Māori and Pacific students often come from lower socio-economic communities and the costs of completing education is prohibitive. This will require significant investment and approaches that enable earn as you learn to overcome living costs and lost earnings for students from lower socio-economic backgrounds (see Appendix Tables Two and Three).

Background: Lack of growth in the domestic nursing education pipeline and barriers for Māori and Pacific students

Lack of growth and student attrition

16. Analysis of Tertiary Education Commission (TEC) data[5] ident fied falling enrolment in BN programmes from 2014-2018. Enrolments from Māori Pac fic and Asian students increased over this period with Māori averaging 17% per year A average of 2432 students enter the programmes each year but completions at year three average 1800. The data points to early exit of students from BN programmes (an average of 29%) with most leaving at the end of the first year. Māori and Pacific students have lower completion rates with approximately 35% of Māori and 40% Pacific students leaving programmes. A study[6] into attrition found:

    - High attrition rates link to f nancial diffi ulti s and lack of academic support and pastoral care.
    - There is a gap between social and academic language skills, which contributes towards high fail rates
    - Informing potent al students of the reality of nursing is a key element to recruitment.
    - Indigenous content and c lturally appropriate care within the curricular and learning environment promotes retention.
    - A tu or with the knowledge and skills to support multicultural students boosts ret ntion.
    - A range of strategies are needed and no one strategy will be the answer.

Increasing participation by Māori and Pacific

17. This will require interventions earlier in the education system, such as ways to lift school achievement, engagement, awareness and inspirations of under-represented students or targeted funding policies, such as scholarships that cover living costs[7].

[5] TAS (June 2021) The New Zealand Nursing Pre-Registration Education Pipeline
[6] NMIT Academic Staff https://www.nmit.ac.nz/news/review-identifies-barriers-to-success-for-nursing-students members in nursing published a literature review into barriers to success for nursing students
[7] Pii-Tuulia Nikula and Kay Morris Matthews Zero-fee policy: Making tertiary education and training accessible and affordable for all? New Zealand Annual Review of Education (2018) 23: 5-19

18. Addressing cultural and social aspects of primary and secondary education is necessary to improve participation for Māori and Pacific students. These include: the need to build positive links between schools and families; high expectations from teachers; early academic preparation and inspiration; guidance with secondary school subject options with clear educational pathways and support; and the importance of cultural 'fit'[8].

19. The non-university sector (14 Institutes of Technology and Polytechnics (ITPs) and 1 Wānanga) play a significant role in producing Māori and Pacific nursing graduates (83% of Māori and 84% of Pacific graduates were from ITPs in the year ending March 2019). Māori and Pacific BN (Bachelor of Nursing) programmes have been successful models to support these students to registration[9].

Cost barriers contribute to inequities

20. Tertiary education is available to almost everyone however the avail bil ty of funding impacts heavily on access due to the burden of student debt[10]. Students are r quired to pay student component fees and course related costs to the tertiary provider[11]. Students can access student loans, student allowance and student loan living costs if th y meet the eligibility criteria.

21. The student allowance does not cover living costs and for lower socio-economic students foregone earnings may be a significant reason for not entering tertiary education as well as family expectations, students' own aspiration perceptions nd aptitudes, mediating factors such as prior school attended and prior achievement, a ailability of tertiary level study options, and broader contextual factors, such as demographic trends, economic cycles and available job opportunities[12].

22. In 2009, the training incentive al owance for so e parent beneficiaries was made available only for Level 3 and below qualifications. The e changes have changed the demographic of students completing nursing degrees and excluded more mature students or parents, those who may have completed nother qualification[13] or those aged over 40 years. The greatest proportion of graduat s (42%) are under 25.

[8] Ibid

[9] The programmes teach curriculum based on kaupapa Māori and Pacific perspectives and provide cultural support that can be lacking in mainstream programmes. Students graduate with dual cultural and clinical competencies that prepare them to work n Māori health with iwi and communities. TEC data from 2014 indicates the 4-year completion rate for the BN Pacific at MIT was 80% and the BN Māori at Whitireia was 82% compared with 69% for Māori students and 60% for Pacific students across mainstream programmes in all ITPs.

[10] In 2003, the average nursing student debt from all sources was $19,294. In 2017, the most common level of debt from student loans was reported to be $15,000-$29,000. 40% of nurses had four or more sources of financial support. In 2018, the Ministry of Education (MoE) reported that 75% of student debt was paid in 11.4 years

[11] The costs for nurses also include health checks, vaccinations, uniforms and equipment and transport to clinical learning experiences

[12] Pii-Tuulia Nikula and Kay Morris Matthews Zero-fee policy: Making tertiary education and training accessible and affordable for all? New Zealand Annual Review of Education (2018) 23: 5-19

[13] There are five graduate entry 2-year master's programmes that produce a small number of registered nurses but accept students with health and other degrees

Earn as you learn and staircase of qualifications

23. Earn as you learn may be a more successful pathway for some students. A staircase of qualifications from HCAs to ENs to RNs may also allow students to earn while achieving shorter qualifications. This would require employers to enable employment while they learn.

Greater coordination of programmes and providers to secure supply

24. In recent years there has been an increase in the number of providers and nursing programmes being offered but this has not led to an increase in graduates. Although nursing programme equivalent full-time student (EFTS) funding is not capped, the number of students appears to be constrained by the number of available clinical placements. Some work on the ideal number of providers, sites and methods of delivery may be beneficial. Also, greater investment in educators and quality simulated practice could increase capaci y for students within nursing programmes.

25. Potential initiatives are divided into those that would require budge bids (see Appendix Table Two) and those that don't have substantial new costs or would be funded by TEC (see Appendix Table Three).

Equity

26. This briefing discusses financial and other barriers for Māor and Pacific peoples to enrol and complete nursing education programmes and proposes ini iatives that would improve equity and increase the proportion of Māori and Pacific nurses. This is a key strategy to improving health outcomes for these population groups.

Next steps

27. These initiatives will be developed nto a programme of work and prioritised. We will identify how the programme can be resourced and funding implications and report back to you by the end of September 2021.

ENDS.

Appendix

Table One: Short-term (1-2 years) initiatives to support the recruitment campaign

Initiatives (in order of priority)		Context	Priori y for potential impact
Return to nursing NZ nurses	Focusing on NZ nurses who have left the workforce and need to complete a return to practice programme or supported orientation	Scoping work underway It is unclear how many NZ nurses may wish to return to nursing An initial pilot is being d scu sed with the Ag d Care Association to potentially start in September	**High** Funding already allocated in 2021/22 budget using Nursing Accord underspend - $2million available this year
Coordinate advertising and incentives for NZ nurses to return from overseas	Potential to use DHB underspend from nursing vacancies to standardise overseas recruitmen and relocation incentives	MIQ capacity is currently a barrier ut this ould be removed for nurses in Australia in two months if th travel bubble is restored The Ministry has contracted KPMG to undertake a comparative analysis of differences in remuneration and cost of living etc for nurses in Australia and New Zealand with a report back by October	**High** Dependent on border decisions

Initiatives (in order of priority)	Context		Priority for potential impact
s 9(2)(f)(iv)			
Bridging programme for Pacific nurses	Create education/language/ registration pathways for nurses educated in Pacific countries who have migrated to NZ but have not been registered as nurses here	Proposed pilot of 35 nurses who are perm nent residents to complete a 1-year bridging programme Nursing Council standards may be a bar i r	**High** Funding still be to be determined
Bridging programme for other IQNs	Create education/language/ registration pathways for nurses educated in other countries who are working as HCAs in ARC bu have not been registered as nurses h re	Nu sing Council standards may be a barrier	**High** Could include in Return to Nursing funding (above) if permanent residents
Reduce barriers to IQN migration	Work with immigration to prioritise IQNs to enter the country to complete CAPs and seek employment (time sensitive travel applications)	There are several barriers such as immigration policy and capacity and MIQ capacity that would need to be addressed. These barriers apply to NZ citizens and other critical workers etc	**Medium** Ministry/Minister continue to discuss with MBIE/Immigration Minister to influence Limited ability for Health to effect change Potential ringfence MIQ places

Table Two: Initiatives requiring investment/budget bids

Strategy	Initiatives	Potential budget bid
s 9(2)(f)(iv)	[redacted]	[redacted]

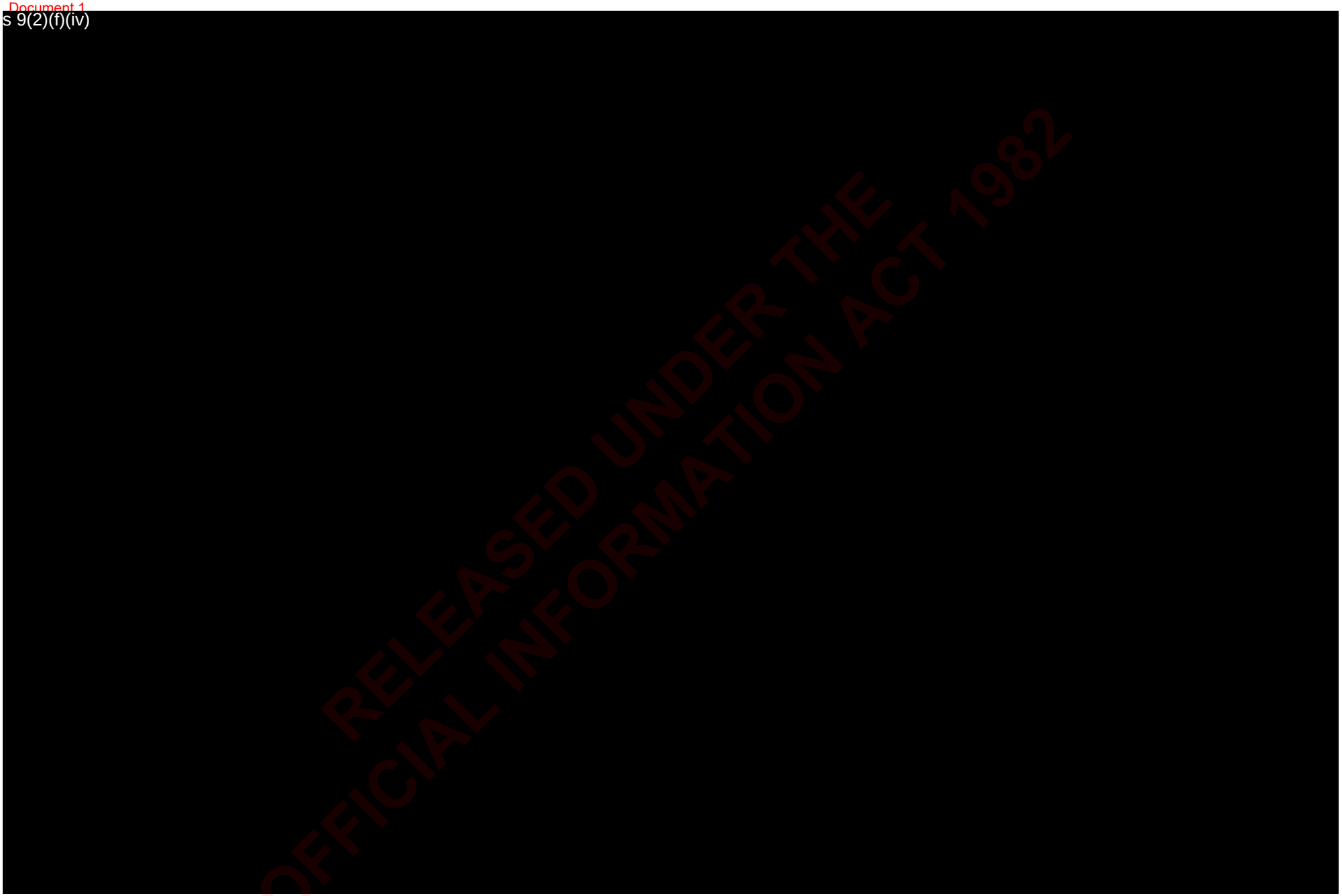
Document 1

Strategy	Initiatives	Potential budget bid
s 9(2)(f)(iv)		

Table Three: Initiatives to improve the pipeline through cross agency coordination

s 9(2)(f)(iv)

s 9(2)(f)(iv)



Document 2

Memorandum

Briefing for Interview with TVNZ Sunday Programme

Date due to MO:	16 March 2022	**Action required by:**	<N/A>
Security level:	IN CONFIDENCE	**Health Report number:**	20220450
To:	Hon Minister Little, Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Lorraine Hetaraka	Chief Nursing Officer, Of ice of the Chief Clinical Officers	s 9(2)(a)
Andrew Wilson	Deputy Director General, He lth Workfo ce	s 9(2)(a)

Action for Private Secretar es

N/A

Date dispatched to MO:

Briefing for Interview with TVNZ Sunday Programme

Purpose

1. This memo contains information about current nursing initiatives that responds to increasing the capacity of the nursing workforce and safe staffing in New Zealand (NZ).

2. This memo contains talking points should you wish to use them for the interview with TVNZ Sunday Programme on Friday 18 March 2022.

Background

3. Nurses are the largest registered health practitioner workforce in NZ. More nurses in all three scopes (Enrolled Nurses, Registered Nurses and Nurse Practitioners) are required to improve health outcomes for New Zealanders and to implement government policy.

4. There are significant vacancies nationally and ac oss all a ea of nursing practice. The COVID-19 pandemic and reduction in the supply of Inte nationally Qualified Nurses (IQNs) has highlighted New Zealand's domestic supply issues. NZ has relied heavily on IQNs to grow its nursing workforce over the past two decades.

5. Total District Health Board (DHB) nurse vacancy data as of 16 March 2022.

Registered Nurse FTEs	Enrolled Nurse FTEs
2313.08	107.73

Table 1: Data source: Techn cal Adviso Services (TAS), 2022

6. The Minister announced a recruitment campaign in 2021 to fill 1450 nursing vacancies. In response, the Ministry of Health (the Ministry) has funded a number of nursing workforce initiatives to meet increasing demand, support safe staffing, and improve access to car in our c mmunities.

Nursing workforce initiatives

Return to Nursing Workforce Fund ($1m)

7. There are more than 20,000 nurses registered but not practising in New Zealand, including 9,736 Registered Nurses (RNs) who have been out of nursing for between 5 to 10 years. This includes 677 RNs who obtained an interim Annual Practising Certificate (APC) in 2021.

8. The New Zealand Aged Care Association have reported since December 2020 that support is required to address nursing shortages in Aged Residential Care (ARC). There are ten ARC facilities that have closed or processing their closure due to their inability to safely staff rosters. Four of these provided hospital-level care beds[1].

[1] **South Canterbury District Health Board - Talbot Park: facility closed on 14/05/2021.**
Oceania Care Company Limited – Whareama Rest Home: facility closed on 25/01/2022.
Aspen Lifecare Limited – Aspen Rest Home: facility closed on 08/12/2021
Rannerdale Village Limited – Rannerdale Veterans' Hospital and Home 06/03/2022
Memorandum: <HR20220450>

9. In 2021, there were over 1000 caregivers/health care assistants (HCAs) working in aged care that have international nursing qualifications and overseas nursing experience but do not currently work as RNs in New Zealand.

10. In response, the Ministry has allocated $1m funding from the 2021/22 Nursing Accord budget to support nurses who are not currently practising to return to the nursing workforce.

11. Priority will be given to:

    a. New Zealand Enrolled Nurses (ENs) or RN without an APC looking to return to a nursing role at an ARC provider, District Health Board (DHB) or non-government organisation (NGO). Priority will be given to Māori and Pacific nurses as a commitment to improving the diversity of our health workforce

    b. IQNs who are currently working as an HCA for an ARC provider DHB, or NGO and are looking to work for their current employer as an EN or RN, and NZ citizens or resident-class visa holders.

12. There are two application rounds over the first ix months of 2022 (February and May) to enable greater uptake and to coincide with Immigration New Zealand's two phases of 2021 resident visa intakes (December 2021 and March 2022).

13. A capped amount of $5,000 per nurse will be availab e for up to a total of 200 nurses. This fund is to support NZ RNs and IQNs with financ al costs towards gaining registration such as competency asse sment programmes, supported orientation programmes, English language testing, Nursing Council of New Zealand (NCNZ) registration fees and childcare.

14. Total applications receiv d for Round 1 of funding is 362. Of which, 48% are working in ARC, 17% are working in DHBs 18% community, and 17% other comprising those that did not supply an employer in the application.

2021 Residenc Visa Pathway

15. On 30 September 2021, Immigration Minister Hon. Kris Faafoi announced a rare, one-off 2021 New Zealand residence visa pathway for:

    a. some temporary visa holders already in New Zealand

    b. some critical purpose visa holders still arriving in New Zealand and looking to apply for residence between 30 September and 31 July 2022 and;

    c. partner and dependent children can be included as part of the residence application.

16. To be eligible, applicants must have been in New Zealand on 29 September 2021 AND be on an eligible visa. Also, they must meet any one of the settled, skilled migrant or scarce criteria such as health care workers. Applications can be lodged in two phases, December 2021 and March 2022. The final deadline to submit applications is 31 July 2022.

17. For over 165,000 migrants already in New Zealand, including those migrant families disrupted by the COVID-19 pandemic, this is way forward to plan their future and

reunite. The new visa will create a residence pathway for over 5,000 health and aged care workers.

18. Since Phase 1 applications opened on 1 December 2021, 22,364 people have become New Zealand residents. Applications continue to roll in with 68,912 applications, involving around 132,000 people received.

19. Phase 2 opened on 1 March 2022, 45,000 involving more than 77,500 people, have been received.

International Critical Care Nurses Campaign ($415,000)

20. A nationally coordinated 3-month international recruitment campaign targeting New Zealand trained critical care nurses "to come home" launched in February 2022 via Kiwi Health Jobs.

21. 20 DHB COOs agreed to fund the campaign cost of $115,000 and support a consistent relocation package for all applicants.

22. 51 nurses have applied to this campaign and re being processed for employment with DHBs. Includes NZ trained nurses and IQNs in cr tical car and general nursing specialties.

23. The campaign web page has been visited over 20,407 times, with 97% of the visitors from outside of New Zealand

24. There is also an urgent need to a tract nu ses in general to NZ. Critical Care is the first phase of a wider nursing campaign in partnership with the Ministry, Technical Advisory Services (TAS) and DHBs

25. The Ministry has committed $300,000 to continue the campaign which will:

    a. Support the DHB led ecruitment campaign targeting registered nurses in New Zealand and ov rse s and;

    b. Support candidate care and liaison with DHBs to facilitate recruitment. It will also fund an evaluation process, to inform future campaigns of this nature.

General Nursing Campaign [redacted]

26. The Ministry commissioned [redacted] advertising agency to further develop a nursing recruitment campaign following prior work commissioned by the New Zealand Nurses Organisation (NZNO). The campaign will go live mid-April.

27. The aim of the campaign is to increase the number of people choosing nursing as a career, or nurses interested in returning to practice, as well the need to grow the diversity of the health workforce. The target audience for this campaign is secondary and tertiary students, Rangatahi Māori and Pasifika, and our communities.

28. Creative content includes a campaign website that features "real" nurses in a variety of specialisations including ARC. The campaign will be across social media platforms and in digital advertising. The web platform enables a person to dive deeper into nursing as a career, to navigate and link to tertiary providers, and find scholarships.

Mental Health and Addictions Nursing Campaign [redacted]

28. The 2019 Wellbeing Budget allocated $20m over four years to strengthen the mental health and addiction nursing workforce. The Mental Health and Addiction Nursing recruitment campaign is one initiative within this package and goes live 27 March 2022.

29. The aim of the campaign is to:

    a. improve mental health, addiction and wellbeing outcomes by increasing the capacity of the nursing workforce

    b. increase the number of people choosing mental health and addiction as a preferred practice area and as a professional career and;

    c. increase the number of Māori and Pacific people working in this area to g ow workforce diversity.

30. It features "real" mental health and addiction nurses wo king in a variety of settings, inclusive of male nurses, Māori and Pacific peoples.

31. The campaign is powerful in that it reflects the reality of mental h alth being something that can affect any one at any time To highlight nurs ng as a rewarding and valued career and transform our thinking about mental health.

32. The campaign includes a mixture of digital advertising, social marketing and events to align with key nursing education intake dates. The c mpaign timeline and direction are aligned to the general nursing campaign.

Long term Strategies

Investment in health workforce initiatives

33. In December 2021, Cabinet approved $594.505, 000 funding for the Care in the Community Health System Pr paredness Programme, of this $10m is allocated for health workforce initi tives and recruitment.

34. Consideration for this $10m funding stream centred on the following aspects: immediacy, ie agile and flexible approach to the distribution of funds to where it is most needed, nd how to be most effective. The $10m funding will be allocated $3.625m for critical care workforce initiatives and $6.375m for health workers caring for at-risk communities.

    The $3.625m funding allocation is to implement critical care workforce and recruitment initiatives, which aim to support and increase nursing workforce capacity, capability, and resilience within critical care settings

    b. The $6.375m funding allocation is to support the Māori and Pacific mental health and addictions workforces to reinforce their capacity, capability, and resilience as part of care in the community COVID-19 response.

35. Larger funding streams that will also support the health workforce capacity include, funding ($544m) and care in the community ($395.422,000) for provision of primary care services, including some Kaupapa Māori and Pacific Health services.

New Entry to Practice (NEtP) Programmes

36. The Nursing Accord was signed in 2018 and brought a partnership approach between DHBs, health unions and the Ministry to nursing workforce issues. Nursing Accord funding of $24.52m over four years was specifically set aside from Budget 19 for the employment and training of new graduate nurses.

37. DHBs are employing a significant number of new graduate nurses this year, with a record number of 1,732 on the funded Nurse Entry to Practice (NEtP) programme. This is the highest intake to date and a positive step towards tackling some of the staffing supply issues but this alone will not be enough to address the problem.

38. Work towards 100% employment of new graduate registered and enrolled nurses who apply through ACE[2] has been prioritised by DHBs and realised through the 2021 NZNO MECA agreement.

39.

Prioritised Ethnicity	2021 Mid-Year	2021 End of Year	Total
Asian	99	237	336
Māori	64	171	235
Other	170	733	903
Pacific Peoples	29	102	131
Total	**362**	**1243**	**1605**

Table 2: Data source: ACE Nu ing Ser ice, Northern Regional Alliance 2022

Mental Health and Addiction Workforce

40. To help meet increasing de and, Budget 2019 invested $77m over four years in mental health and addiction workforce development.

41. Th Ministry provide unding for a new graduate nurse mental health and addiction programme (New Entry to Specialist Practice (NESP)). The programme provides theory, supported clinical experience, preceptorship, and supervision.

42. The number of NESP graduates is steadily increasing:

2019	197
2020	273
2021	233
2022	234.5

Table 3: Data source: Mental Health and Addiction Directorate, Ministry of Health 2022

[2] **Advanced Choice Employment (ACE) is a DHB recruitment process where new graduate registered nurses are algorithmic matched to an employer or go into a talent pool. DHBs access the talent pool for suitable candidates as vacancies arise.**

43. To date, investment has also included:

    a. growth of existing workforces, with over 100 additional NESP places each year for nurses, social workers and occupational therapists to practice in mental health and addiction and an increase in the number of clinical psychology internships funded

    b. upskilled existing workforces, with 200 new places in 2021 for primary care nurses to achieve credentialing in mental health and addiction and over 70 new training places for post-graduate study in specialist practice areas, including in leadership, cognitive behavioural therapy, and infant, child and adolescent mental health and addiction

    c. growing Māori and Pacific workforces, with 46 new bursaries for Māori students and 30 scholarships for Pacific students

    d. development of new Health Improvement Practitioner and Health Coach roles as part of the national rollout of new primary mental health and addiction services.

Investment in Enrolled Nurse (EN) graduate workfo ce

44. The EN scope of practice contributes to improving workforce productivity by contributing to the skill mix in the health care team working alongside RNs.

45. The current EN workforce already works in a var ety of healthcare settings including DHBs, ARC, community health and primary care.

46. A national EN Support into P actice Programme (ENSIPP) commenced in June 2020. This has supported 231 graduate ENs into linical roles.

47. The aim of the ENSIPP programme is to provide a supportive environment for graduate ENs as they transition into the nursing workforce and develop competencies.

48. An ACE enrolment system and a national learning framework were developed to support the new programme.

49. The Ministry fund $1,216,000 per annum and $86,000 for costs for ENSIPP programme support.

Pay Equity Multi-Employer Collective Agreement (MECA)

50. Since July 2016, there have been two rounds of bargaining, resulting in the nurses MECAs being renewed twice.

51. The NZNO MECA covers the vast majority of DHB nurses (around 90%) with the Public Service Association (PSA) MECAs covering the rest.

52. The PSA MECA cover the majority of the DHB mental health and public health nursing workforces.

53. With the MECA renewals only, the cumulative base pay rate increases have been between 11 and 16 percent.

54. There are some exceptions, and these occur when new steps have been added. For example: the new step 6 and step 7 for RNs was introduced in 2019 and 2020 respectively, however a worker progressing through these steps would have received the earlier pay increases and therefore received total increases up to approximately 16%.

55. When the early pay equity payments (part of the 2021 MECA settlements) are included, the cumulative base pay rates increase from July 2016 to September 2021 is between 13 percent and 25 percent gross. See Appendix One for the cumulative summary.

56. There were also lump sum payments payable on settlement of each MECA. In 2018, the amount was fixed based on the then top step for a registered nurse.

57. In 2021, the amount paid varied, depending on the MECA and the time delay reach ng settlement. In addition, there was the pay equity lump sum payment of $6,000 per FTE.

58. The lump sum payments provided an additional $8,800 to $9 300 per FTE gross to nurses since June 2018. The traditional benchmark has been the top step of the registered nurses pay scale.

59. At the time the 2018 MECA was settled this figure was $66,755 per annum. Using this as the point of reference, the lump sum payments represent additional payments of approximately 13-14 percent gross.

60. The 2018 and 2021 NZNO and PSA Nu ing MECA settlements saw additional investment of approximately $1b in th DHB nur ng workforce.

61. In addition to this, the Government has committed to further investment in the NZNO and PSA combined pay equity claim. With agreement in principle reached immediately before Christmas 2021, the details of the ag eed Pay Equity arrangements are currently being finalised.

62. The MECA and Pay Eq ity settlemen s represent the biggest ever investment in the NZ DHB nursing workforce and wil ensure that value of our nurses is appropriately reflected in their remuneration.

The Nursing Pipeline Working Group

63. The Nursing Pipeline Working Group was established in 2019 to progress nursing workforce initiatives to meet current and future challenges.

64. Membership is a national collective of Nurse Leaders working across the sector and tertia y education providers.

65. A key workstream is exploring an "earn as you learn" apprenticeship model of nursing education to grow the diversity and supply of the nursing workforce.

66. It needs strong partnerships and investment with HealthNZ, NCNZ and the Tertiary Education Commission (TEC) to enable a consistent process for staircasing a Health Care Assistant to Enrolled Nursing Diploma to Bachelor of Nursing programme.

Next Steps

67. The Minister's office can engage with the Chief Nursing and Health Workforce Offices should further information be required.

Ends.

Lorraine Hetaraka
Chief Nursing Officer
Office of the Chief Clinical Officers

Andrew Wilson
Deputy Directo -General
Health Workforce

Date: 16 March 2022

Document 2

MINISTRY OF HEALTH
MANATŪ HAUORA

APPENDIX ONE:

Nurses MECA pay rate adjustments

8.0.1 Registered, Enrolled, Obstetric and Karitane Nurses, Midwives, Health Care Assistants and Hospital Aids Salary Scales

Registered Nurse and Registered Midwife scale

	4/07/2016	4/06/2018	6/08/2018	6/05/2019	5/08/2019	4/05/2020	MECA % Salary Increase 7 July 2016 to May 2020	6/09/2021	MECA % Salary Increase 7 July 2016 to Sept 2021	Pay Equity 6/09/2021	TOTAL % Salary Increase 7 July 2016 to Sept 2021
				New Step 6		New Step 7				Base pay increase	
		3.00%	3.00%	3.00%	3.00%	3.00%		$1,800		$4,000	
Step 7						77,386	3.00%	79,186	2.33%	83,186	7.49%
		0	0	0	0	2,254					
Step 6				72,944	75,132	75,132	3.00%	76,932	5.47%	80,932	10.95%
		0	0	2,124	2,188	0		1,800		4,000	
Step 5	66,755	68,758	70,820	70,820	72,945	72,945	9.27%	74,745	11.97%	78,745	17.96%
		2,003	2,062	0	2,125	0		1,800		4,000	
Step 4	60,081	61,883	63,740	63,740	65,652	65,652	9.27%	67,452	12.27%	71,452	18.93%
		1,802	1,857	0	1,912	0		1,800		4,000	
Step 3	56,865	58,571	60,328	60,328	62,138	62,138	9.27%	63,938	12.44%	67,938	19.47%
		1,706	1,757	0	1,810	0		1,800		4,000	
Step 2	53,528	55,134	56,788	56,788	58,491	58,491	9.27%	60,291	12.63%	64,291	20.11%
		1,606	1,654	0	1,703	0		1,800		4,000	
Step 1 (New Grad)	49,449	50,932	52,460	52,460	54,034	54,034	9.27%	55,834	12.91%	59,834	21.00%
		1,483	1,528	0	1,574	0		1,800		4,000	

To be eligible to move to Step 6 a RN/RM must have been on Step 5 for a minimum of 12 months at 6 May 2019.

To be eligible to move to Step 7 a RN/RM must have been on Step 6 for a minimum of 12 months at 4 May 2020.

Progression: By annual increment at anniversary date steps 1 to 5 inclusive. Thereafter progression is annual at anniversary date, subject to satisfactory performance which will be assumed to be the case unless the employee is otherwise advised (*).

Individual progression for RN from step 5 to step 7 - July 2016 to Sept 2021

			New salary	Annual increase		
step 5	66,755	4-Jun-18	68,758	2,003		
		6-Aug-18	70,820	2,062		
step 6		6-May-19	72,944	2,124		
		5-Aug-19	75,132	2,188		
Step 7		4-May-20	77,386	2,254		
				10,631	15.93%	*2018 MECA*
		6-Sep-21	79,186	1,800	18.62%	*Plus 2021 MECA*
Pay equity		6-Sep-21	83,186	4,000		
				16,431	24.61%	*Plus 2021 Pay Equity*

APPENDIX TWO:

CCDM Key Messages

This Nursing Safe Staffing Report (the Report), which includes a review of the Care Capacity Demand Management Programme (CCDM), is timely. The provision of a safe work environment for nurses is and will continue to be a priority as we move to new ways of working and we seek greater equity in patient outcomes through the health and disability system reforms.

The CCDM programme is a set of tools and processes that match staff resources to patient demand to improve care, make optimal use of resources and provide a better working environment for health workers.

The CCDM programme was developed following the Safe Staffing Healthy Workplaces Committee of Inquiry Report (2006), through a partnership between the New Zealand Nu ses' Organisation (NZNO) and DHBs.

The Report was commissioned by the Minister of Health last year. It identi ies that there has been variable implementation of the programme across the country and that the impact of CCDM on safe staffing, patient care and work environments has not been fu ly realised for several reasons.

These include:

- the complexity of the programme - there are 23 me rics in the core data set and this results in inconsistencies in how the ata is defined, collected and reported by DHBs
- variable support within different DHBs in luding prioritisation, resources and IT and data support
- the shortage of nur es in the country
- delays in the recruitment of additional staff when this requirement is demonstrated by the CCDM data.

The Report co firms that CCDM has the potential to be an appropriate staffing management tool for nursing in acute hospitals including emergency departments and mental health services.

It provides eight key recommendations with short and longer-term interventions to improve outcomes, deliver change and make it more fit for purpose, which include:

- Increasing nursing supply (as staffing to the levels identified through the CCDM programme is essential to achieving the staff and patient benefits the programme can deliver)
- Making IT improvements to support the tool (the planned investment in IT and data infrastructure for DHBs will assist this process).

The Report identifies that the CCDM programme is currently failing to recognise the cultural context of Aotearoa New Zealand and it is not meeting our obligations under Te Tiriti. The Report recommends that all aspects of the programme need to be reviewed from an equity perspective.

New Zealand has not been producing enough nurses to meet healthcare needs for some time. Redeployment of staff to COVID-19 activities including MIQ, vaccination and testing has put increased pressure on an already stretched nursing workforce. The Report provides objective data on the size of the problem.

Significant work is underway to ease nursing shortages in Aotearoa New Zealand, including:

- Increasing the number of Critical Care nurses by encouraging more nurses to complete post-graduate training in critical care and for additional nurse educators and clinical roles in critical care
- Domestic and international nursing recruitment campaigns
- A joint Ministry of Health and Ministry of Education programm to increase the number of people studying nursing and have a nursing workforce which i representative of the population.

DHBs are employing a significant number of new graduate registered nurses this year, with a record number of 1,732 funded Nurse Entry to Practic (NEtP) positions available on the programme. This is the highest intake to date and is a positive step t wards tackling some of the staffing supply issues.

As a result of this review, the Ministry is committed to working with Health New Zealand/Hauora Aotearoa to establish a national work programme to oversee the recommended changes to CCDM. NZNO will be a significant partner in this work.

Summary of recommendations

The Report recommends retaining CCDM and redesigning it to be fit for purpose.

The Report's 8 key recommendations will be supported by a range of short and long-term interventions to achieve meaningful change. The recommendations are:

- Increa e nursing supply immediately, and in the longer term
- Review of the design, operation, implementation and governance of TrendCare and CCDM to recognise nd uphold our Te Tiriti responsibilities
- Re-design ke components of CCDM to ensure it is fit for purpose
- Strengthen leadership and accountability for the CCDM programme
- In est in the infrastructure which enables and underpins CCDM
- Review the role of the Safe Staffing Healthy Workplaces Unit
- Establish a national work programme and office to oversee delivery of changes to CCDM
- Complete work to develop the TrendCare Emergency Department module and to implement this nationally.

Key Findings

The CCDM programme increases the visibility of the work that nurses do. The data it captures demonstrates the impact of the current nursing shortages in public hospitals.

This report confirms that CCDM has the potential to be an appropriate staffing management tool for nursing in acute hospitals including emergency departments and mental health services. There is widespread support for retaining CCDM with some improvements and modifications so that the programme can realise its full potential.

The programme has the potential to deliver meaningful outcomes providing it is properly configured, supported, and funded, and that there are sufficient nurses to recruit to identif ed vacancies.

However, the current programme is not performing to its full exten This is du to a range of reasons including recruitment delays, Variance Response Management being unable to function properly due to staff shortages and the impact of the COVID-19 pandemic.

This report highlights the impact that consistent staffing hortages and requirements to work extra hours are having on nurses and their working environment.

It notes that improvements need to be made t how data is produced by CCDM (including analysis of patient outcomes) as the current system is too complex overly time consuming and doesn't have enough IT support.

It acknowledges that the current p ogramme is not achieving equitable outcomes, does not recognise the cultural context of Aotearoa New Z aland and does not meet our obligations under Te Tiriti. For example, the base metrics currently used are developed in other countries and do not factor in the New Zealand context espe ially our Te Tiriti obligations and cultural care requirements.

TrendCare patient acuity timing s udies are heavily based on Australia and Singapore baseline data. Nurse to patient staffing ratios are not working as well as intended internationally and do not take into accoun patient acuity.

Survey Findings

The review analysed qualitative data from interviews, focus groups and site visits and quantitative data from the Core Data Set.

A total of 3992 participants responded to an online national survey targeting frontline nurses and those who operate the programme. The key findings from the survey help to quantify the impacts of safe staffing issues within DHBs.

- 83% of staff said that patients in understaffed shifts are not receiving complete care
- Nearly a quarter (23%) of shifts over Aotearoa New Zealand were shifts below target in 2021
- 43% of day shifts in DHBs in which CCDM is fully implemented were Shifts Below Target
- 18% across all shifts in the 4 ward types examined were in the "red zone" (critical care capacity deficit)

- 62% of frontline staff reported that half or more of their last 10 shifts were understaffed
- 41% of frontline staff reported being asked to take extra shifts weekly
- More than half (53%) of frontline nurses reported being in a poor or very poor mental state on understaffed shifts
- Nursing vacancy data for 14 of the 21 DHBs for the period from July 2021 to September 2021 indicates 1,650 FTE vacancies across these 14 DHBs.