Kia ora. In this second sector update, we share the progress of some of our work activities. We were very encouraged by the positive feedback we received about our first update in April and hope you find this edition helpful and informative as well. We would love to hear your thoughts – please email andrea.tamahanga@moh.govt.nz if you have any comments about this update.

The Office of the Chief Nurse (OCN) is a business unit in the Ministry of Health. As almost every activity in the Ministry has some relationship to the work of nurses, our team provides advice and leadership across the organisation. Our staff support the role of the Chief Nurse to advise the Minister of Health and work with colleagues in the Ministry and the wider health system. We also provide leadership to nursing and the broader health sector on policy, planning, delivery and evaluation of health and relevant social services.

For an overview of our work on nursing at the Ministry, visit www.health.govt.nz/our-work/nursing

Staff changes in the Office of the Chief Nurse

We were sad to farewell Dr Linda Chalmers in July as she left the Ministry to live in Whangarei. Linda proudly graduated with a PhD in May after completing a thesis on the implementation of the six-hour wait time targets in emergency departments. We are missing Linda’s warm and lively personality, impressive intellect and her hard-working style. We wish her well in the north and her future nursing leadership activities.
Linda’s projects have been prioritised and distributed among the team. Alison Hussey has picked up the work with the rheumatic fever team. As well as caretaking the nurse advisor role on the nurses performing endoscopy, Jane Bodkin is overseeing the final stages of the evaluation of the Gerontology Acceleration Programme (see more on these projects later in this newsletter).

We have recently welcomed our new Senior Advisor, Dr Kathy Glasgow. She comes to us fresh from working as a nurse and practice manager in primary care on the Kapiti Coast. She also graduated with her PhD in social policy earlier this year. We will introduce Kathy more fully in the next update.

A new Executive Assistant, Andrea Tamahanga, joined us after Lesley Holder left to take up a new role in another ministry. Andrea comes to our office from the Office of the Director of Mental Health. She is very experienced in Ministry processes and we feel very lucky to have her expertise to support the team.

Dr Paul Watson was recently seconded for several weeks to work part time with a small group of Ministry economic and policy advisors. The group was charged with advising the Ministry on the findings of the reviews on funding and on capability and capacity and how those findings could strengthen the refresh of the New Zealand Health Strategy. This was a great opportunity for a nurse leader to have an influential role in shaping an important document. Paul remains connected with that work, but is now more available again to work on his usual portfolios in the OCN.

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**Expert advisory panel to modernise Child, Youth and Family**

The Minister of Social Development, the Hon Anne Tolley, recently appointed an expert advisory panel to review Child, Youth and Family with the aim of ensuring that the agency delivers the best possible results for vulnerable children and their families in the decades ahead. The expert advisory panel will be supported by three reference groups with representatives advising on the review in relation to practice, youth and Māori. Alison Hussey from our office is a member of the practice reference group. The review is expected to be complete by December 2015.


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**Verification of death**

The Chief Coroner now allows nurse practitioners, registered nurses, enrolled nurses, midwives, emergency medical technicians, paramedics and intensive care paramedics to verify death. Previously only doctors and paramedics were permitted to verify death.

A practitioner verifies death by assessing for the absence of signs of life. This level of assessment is different from that required for the Medical Certificate of Cause of Death, which under the Burial and Cremation Act 1964 only a doctor can complete. When verifying death, the practitioner does not give any opinion as to the cause of death and their assessment does not provide the authority for a body to be buried or cremated.
In most cases, a health practitioner will be verifying death because the death is sudden and unexplained. The police will request verification of death because the death is a coronial case. Verification of death is recorded on a coronial form to show the identity of the deceased and the time, date and place of the assessment.

Alison Hussey has been working with sector stakeholders and a small clinical working group to develop Guidelines for Verifying Death. You can access these guidelines on the Ministry of Health’s website: www.health.govt.nz/publication/guidelines-verifying-death

To get the form for documenting verification of death (COR 31), contact the police in your area, call the duty Coroner’s office (National Initial Investigation Office) on 0800 266 800 or email niio@justice.govt.nz

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**Enabling nursing scopes of practice**

The Health Practitioners (Removal of Statutory References to Medical Practitioners) Bill (HPSR) progressed through its first reading and was referred to the Health Select Committee on 19 August. The HPSR is an important Bill and supports our work to remove the barriers to the health workforce practising to the full extent of their knowledge and skills.

Our office and the Policy, Legal and Health Workforce New Zealand business units at the Ministry have worked hard over a number of years to ensure the Bill achieves the policy intentions that underpin it. You can read the Bill and related documents at http://legislation.govt.nz/bill/government/2015/0036/latest/DLM6514118.html?src=qs

Now the Bill has been referred to the Health Committee submissions will be called. There will be (usually) a six-week period for submissions.

Information about the Select Committee timing and process for submissions can be found on www.parliament.nz/en-nz/pb/sc/details/health/ooDBHOH_BBSC_SCHE_1/business-before-the-health-committee

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**Nursing workforce**

We introduced the nursing workforce programme in the last newsletter. In 2013 our office and Health Workforce New Zealand partnered with the National Nursing Organisations to map out a nursing workforce programme. Members of the National Nursing Organisations include representatives from the Nursing Council of New Zealand, the New Zealand Nurses Organisation, Nursing Education in the Tertiary Sector, Nurse Executives of New Zealand, district health board (DHB) Directors of Nursing, the College of Nurses Aotearoa New Zealand, the Council of Deans of Nursing and Midwifery, the New Zealand College of Mental Health Nurses and the National Council of Māori Nurses.

The nursing workforce governance group met for the third time on 29 May 2015. It has the following key messages.

- Strong leadership in the health sector requires a team approach; nurse leaders are vital members of that team.

- The number of Māori nurses needs to significantly increase so that their proportion in the nursing workforce matches the proportion of Māori in the population.

- The balance between domestically and internationally qualified nurses should be set to achieve a sustainable supply of nurses that matches the demography of the population.
With improved employment opportunities, nurse practitioners will be better able to contribute to effective, high-quality health care.

New graduate employment

The employment of new graduates in the mid-year recruitment round has improved slightly over previous years. As at 23 July 2015, 285 (43 percent) of the 662 graduates who participated in the Advanced Choice in Employment (ACE) match are known to be employed. This total is higher than the number employed in July 2014 (645) and July 2013 (512). Only 13 (3 percent) of the 482 graduates from July 2014 and 117 (9 percent) of the 1286 graduates from November 2014 are still actively seeking employment through ACE.

Māori graduates are finding employment at a slightly higher rate than graduates overall: 47 (48 percent) of the 97 Māori applicants who participated in the ACE match are known to be employed as at 23 July 2015. However, a lower proportion of Pacific graduates (39 percent, or 19 of the 49 Pacific applicants) was employed by this date.

Note: The ethnicity data is based on a prioritised ethnicity system, which allocates each respondent a single ethnic group (where order of priority is: Māori; Pacific peoples; Asian; other groups, except NZ European; and NZ European). Prioritised ethnicity is the system most frequently used in Ministry of Health statistics and is also widely used in the health and disability sector to calculate funding, monitor changes in the ethnic composition of service use, and so on. However, prioritised ethnicity over-represents some groups at the expense of others – for example, the number of Māori is boosted at the expense of the number identified as Pacific peoples.

Over the last three years, the number of mid-year graduates choosing mental health and addictions as their preferred practice setting has increased steadily. This year, the number of graduates choosing assessment, treatment and rehabilitation as their preferred practice setting has also increased.

Enrolled nurse InterRAI pilot

A pilot to assess the training needs of enrolled nurses preparing for the InterRAI assessment was run between February and May this year. It involved 10 enrolled nurse participants in three sites around the country. An informal evaluation based on participant and trainer views was completed as the pilot progressed.

The report was presented to the InterRAI Steering Group in June. It showed encouraging results, with the training needs of enrolled nurses being little different from those of registered nurses. The pilot also indicated that enrolled nurses need support from management and mentoring from registered nurses in facilities in order to participate in InterRAI assessments.

A decision on next steps is yet to be finalised.
Very low cost access new graduate employment scheme

The Ministry published the final evaluation report for this initiative on its website in June. The report offers valuable information for policy on recruiting new graduate nurses in primary care and services for high-need populations.

For more information, go to www.health.govt.nz/publication/evaluation-new-graduate-nurse-employment-scheme-through-very-low-cost-access-initiative-final

Nurses performing endoscopies project

Auckland DHB is leading the development of the nurse endoscopy training role in this project. With the curriculum now agreed, six registered nurses could potentially begin the academic and training programme in early 2016.

Gerontology acceleration programme

Canterbury DHB has developed and delivered the Gerontology Acceleration Programme (GAP). The goals of the programme are to improve recruitment and retention in gerontology nursing by offering mentoring and professional development for nurses other than new graduates entering this area of practice. In this way, the programme is intended to improve leadership, quality and teaching in the aged care sector and to build relationships across the different areas of the gerontology sector.

An evaluation shows the initiative has promise and offers valuable learnings for developing and retaining nurses in other specialties. Linda Chalmers has led the work to commission the evaluation of the GAP. More recently Jane Bodkin has worked with the evaluators to finalise the evaluation report, which will be available on the Ministry of Health website later this year.

Registered nurse prescribing

The Minister of Health, Hon Dr Jonathan Coleman, has agreed to the Ministry preparing a Regulatory Impact Statement and Cabinet Paper to propose regulations for designated registered nurse prescribers practising in primary health and specialty teams. Alison Hussey is supporting the work of Mary Louise Hannah (Health Workforce NZ) to progress the application.

Verbal orders for controlled drugs

The Ministry recently responded to enquiries from the nursing and health care sectors about the legitimacy of verbal orders for controlled drugs. You can read its position statement at www.health.govt.nz/our-work/regulation-health-and-disability-system/medicines-control/controlled-drugs/advice-to-dhbs
Nurse practitioner education

In 2016 Health Workforce New Zealand will fund an initial cohort of 20 nurse practitioner candidates to enter a revised nurse practitioner education programme. Delivered by the University of Auckland and Massey University, the revised programme offers more clinical supervision hours for each candidate. It also has requirements for employer sponsorship and graduate job security.

Quality safety and productivity

KPMG has completed a value proposition for investing in pressure injury prevention. Now submitted to the Health Quality and Safety Commission Board, the proposition will be distributed to DHBs this month. This is part of a broader treatment injury programme of work in which Paul Watson and others from the Ministry of Health have partnered with the Accident Compensation Corporation and the Health Quality and Safety Commission.

Integrated performance and incentive framework (IPIF)

For the meantime, Minister Coleman has decided not to implement the proposed IPIF system-level measures for pregnancy, newborns and polypharmacy. Redesign of this work is progressing and next steps will be more formally notified as soon as possible.

Health of Older People Strategy

The Ministry is developing a new Health of Older People (HOP) Strategy. The new strategy will consider changes in health need and health care models since the last HOP Strategy in 2002. It will also set out priorities and principles that align with the New Zealand Health Strategy.

Jane Bodkin and Alison Hussey are sharing a role on the working group for the strategy. A number of nursing organisations and nursing leaders will be consulted while the strategy is being developed.

Mental health service improvement

The Ministry is working closely with the Ministry of Social Development on strengthening access to primary mental health services for people on benefits and helping people with mental illness into work or to remain in work.

This work is in an early scoping stage. Jane Bodkin is the Office of the Chief Nurse lead.
Mental health and addictions workforce development plan

Developing a mental health and addictions workforce plan is an action from Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017 (published by the Ministry of Health in 2012). Allen + Clarke, commissioned to undertake this work, has begun stakeholder engagement. Jane Bodkin is on the Ministry reference group.

Due for completion by the end of 2015, the plan will inform Health Workforce New Zealand’s investment in the mental health workforce in the future.

Equally well

Major disparities in health outcomes between people with experience of mental illness and the rest of the population are deeply concerning. Nurses have a particular role in addressing them. Across the Equally Well collaborative, a number of local initiatives are underway. We are keen to highlight and champion Equally Well and are taking every opportunity to talk about this important work when we are out and about.

In July, Jane Bodkin attended a national think tank to consider possible system-level actions. She was impressed by the range of representatives attending – in particular, around a quarter of the people at the meeting were consumers. Interestingly the meeting participants agreed that the solutions are more likely to lie in sector initiatives and collaborations than with central agencies. They also showed a high level of commitment to changing the status quo.

If you would like to participate in the ongoing discussion and progress on Equally Well, go to www.tepou.co.nz/initiatives/get-involved-in-equally-well/132

Join in New Zealand ShakeOut – our national earthquake drill

The Ministry is encouraging all health and disability sector organisations to take part in New Zealand ShakeOut, a nationwide earthquake drill taking place at 9.15 am on 15 October 2015.

It’s easy to participate – individuals, families and organisations can register at www.shakeout.govt.nz, and take part in the drill by practising Drop, Cover and Hold – the right action to take during an earthquake. Join the 23,000 of your health and disability sector colleagues who have already signed up!

While the drill itself is important, it is also an excellent opportunity for you and your organisation to review emergency preparedness arrangements, and to support staff and the people using your services in knowing the right action to take before, during and after an earthquake.