

Nursing Workforce ACCORD Budget Initiative

Overview and context

Key Question/area	Comment/answer
Agency to complete	
Portfolio of lead Minister	Hon Dr David Clark, Minister of Health
Portfolio(s) of other Ministers involved (if this is a joint initiative)	N/A
Votes impacted	Vote Health
Initiative title	Nursing Workforce Accord - Workforce training and development – Nurse Entry to Practice programmes for registered and enrolled nurses (additional places).
Initiative description	<p>This initiative arises from commitments made in the Accord which was signed by The New Zealand Nurses Organisation (NZNO), District Health Boards (DHBs) and the Director-General of Health on 30 July 2018. The Accord commits parties to emphasise and reinforce the commitment to implement safer nursing staffing in public hospitals, and explore options for the employment of all new graduates and the recruitment and retention of the nursing workforce.</p> <p>This funding will provide additional funding to support investment in training and development of the health and disability workforce. This supports increasing the volume of new graduate nurses, midwives transitioning into the workforce in their first year of practice and improve retention.</p>
Type of initiative	<p>Priority aligning/non-discretionary cost pressure/out of scope</p> <p>Non-discretionary cost pressure</p>
If this initiative relates to a priority, please outline the specific priority/ies it contributes to	<p>This initiative aligns with Budget 2019 Priorities:</p> <ul style="list-style-type: none"> • Priority C: Lifting Māori and Pacific incomes, skills and opportunities. • Priority D: Reducing child poverty and improving child wellbeing, including addressing family violence. • Priority E: Supporting mental wellbeing for all New Zealanders, with a special focus on under 24s.
Does this initiative relate to a commitment in the Coalition Agreement, Confidence and Supply Agreement, or the Speech from the Throne?	Through supporting and managing the transition of new graduate nurses into the workforce, this initiative supports the following Coalition Health priorities set out in the Coalition agreement between the New Zealand Labour Party and New Zealand First Party:

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	<ul style="list-style-type: none"> • Annual Free Health Check for Seniors including an eye check as part of the SuperGold Card • Teen Health Checks for all Year 9 students • Free doctors' visits for all under 14s • Progressively increase the age for free breast screening to 74. <p>As these priorities are likely to increase the number of people accessing services, the health workforce will need to be in place to support New Zealanders to seamlessly access health services.</p> <p>This initiative also aligns with the following health deliverables committed to in the Speech from the Throne:</p> <ul style="list-style-type: none"> • Restore funding to the health system to allow access for all • Invest in the health system to provide the highest levels of care, support and treatment, wherever people live in New Zealand • Place a real focus on primary health e.g. GP subsidies will be increased to reduce by \$10 a visit, and the longer term funding system will be reviewed to ensure doctor visits remain affordable • Increase resources for frontline health workers.
Agency contact	Claire Austin Group Manager HWNZ Ministry of Health [REDACTED]
Responsible Vote Analyst	s 9(2)(a) [REDACTED]

Funding

Funding Sought (\$m)	2018/19 ¹	2019/20	2020/21	2021/22	2022/23 & outyears ²	TOTAL
Operating	-	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

No capital funding is sought through this initiative.

1. Executive Summary

1.1 EXECUTIVE SUMMARY

A. Short summary of the proposed initiative and expected outcomes.

It is essential to build a sustainable nursing workforce for now and the future. This initiative provides training and employment to all new graduate nurses and midwives, which will increase safe staffing, recruitment, employment, quality and access to health care and the long term retention of staff.

¹ If there is no funding required in 2018/19, then please delete this column

² If funding is time-limited and does not carry on into out-years please delete the reference to "& outyears"

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	<p>This initiative arises from, and aligns to, the commitments made in the Accord which was signed by the New Zealand Nurses Organisation (NZNO), District Health Boards (DHBs) and the Director-General of Health on 30 July 2018.</p> <p>Building on and enhancing current transition to work programmes, the expected outcome of this initiative is an increasing number so new graduates transitioned into the health workforce, ensuring full employment and improving retention rates in the long term..</p> <p>This initiative covers the following:</p> <ul style="list-style-type: none"> • Additional NETP trainees • Additional NESP trainees • Coordination and training of EN graduates • Nurse coaches, mentors, support & coordination
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2. The Investment Proposal

2.1 Description of the initiative and problem definition

<p>What is this initiative seeking funding for?</p>	<p>This initiative is seeking funding to move toward full employment of new graduate nurses and to support the providers to support the new graduates as they transition to the workforce. The funding will be used to:</p> <ul style="list-style-type: none"> • Enhance an entry to practice programme for registered nurses and enrolled nurses • Provide additional funding for the NETP/NESP programmes • §. 9(2)(f)(iv) • [REDACTED] <p>Currently there are approximately 1950 new graduate registered nurses each year and despite high demand for registered nurses, 1290 NETP/NESP places are funded by HWNZ, leaving a gap in funded positions. Evidence shows that new graduate registered nurses who have completed NETP/NESP programmes have higher retention than those who did not participate in the programmes.</p>
<p>Why is it required?</p>	<p>This investment is aligned to agreements made with DHBs and NZNO to ensure New Zealand has a sustainable nursing workforce for now and the future. This will build resilience within our nursing workforce to better meet any risks in the future healthcare of all New Zealanders. In a context of a predicted worldwide shortage of nurses, it is important to make best use of all new graduates by supporting them into practice. Evidence shows NETP/NESP improves retention rates.</p> <p>These commitments are highly visible and were signed by all Parties in good faith. There are high expectations from the sector, including around 52,000 members of NZNO to whom 3 weekly updates are being provided. Any failure to deliver will be also be highly visible.</p> <p>The Accord is strongly supported by the Minister of Health who has indicated he will request the State Services Commissioner to consider including wording that reflects the commitments in the Accord in the performance expectations of the Director General of Health, and request the Chairs of DHBs to consider including similar wording in the performance indicators of the DHB Chief Executives. This bid is to enable the sector to fully support the new graduate nurses first year of practice and to meet the commitments of the Accord. The bid addresses the cost pressures associated with:</p> <ul style="list-style-type: none"> • the increasing number of new graduate nurses being employed

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- meeting the costs associated with enhancing the current new entry to practice programmes
- increase the number of and associated costs with introducing more new entry to practice programmes for enrolled nurses.

s 9(2)(g)(i)

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

2.2 Options analysis and fit with existing activity

<p>What other options were considered in addressing the problem or opportunity?</p>	<p>NETP and NESP are national programmes. There are no other providers. In the development of this option there has been considerable discussion and review of the currently established new entry to practice programmes. This review has led to the conclusion that the current programmes are fit for purpose and that due to increasing volume of new graduates, there needs to be some additional support to ensure the continued success. The Accord increases the demand on the system as currently the NETP/NESP students are not guaranteed with entry to practice placements, therefore new graduate nurses might leave the country to get immediate employment overseas.</p>
<p>What other similar initiatives or services are currently being delivered?</p>	<p>Funding is currently available to support the training of a range of other health professions including medical, allied health, science and technical professions (e.g. anaesthetic technicians and psychologists). There are no similar national initiatives for nursing.</p> <p>Similar initiatives that are currently being delivered:</p> <p><i>Medical and midwifery graduates are the only health professions who are guaranteed postgraduate training funding for all graduates.</i></p> <p>From 2015, it is mandatory for <i>midwifery</i> graduates to complete the Midwifery First Year of Practice programme and government funding, through the Vote Health: Health workforce appropriation is available for this.</p> <p>To date, government funding has been guaranteed for New Zealand government-funded <i>medical</i> graduates in eligible for postgraduate year 1 training. As the number of government-funded medical graduates has increased, so has the cost of their postgraduate training. Without PGY1 training, a medical graduate is unable to register with the Medical Council of New Zealand and obtain a practising certificate allowing them to practice medicine in new Zealand.</p>
<p>What other, non-spending arrangements in pursuit of the same objective are</p>	<p>Currently no other arrangements are in place. DHBs do provide generic orientation programmes.</p>

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also in place, or have been proposed?	
<p>Strategic alignment and Government's priorities/direction</p>	<p>This initiative aligns with Budget 2019 Priorities:</p> <ul style="list-style-type: none"> • Priority C: Lifting Māori and Pacific incomes, skills and opportunities. • Priority D: Reducing child poverty and improving child wellbeing, including addressing family violence. • Priority E: Supporting mental wellbeing for all New Zealanders, with a special focus on under 24s. <p>This initiative supports the following priorities set out in the Ministry of Health's Output Plan 2018/19:</p> <p><u>Supporting priorities</u></p> <ul style="list-style-type: none"> • Māori health – develop a Māori health workforce action plan • Pacific health – Through the refresh of Pacific health strategic priorities and action plan – supporting system performance, participation and leadership for Pacific people across all levels of the health systems • National Health and Disability Workforce Strategy – Development of national Health & Disability Workforce Strategy <p><u>Government priorities</u></p> <p>Priority 3: Child wellbeing</p> <ul style="list-style-type: none"> • Ensuring children experience optimal development in their first 100 days: safe and positive pregnancy, birth and parenting • Supporting children's mental wellbeing. <p>Priority 4: Achieving equity in health outcomes</p> <ul style="list-style-type: none"> • Giving the most vulnerable children the best start in life • Ensuring people have faster access and high quality services where they need them most • Increasing confidence that communities have services that work for their unique needs close to home • Enabling best practice to be followed, and enabling the most able health practitioners to continue to serve communities and ensure sustainable service provision for the future. <p><u>System priorities</u></p> <p>Priority 1: Improving DHB performance</p> <p>An improved monitoring and intervention regime is expected to deliver:</p> <ul style="list-style-type: none"> • Improved equity and access • Improved patient experience • Reduced avoidable harm • Improved efficiency and cost effectiveness. <p><u>Functions of DHBs</u></p> <p>DHBs are required under the NZPHD Act, to undertake various functions which include:</p> <ul style="list-style-type: none"> • establishing and maintaining processes to enable Maori to participate in, and contribute to, strategies for Maori health improvement (s23(1)(d) NZPHD Act) • continuing to foster the development of Maori capacity for participating in the health and disability sector and for providing for the needs of Maori (s23(1)(e) NZPHD Act)

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- participating, where appropriate, in the training of health practitioners and other workers in the health and disability sector (s23(1)(j) NZPHD Act).

District Annual Plans

District Health Boards (DHBs) are required to develop annual plans that must address local, regional, and national needs for health services; and how health services can be properly co-ordinated to meet those needs; and the optimum arrangement for the most effective and efficient delivery of health services (section 38(2)(a)(i)(ii)(iii) of the New Zealand Public Health and Disability Act 2000 (NZPHD Act)).

Both DHBs and Shared Service Agencies (who support regional activities) are expected to develop workforce actions in their plans that address issues of equity. In terms of regional service plans, regions are expected to undertake work to:

- increase Māori participation and retention in the health workforce and ensure that Māori have equitable access to training opportunities as others
- build cultural competence across the whole workforce
- increase participation of Māori and Pacific in the health workforce
- form alliances with educational institutes (including secondary and tertiary) and local iwi to identify and implement best practices to achieve the Māori health workforce that matches the proportion of Māori in the population.

In terms of District Annual Plans, all DHBs note that they are committed to increasing both Māori and Pacific workforces that reflect the demographics of their populations. They are also expected to undertake health literacy activities that promote and co-ordinate action to raise awareness of, and build skills in, health literacy practice among the health workforce and across the health system. Organisations that are responsible for setting professional standards recognise the link between cultural competency and health literacy, and apply this to professional development programmes. Such actions also apply to, and are beneficial for medical trainees, who undertake postgraduate training in DHBs.

2.3 Outcomes

Overall outcomes expected from this initiative

The overall outcomes of this initiative are:

- A safe and competent nursing workforce, sufficient to meet New Zealand's healthcare needs
- An increased number of graduate nurses who are able to work and be retained in New Zealand's health system
- Increased satisfaction, confidence and clinical competence of new graduate nurses.
- The impact of supporting graduate nurses as they transition into the workforce to alleviate some of the pressures that New Zealand's health workforces are likely to experience in the short, medium and long term. We know, through evidence, that new entry to practice programmes leads to increased retention of nurses in the longer term. Evidence from DHB new graduate surveys shows there is a high degree of satisfaction with NetP and NESP from new graduates.

Supporting new graduate nurses both increases our nursing workforce and ensures that they are equipped to address the significant and diverse needs of certain populations groups such as older people, youth, vulnerable families, and particular health issues such as mental health and addictions, long term conditions and multiple comorbidities.













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2.4 Implementation, Monitoring and Evaluation³

How will the initiative be delivered?	<p>This initiative will be delivered through existing contracting mechanisms that are set in place for Vote Health: Health workforce appropriation funding.</p> <p>Funding will be provided to DHBs who will be employing the new graduate nurse.</p> <p>Evaluation of NETP/NESP have been positive</p>
How will the implementation of the initiative be monitored?	<p>The initiative will be monitored through the performance measures developed in the contracts.</p> <p>In addition at a local level, DHBs will review their programmes annually and make improvements as required. The HSRA have governance over the Accord. Regular reporting on progress towards meeting the three commitments is required to the HSRA Steering Group.</p>
Describe how the initiative will be evaluated	<p>The Accord Operations Group will review the NETP specs and the extent to which they are fit for purpose for the broader health system including aged care and primary care.</p> <p>A considerable amount of the budget bid is for increasing volumes of the current programmes. The delivery of the new graduate programmes is via DHBs and employers of new graduates. These providers survey the new graduate’s experience of NETP programmes on an annual basis and use this to undertake any required changes. Thematic Analysis of the most recent surveys will be done to inform evaluation.</p> <p>Overall evaluation will examine how the initiative improves the transition of new graduates into the workforce, and in the long term, the retention of the nursing workforce. Process measures will be developed to reflect the initiative aim, and will examine aspects such as number of new graduate nurses employed within six months of registration, and where satisfaction of new graduates of their first year of practise, flow of new graduate nursing between facilities, and longer term retention trends. There is currently a review of Skills Matter (includes NESP) underway.</p> <p>Other evaluation processes will be developed by the Accord Operations Group and determined by the Minister as part of the commitments to the Accord.</p>









3. Wellbeing Impacts and Analysis

3.1 Wellbeing domains – People’s experience of wellbeing over time

Identify and quantify how the initiative impacts on wellbeing domains	<p>Please fill in Table 3.1 below. Impacts need to be grouped under the relevant domains, as provided in the key below. Use the relevant domains, ordering them from top to bottom according to which domain your initiative achieves the greatest impact in. This analysis must also capture any <u>negative impacts</u>.</p> <p>The wellbeing domains are outlined here for you to use in your table:</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;">Civic engagement and governance </td> <td style="width: 50%;">Jobs and earnings </td> </tr> <tr> <td>Cultural identity </td> <td>Knowledge and skills </td> </tr> </table>	Civic engagement and governance 	Jobs and earnings 	Cultural identity 	Knowledge and skills 
Civic engagement and governance 	Jobs and earnings 				
Cultural identity 	Knowledge and skills 				




³ This doesn’t necessarily have to include a full implementation and evaluation plan, however the information provided must provide confidence that the proposal will be successfully delivered and there is a plan to ensure that the outcomes described are actually achieved.

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Environment 	Safety 
Health 	Social connections 
Housing 	Subjective wellbeing 
Income and consumption 	Time-use 
	Other

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3.1 Wellbeing domains – People’s experience of wellbeing over time

Domains List domains, using the key above, where there is an impact. Order domains by magnitude of impact, i.e. largest impact domain first ⁴ .	Impact(s) description Identify the impacts, with a separate line for each impact relating to a specific domain <i>Note you can identify multiple impacts for a particular domain. Delete/add rows as needed.</i>	Who are affected? Individuals/families/government/etc? Be as specific as possible. Are there distributional differences?	Magnitude of impact Relative to the counterfactual key assumptions, quantified to extent possible, and where possible monetised	How big? High/ Moderate/ Low, or where possible present value	Realised in <5 / 5-10 / 10+ years	Evidence base Nature of evidence and key references	Evidence quality High/ Medium/ Low
Health  Primary	Improved retention due to the workforce being well adjusted, with increased confidence and clinically competent	Government – District Health Boards, GPs / primary care Individuals Families	A well-adjusted and connected workforce will improve the reduction in turnover, increasing number of nurses working in the health system enables the system to provide services to a greater number of their population in a timely manner.	High	<5 years	Retention rates: DHB and Nursing Council data Evaluation of the New Graduate Nurse employment scheme through the Very Low Cost Access initiative: A mid-point evaluation report, 2014.	Medium
	Increased number of nurses employed in the health system	Government – District Health Boards, GPs / primary care Individuals Families	An increased number of nurses working in the health system enables the system to provide services to a greater number of their population in a timely manner.	High	5 -10 years	Nursing is a fundamental component of the health care workforce. Nurses workforce data New Zealand Health Survey	Medium
Jobs and earnings  Secondary	Avoided lost turnover of nursing workforce and productivity	Individuals Families	An increase in the number of nurses working in the health system may mean that people can access services and appointments in primary, secondary and tertiary care settings in a timely and efficient manner reducing the time they may have to take off work to attend appointments.	Moderate	<5 years ongoing	Health target data New Zealand Health Survey	Medium
Knowledge and skills  Secondary	An increased number of nurses adds to the health sector knowledge and skill base in a way that benefits all New Zealanders	Government – District Health Boards, GPs / primary care Individuals Families	An increased number of competent nurses in the workforce impacts across the health system – meaning that there are more nurses available for training future nursing workforces, more clinical leadership in the health system.	Low	10 + years	Nurses workforce data New Zealand Health Survey System level measures	Low


⁴ Please note that in CFISnet, you will need to include the primary domain impacted, and up to two secondary domains impacted by the initiative. You can include as many domains as relevant in this table.

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3.2 Wellbeing capitals – Sustainability for future wellbeing

Wellbeing capitals

Please fill out the table below to demonstrate how your initiative may contribute positively, negatively or neutrally to the four capitals.

 Capitals	Describe the impact and its magnitude	Realised in <5 / 5-10 / 10+ years
Financial/Physical	Increase. In the short term, this initiative draws down on financial capital to alleviate cost pressures associated with an increasing graduating nursing students. However, over time it is expected to generate significant financial capital in the health, research and development sectors. Physical capital will also be generated through models of care that will impact on where and how health services are delivered.	10 + years
Human	Increase This initiative will increase the number of registered and enrolled nurses in New Zealand's health system and will also contribute to increasing the global health workforce. This helps to build the stock of human capital that is available to provide health services to New Zealanders in a timely and efficient fashion. More nurses = healthier New Zealanders = increased labour productivity and settings nurses work in = savings in tertiary health services Increased nursing workforce wellbeing which leads to increased retention	10 + years
Natural	Maintain This initiative has no impact on natural capital	N/A, as no impact
Social	Increase This initiative will improve social capital, by increasing New Zealanders' sense of trust, respect, and pride in the health system, based on increased availability of health services, and demonstration of increased health workforce capacity and capability and increased medical research capacity and capability. Investing sooner will increase the overall impact on the capital. Decreased reliance on internationally qualified nursing workforce. It is not ethical to rely on nurses from developing countries when these countries need their nursing workforce to meet their own health needs. Increased Māori and Pacific participation in nursing workforce due to increased volumes of new graduates.	10 + years

3.3 Risk and resilience narrative

Does the initiative respond to or build resilience?

This initiative will help build resilience (capacity and capability) within the New Zealand health system by maximising the opportunity for the increasing number of new graduates undertaking a new entry to practice programme. Evidence shows entry to practice programmes increase wellbeing, confidence and clinical competence of new graduate nurses. NETP/NESP programmes

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have been shown to improve retention of nursing graduates at 5 years. As outlined in section 2.1, particular areas of focus/benefit include strengthening the nursing workforce generally and, further support to increase the representation of Māori and Pacific nurses in the workforce.

There are considerable expectations in the sector regarding commitments made under the Accord. In addition there is a high level of Ministerial expectation.

If this budget bid is not successful funding will need to be reprioritised within existing baselines.

4. Costing understanding and options

s 9(2)(g)(i)

[Redacted content]

Option Four is considered the best value for money as the costs that the increase volume will partially cover the costs and funding for programme enhancements and EN programme rollouts are covered in the cost breakdown. The following tables provide more detail on the cost breakdown of this option.

The risk with option four is that unit price for this option is base off historical 2006 costings and the actual costs for DHBs will have increased. With no increase in unit price then DHBs will need to absorb any additional costs.

4.1 Detailed funding breakdown							
Please provide a breakdown of the costs of this initiative	(\$m)	2019/20	2020/21	2021/22	2022/23		
	Additional NETP trainees		s 9(2)(f)(iv)				
	Additional NESP trainees		[Redacted]				
	Coordination and training of EN graduates		[Redacted]				
	Nurse coaches, mentors, support & coordination*		[Redacted]				
	International recruitment and retention		[Redacted]				
	Total		[Redacted]				

(*=The coordination cost is based on \$72,956/senior nurse salary. It is to pay for 40 senior nurses to provide coaching, and mentoring.)

This option is based on funding for the following items:

- Additional number of registered nurses of [Redacted] pa
- Number of enrolled nurses of [Redacted] pa
- Funding is a part of the cost of the jointly funded initiative based on the 2006 price.
- Addition of an extra [Redacted] coaches/mentors/preceptors

Further details and breakdowns as the best estimates at this early planning stage:
The table below represents part of the cost of the jointly funded initiative for [Redacted]

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Programme	Number of Registered Nurses	Total
NETP	█	█
NESP	█	█

Comments:

This calculation is based on the 2006 funding costs for █ nurses. Please note that the calculated cost is a jointly funded initiative with DHBs.

Difficult to estimate grad numbers so used highest historical figure of █ grads in 2016

Current NETP contracted volume is 1,135 and NESP contracted volume is █

Funding gap is █

Recruitment and retention cost cannot be broken down, as the costings for recruitment and retention initiatives have yet to be developed

Programme	Total cost for █ Enrolled Nurses
EN orientation programme cost	█
ACE manual matching	█
Total	█

Notes:

Based on southern DHB's programme

Based on TAS' cheapest option for █ ENs

Number of coaches	Cost per RN coach
40	█
Total	█8
Round to	█

- Canterbury DHB has 2 Nurse Coaches for its mental health unit.
- Two nurses are required to cover day and night shift
- In 2016, there were 30 NESP trainees in Canterbury
- Assumed a Nurse Coach ratio of 2 : 50 grads
- Step 5 (as at 5 Aug 2019) is \$72,956
- 78 Nurse coaches would be required for 1,950 Nurse graduates
- Assume that the Ministry of Health and DHBs pay 50% each as NETP was originally designed

4.2 Options for scaling and phasing

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Scaling, phasing or deferring - including 75% and 50% scenarios

Phasing or deferring this programme means that the programme delivery would be delayed and:

- Training providers, primarily DHBs and general practices, will have to absorb further costs, which may impact on budgets for the delivery of front line services
- Senior nursing staff may be unable to manage the supervision and support of new graduate nurses and their clinical service workloads due to the increase in the number of new graduates without a change in the number and training of mentors, preceptors and coaches
- The commitments made under the Accord will not be met within the agreed timeframes.

Scaling options:

75% Scaling Scenario:

- Overall annual cost [REDACTED]
- Withdrawal of initiatives focussing on recruitment and retention
- Slight reduction in funding to cover additional mentors, coaches and preceptors. Cost will need to be absorbed by DHBs if level of these vital support people is kept at planned level. If reduced funding drives reduction in number of mentors, coaches and preceptors, then this could negatively impact on the graduate nurses' experience and the longer term retention of these nurses, thereby affecting the initiatives aims.

50% Scaling Scenario:

- Overall annual cost [REDACTED]
- Withdrawal of initiatives focussing on recruitment and retention
- Reduced number of additional new graduate nurses employed, from 581 to 466. The cost shortfall created by this scaling approach, will be passed onto the DHBs to absorb, if the numbers were to be kept at planned levels.
- Reduction in funding to cover additional mentors, coaches and preceptors. Cost will need to be absorbed by DHBs if level of these vital support people is kept at planned level. If reduced funding drives reduction in number of mentors, coaches and preceptors, then this could negatively impact on the graduate nurses' experience and the longer term retention of these nurses, thereby affecting the initiatives aims.

5. Collaboration

5.1 Collaboration and evidence	
What type of cross-agency and/or cross-portfolio initiative is this?	This initiative supports the Accord agreement between the Ministry of Health, DHBs and NZNO. The initiative is not a cross-agency and/or cross-portfolio bid where there is collective responsibility, but there are cross-agency relationships and implications with the DHBs (in hospital and DHB funded settings such as aged care and primary health care), Tertiary Education Commission and Ministry of Education.
Agencies and Ministers that have been engaged in initiative development	Nil
Impact of cross-agency collaboration	As outlined above this initiative forms a critical part of the Accord agreement.
Risks and challenges	The current practice is that DHBs fund the majority of the shortfall that is sustainable on a long term. The price of NETP/NESP has not been increased since 2006. This initiative will increase the volumes of new graduate nurses and the support system. The budget bid is covering the increased volume costs, if no scaling occurs, not pricing costs. The shortfall will need to be absorbed by DHBs and may impact on the quality of support provided to the new graduate.