

National Nurse Leaders group (NNLg) Meeting Minutes

Friday 3 July 2020

Venue: Ministry of Health, 133 Molesworth Street, Wellington and via zoom

Attendees:

Abel Smith, Catherine Byrne, Clare Buckley, Debra Begg, Donna Foxall, Eseta Finau, Jenny Carryer, Kathy Holloway, Kerri Nuku, Margaret Dotchin, Margareth Broodkoorn, Memo Musa, Mereana Rapata-Hanning, Ramai Lord, Suzette Poole

The meeting was chaired by Jenny Carryer

Minutes were taken by Debra Begg

➤ **Apologies**

Apologies were received from Chrissy Kake, Jo Marino, Karyn Sangster, Lorraine Hetaraka

Revised TOR

Some of the members to still identify their treaty partner that will attend meetings – NENZ for example are going to form a caucus and the member will attend as part of that wider group.

Addition to be made under membership that members need to be nurses.

Action: Ramai to make the small changes above and then terms of reference are considered confirmed and will be circulated

Lead DoNs Nursing Pipeline paper

Starting to pick the work up again to work towards having a clear national view around the under graduate pipeline. Looking to provide in-depth and transparent understanding across Schools of Nursing and what we have projected across the next few years by year, ethnicity and geographical region to help understand placements and the volume of grads needed to be employed. Would look for this to be a National Workforce Plan that is a living model and it could also be updated as Schools of Nursing decide to bring on new programmes. One of the next steps is for the working group to do a joint zoom with NETS and the Council of Deans to have a conversation about the vision of the document and where to go from there. The group also wants to seek involvement from the Māori NNLg.

Nursing Education Partnership Board (NEPB)

Nothing has progressed yet - needs to have more conversation. Terms of Reference creation as part of the Consensus Workshop day – to have a draft ready for discussion at the time. This will help form a clearer idea of the project scope and timelines.

To create this level of governance board will need support from Health Workforce Advisory Board and need to decide the role NNLg will have with NEPB. Consideration also to be given to the role of TEC and there are some linkages to the work of the Accord Reference Group

Health Workforce Advisory Board update

Judy McGregor explained difference between Health Workforce Advisory Board (HWAB) and Health Workforce Directorate within the Ministry. The HWAB has the power of independent advice to the Minister and are also obliged to give a Quarterly report which is being worked on now.

They are also involved in the Health Workforce funding review being undertaken by Martin Jenkins. The funding model hasn't been reviewed for about seven years. They know what is currently being invested in but hoping the review will highlight what isn't funded that should be. They are currently in Phase Two which is communicating with internal stakeholders requesting feedback on the review document.

Nursing is about 20% at the moment of the quantum of allocation.

Invisible challenge is the aging of the workforce - been talked about a lot but its impact on funding and investment might not be clear. The surge workforce during initial COVID-19 response showed if there was a different flexibility in the workforce it could be utilised in more ways. Nursing in primary health care for example was able to flex and be front facing and while a large number of GPs shut their doors they continued in the community.

Health and Disability System Review report (Nursing response to workforce chapter)

We need to choose 1-2 things to focus on and get commitment for health and education to work together. When it comes to the focus of education of our nursing workforce, we need input into it. Other issues are associated costs to go out on practicum – needs to be more earn as you learn.

There has been a Pacific Cadetship programme running in Counties Manukau for the last 4-5 years. Used to be run in partnership with MIT but now realise it can be run inhouse. Success has been good and as a step-up programme within six months can staircase them into nursing or midwifery programme.

Competing in schools with health science programmes who take the most students.

One other thing that needs to change is access to data.

The workforce section reiterates what work this group has been discussing around HWAB needing a plan to inform how the money is allocated, TEC having a more formal position on tertiary training, focus on Māori, Pacific and rural workforces.

While there has previously been some combined reports in the past there are some things that haven't changed like cultural competence training. We don't have a single data repository for workforce.

In Summary:

We have a lot of initiatives and work in progress that closely aligns with the workforce chapter and we don't want to wait to continue work. Whilst we acknowledge the recommendations, we will continue with the pieces of work we have set in motion. The Consensus workshop may also help to get some of this moving.

Health and Disability System Review report (Nursing response to recommendations relevant to Māori)

A Ministerial group has been formed which is being led by the Prime Minister and has Ministers Clark, Henare and Roberston on the group. Sitting below that will be a Ministerial Committee with no details yet as to who is in the Committee. There is a strong emphasis on te Tiriti and the obligations with a focus on Māori equity.

There is also the Wai 2575 claim work proceeding at the same time and one thing that was recommended was the set up of a Māori Health Authority which is not necessarily the idea of the authority that is in the report. Discussions for the committee will look to be held over the next few months.

The key role of the Māori Health Authority is policy with some partnering work, Māori workforce, monitoring and reporting. The Health NZ functions seem to be mainly operational. A commission function is missing from

the report. It does seem at the moment that it is limited to the Health and Disability sector but needs to make sure it also goes across iwi and Māori providers.

Looking to strengthen iwi/DHB partnership and ring-fencing funding for Tier One instead of using Tier One funding for Tier Two services.

Auditing review process of the committee looks like it will be conducted by Ministers.

Health and Disability System Review report (Nursing response to primary health care proposals)

Tier One as it is referred to in the report. During the initial COVID-19 response Minister Salesa noted publicly that GPs had largely closed their practices but then asked the government for relief money. A lot of primary health care nurses worked from community-based centres - some in tents and dealt with numerous issues not COVID-19 related and also some personal like being evicted from housing due to their line of work. One Board member in the central North Island area doesn't want it going back to how things used to be as there are some instances where money is going into Directors and Management and doesn't benefit the communities like it should and also some processes that had to be put in place due to the circumstances should be kept.

There are some instances in other countries where good outcomes are achieved where nursing was run in self managing teams.