Workforce Intelligence and Planning Framework

A workforce planning guide for the health sector

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National DHB
General Managers
Human Resources and Health Workforce
New Zealand
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1. Foreword

Our health workforce is the most valuable and expensive resource in the health sector, accounting for about 70% of the total NZ Health budget. It is through our committed health professionals that we deliver current services to the New Zealand public, and it is also through this critical workforce that we will be able to ensure that the NZ health system can, in the future, continue to provide sustainable healthcare services. Our workforce are essential contributors to both enabling and driving the development of future models of care. The health needs and demographics of the community are changing and with the continuing advances in clinical services and technology it is essential that we evolve models of care that focus on supporting patients in the best ways possible.

Workforce planning is a challenging and complex undertaking. It contains a multiplicity of dynamic inputs, effectors, moderators and uncertainties. However, we can proactively and confidently address this challenge by using a variety of mechanisms that ensure where we have hard facts we use them and where we have uncertainties we understand them. For the 2-3 year horizon we can use a variety of sources of solid data on the current workforce, cost trends and funding envelopes to be able to predict with reasonable certainty the areas where health managers and clinicians need to be focusing. It is within this planning horizon that the Workforce Intelligence and Planning Framework has its primary utility and focus.

The Planning Framework is a critical information and data feeder for the longer term 3-5 year and 5-15 year horizons. Workforce planning in these horizons is a far more complex exercise, subject to many more internal and external effectors and requiring a completely different non-linear approaches in order to inform planning decisions. This is the separate work that Health Workforce New Zealand leads.

To enable a consistent approach to workforce planning, the national General Managers Human Resources Group and Health Workforce New Zealand have collaborated to develop this Workforce Intelligence and Planning Framework for the 2-3 year horizon, as a critical component of, and feeder to, the longer term 5-15 year planning process. The Planning Framework provides a comprehensive, and logical step-by-step workforce planning process for health organisations to use to inform their 2-3 year ‘people planning’ decisions. The aim of the framework is to ensure a consistent approach to workforce planning is adopted across the DHBs and that all the critical elements are considered in the process.

The framework is designed to assist DHBs when undertaking workforce planning at the individual DHB, Regional and national level for the immediate planning horizons - up to three years.

The framework is being tested as part of the 2015/16 DHB annual planning process. We will seek feedback to enhance and adapt the framework going forward to ensure we embed a consistent and robust workforce planning process across the DHBs and ultimately the sector.

We encourage you to use the framework so we can work together to build a better health workforce.

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Chair, National General managers Human Resources Group

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GM HR Lead Workforce Intelligence and Planning
2. Introduction

There is a multiplicity of NZ health sector organisations doing workforce planning in many different ways and there is no one single “source of the truth” for workforce data. There is a need for the sector to adopt a single workforce data set and one workforce planning model and methodology so that workforce planning at the national, regional and local levels can all be done in a consistent and integrated manner.

Workforce planning needs a whole-of-system approach for it to be successful. If done in isolation key indicators/service drivers will be missed and the ability of the workforce to deliver services has the potential to be compromised.

In response to this need, the national General Managers Human Resources and Health Workforce New Zealand (HWNZ) collaborated on a project to develop a workforce intelligence and planning framework, with reference to data sources, to guide workforce planning across the sector.

Given the increasing demand for health services with patients presenting with increasingly more complex conditions, and services being delivered in a tight fiscal environment, it is critical that a coordinated and cohesive approach to workforce planning is agreed. There are a number of agencies and organisations that are currently active in developing workforce plans. However, these can sometimes be completed in isolation and be profession specific only.

3. Purpose

The framework is designed to support better aggregation of workforce data and plans at the regional and national level to better inform regional and national workforce planning and decision making.

4. Desired Future State

Alignment of workforce planning across the sector would ensure that the use of valuable resource is optimised and that a broader lens can be applied that looks at impacts and issues across all professional groups and the delivery of health care generally.

The diagram below outlines a proposed desired workforce planning landscape.
5. What is the framework

The framework covers the continuum of workforce planning and outlines what aspects occur at the national, regional and local levels. By carrying out workforce planning in a consistent way, workforce intelligence and plans can be aggregated more easily.

This framework provides a tool that can be used at all levels and outlines the logical steps following an outside – in approach that will ensure a robust planning outcome. It optimises existing data sets and ensures that information is ‘pushed’ out to the DHBs from the national level. This ensures all plans are based on a consistent set of data.

The framework exists as a stand-alone document that articulates the process. However, in order to ensure consistent application a toolkit has been developed to support the use of the framework. The tools are contained in the appendices. These include:

- Products for each element that will assist with the process; e.g. a guide for undertaking the PESTLE scan
- Examples of the expected outputs from each stage
- An outline on what data will be delivered from and to key groups; e.g. HWIP, MoH

6. National, Regional and Local Planning

Workforce issues arise in all sectors within the health industry. This framework aims to provide a consistent model to approach these issues and provide tangible solutions. Whether they be discipline specific within a DHB or affect a whole workforce across the country.

The framework has within it a series of sophisticated tools that critique the current issues and provides guiding principles to be adopted in a range of decision making processes. Each of the tools is flexible to be adapted at either a local, regional or national level.

7. What will success look like

All national workforce planning processes link in with this tool, e.g. HWNZ and NHB elements that feed into the Regional Services Plan (RSP). The framework is flexible and the process can be engaged at any stage. The framework has been grouped in to four key areas:

1. Environmental scan
2. Establish demand
3. Establish supply
4. Complete plan and actions

8. Who should use the framework

Everyone who does workforce planning should use this. Workforce planning is everyone’s responsibility and the planning should occur at all levels from the executive team through to clinical leaders and workforce team. When working through the different elements of the framework engagement needs to occur with a range of stakeholders.

9. How should you use the framework

Embed in to all workforce planning processes and discussions, e.g. the PESTLE can be used to start engagement. The framework is flexible and can be accessed at any point to inform workforce planning.
<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
<th>Source (where applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental Scan – PESTLE, SWOT and Porters 5 Forces</td>
<td>Builds the foundation of the planning intelligence. Understand the broader workforce planning environment by using a PESTLE scan, SWOT and Porters 5 Forces Model</td>
<td>Refer to the toolkit for information on the models</td>
</tr>
<tr>
<td>Demographics and Demand</td>
<td>Information sourced at the national level on the wider drivers for demand based on population demographics and patient demand data - this is sourced nationally and complemented by regional and local data</td>
<td>Stats NZ - <a href="http://www.stats.govt.nz/">http://www.stats.govt.nz/</a> HWNZ as available MoH as available</td>
</tr>
<tr>
<td>Health Needs Assessment</td>
<td>Undertake the health needs assessment at local, regional or national level – link with planning and funding teams</td>
<td>Discuss with planning and funding teams on the models used at your DHB</td>
</tr>
<tr>
<td>Models of care – clinically orientated (the ‘What’)</td>
<td>Using the data gathered above, identify what models of care will deliver the best patient outcome, e.g. moving the focus of care from secondary to the community.</td>
<td>Discuss approach with DHB teams, e.g. clinical leadership teams, planning and funding, human resources</td>
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</tr>
<tr>
<td>Service delivery models (the ‘How’ &amp; ‘Who’)</td>
<td>How will the models of care be delivered – workforce design</td>
<td>Discuss approach with DHB teams, e.g. clinical leadership teams, planning and funding, human resources</td>
</tr>
<tr>
<td>Current workforce</td>
<td>Develop a robust understanding of the current workforce using agreed data sets</td>
<td>HWIP (DHBSS) - National and regional DHB employed workforce HWIP Local HR and payroll systems Regional Shared Service Agencies</td>
</tr>
<tr>
<td>Current and future workforce shortage and priorities</td>
<td>Based on the desired state – identify the workforce issues in providing the health services outlined in the service delivery model</td>
<td>Immigration NZ skills shortages lists - <a href="http://www.mbie.govt.nz/">www.mbie.govt.nz/</a></td>
</tr>
<tr>
<td>Workforce Forecasts (gap analysis)</td>
<td>Forecast the inflow/outflows – local and international</td>
<td>HWIP Forecast Model HWNZ – Workforce Services Forecasts Midland Workforce Planning Tool</td>
</tr>
<tr>
<td>Workforce Plan</td>
<td>Use the intelligence gathered through the steps above to develop local, regional and national workforce plans</td>
<td></td>
</tr>
<tr>
<td>Short, Medium and Long Term Actions</td>
<td>Specific actions to ensure issues are addressed in to the future</td>
<td></td>
</tr>
<tr>
<td>Evaluation of the workforce plans</td>
<td>Review the process, identify gaps and ensure outputs address workforce planning issues</td>
<td></td>
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</tbody>
</table>
11. How the Framework Connects at the National Regional and Local Levels

The framework considers workforce intelligence and planning across a continuum of local, regional and national positions. Dependent on the work being undertaken this approach may be utilised within one domain or across all three domains. Drivers for action regarding workforces can be triggered nationally (e.g. nuclear medicine physicists) or regionally (e.g. Senior Medical workforce) or to manage a workforce within a single DHB or service. The framework is designed to be agile enough to support workforce modelling at an individual DHB level, through to a national led piece of work developed by HWIP or HWNZ.

The framework is divided into a series of activities;

- Environmental scan
- Demand modelling
- Establishing supply
- Action planning
- Review

It is recommended that taking a linear approach to gathering intelligence and planning will provide the best results. The environmental scan is structured around a series of systematic models (PESTLE, SWOT, Porter’s 5 Forces) (see page 10) that when examined will help define the workforce that is required to best match the population need. Demand modelling provides the context of how the workforce will contribute to meet the health needs of the population structured either in a service delivery framework or model of care.

Establishing supply critically examines how the workforce may be developed either working alongside external agencies (education) or within the existing workforce (grow-your-own).

The resultant action planning based on providing a sustainable health workforce to meet population healthcare needs with the final component of reviewing the process and the outcomes in terms of providing the right workforce in the right place to meet population healthcare needs.
**12. Toolkit**

**PESTLE**

**What is PESTLE analysis?**

PESTLE stands for - Political, Economic, Sociological, Technological, Legal, Environmental.

PESTLE analysis is a review of an organisation’s environmental influences with the purpose of using this information to inform strategic decision-making. If a health organisation is able to get a view of its current environment it will then be able to assess what influences there will be on their planning in the short, medium and longer term.

The six elements form a framework for reviewing a situation, and can also be used to review a strategy or position, direction of a company, a marketing proposition, or idea.

1. **Political:** These factors determine the extent to which a government may influence the economy in general or the health sector.

2. **Economic:** These factors are determinants of an economy’s performance that directly impacts the sector and may have long term effects.

3. **Social:** These factors scrutinize the social environment of the sector, and gauge determinants like cultural trends, demographics, population analytics etc. Examples are the aging population and workforce.

4. **Technological:** These factors pertain to innovations in technology that may affect the operations of the sector.

5. **Legal:** These factors have both external and internal sides. There are certain laws that affect the health and business environment e.g. health and safety legislation, employment law.

6. **Environmental:** These factors include all those that influence or are determined by the surrounding environment. E.g. climate, weather, geographical location, environmental issues.

### POLITICAL
- New Minister’s direction
- Government and Minister’s strategic priorities and other priority actions
- Health targets, including revised immunisation targets and new faster cancer treatment targets
- Rising challenges of non-communicable diseases and long-term conditions, e.g. diabetes, heart disease and mental health issues.
- Cross sector partnership to improve health and social sector outcomes
- Regional and national collaboration
- Regional system integration and regional service development opportunities.
- Support people to live well, at home, for as long as possible.
- Pressure/lobby groups (e.g. harnessing new social networking technologies)
- Strengthening the workforce with close links to health/education sectors to align clinical staff training
- Recruitment and retention of staff in priority areas, e.g. aged care, mental health, rehabilitation services
- Regional workforce development and HWNZ agenda

### ECONOMIC
- General economic climate – interest rates, inflation, disposable income, unemployment
- Smarter use of existing resources, people, facilities and funding - increased drive for efficiencies, accountability and transparency (Health Benefits Ltd)
- Access to quality health care, better value for money, within allocated budgets
- Increase in deprivation and service needs/costs
- Changes in clinical practice: shorter lengths of stay; increased levels of day surgery
- Shift from hospital to primary care
- New integrated performance and incentive frameworks working with PHOs, general practices
- Migration
- Postgraduate training investment focused on areas of highest need
- Better use of specialist workforce and technology
- Working with private organisations and NGOs

### SOCIAL
- Changing needs and expectations of a diverse population
- Patients expect services more accessible and closer to home
- Ageing population with multiple long-term conditions
- Health of older people an on-going priority
- Non-government health providers, including Māori and Pacific providers.
- Variations in population outcomes, particularly for Māori and Pacific peoples, and for those living in more socioeconomically deprived areas
- Strengthen health and disability workforce Changing/flexible working patterns and work life balance
- Highly mobile but ageing workforce (wind down, step down, retire)
- Impact of joint professional couples leaving same employer

### TECHNOLOGICAL
- New information and communications technologies strengthening diagnostic capability, including remote services.
- New discoveries, clinical innovation, new equipment and techniques
- Increased use of standard care protocols
- New ‘patient experience’ information-gathering tool
- Multidisciplinary ways of working, including shared care plans
- eHealth initiative improving patients’ access to electronic health information
- Publication of DHBs quality account
- Patients using IT to gain knowledge and information
- Workforce development to make use of new technologies
- Telemedicine
- National IT Board agenda

### LEGAL
- Vulnerable Children’s Bill
- ER amendments
- health and safety legislation, employment law

### ENVIRONMENTAL
- Minimising risk of contagious diseases
- New Zealand’s climate and geographical challenges
- Carbon footprint pressures
- Energy efficiency
- Energy costs and variability in costs
As PESTLE factors are essentially external, completing a PESTLE analysis is helpful prior to completing a SWOT analysis. SWOT when broken down simply means analyzing the:

- **Strengths** – The advantages you have over the competition concerning this project.
- **Weaknesses** – The disadvantages you have internally compared with your competitors.
- **Opportunities** – Current external trends which are waiting to be taken advantage of.
- **Threats** – External movements which may cause a problem and have a negative impact on your business.

The results of the PESTLE analysis can then be used in the opportunities and threat section of the SWOT. Conducting PESTLE analysis to inform a SWOT analysis can result in recognizing more opportunities and threats, which can translate into better decisions.
Porter’s Five Forces

Michael Porter a Harvard Business School Professor developed his five forces framework to enable businesses to maintain a competitive advantage within commerce. Whilst the language is positioned to support business, in the context of health workforces, there may be times when utilising the model can assist in raising some critical questions around workforce re-engineering.

The central force is Healthcare Need, based around populations requiring specialist health workforces to deliver care. The four outer domains represent competing forces that may add value to the central tenant but may by definition compete with each other.

Bargaining power of supplies represents those traditional bodies that currently provide leadership for the individual workforces. Their role is primarily to represent the single discipline workforce (e.g. College of Medicine, Nurses’ Organisation). Any changes to a workforce need to be sensitively negotiated with those organisations in the “supply” of such professionals and disciplines.

The counter to this force is the bargaining power of the buyers. Consider in this context commissioners of healthcare such as Planning and Funding Units. It is useful to look at the workforce costs of healthcare delivery models and particularly where there are forces to see a cost reduction in the price of delivery.

Threats emerge from two sources, those of substitutes; health has seen a number of workforce substitution roles of late (many attributed to nursing roles developing advanced and expanded practice) and may continue to do so. Bearing in mind, the issues around the two bargaining forces, threats of new workforces such as those seen with the development of Physician Assistants or Anaesthetic Assistants. Roles recently developed, unregulated, and under the direction and delegation of other regulated health professionals.

Porter’s Five Forces Model, therefore, acts as a useful tool in considering the forces which may impact positively or negatively on changes to the health workforce.
### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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</thead>
<tbody>
<tr>
<td>Colleges</td>
<td>Professional bodies that provide training and set standards for professional practice (e.g. the Royal College of General Practitioners)</td>
</tr>
<tr>
<td>Colleges</td>
<td>Professional councils are responsible for registering health professionals under the Health Practitioners Competency Assurance Act (2003). Responsibilities include setting clinical standards and defining acceptable clinical conduct and competency (e.g. the Nursing Council of New Zealand).</td>
</tr>
<tr>
<td>Data sets</td>
<td>Collection of information using standardised formats. In the context of workforce data sets, this allows reliable comparisons between different components of our workforce or between a single workforce group across different locations.</td>
</tr>
<tr>
<td>DHB</td>
<td>District Health Board</td>
</tr>
<tr>
<td>DHB Shared Services</td>
<td>Facilitates and coordinates national DHB strategic activities and provides links with related agencies nationally</td>
</tr>
<tr>
<td>DG</td>
<td>Director General of Health. Leads the Ministry of Health strategic management, corporate governance and organisational performance.</td>
</tr>
<tr>
<td>GMs HR</td>
<td>General Managers, Human Resources (DHBs)</td>
</tr>
<tr>
<td>GMs P&amp;F</td>
<td>General Managers, Planning &amp; Funding (DHBs)</td>
</tr>
<tr>
<td>Health Data cube (HWNZ)</td>
<td>Current &amp; past patient utilisation data collected within a single national database.</td>
</tr>
<tr>
<td>Health Needs Assessment</td>
<td>A systematic process used by health organisations and local authorities to assess the health problems facing a population. This includes determining whether certain groups appear more prone to illness than others and pinpointing any inequalities in terms of service provision.</td>
</tr>
<tr>
<td>HWIP</td>
<td>Health Workforce Information Programme (DHB Shared Services). A central source of DHB workforce information and analysis. HWIP scope includes all workforces within the health and disability sectors of New Zealand.</td>
</tr>
<tr>
<td>HWNZ</td>
<td>Health Workforce New Zealand (HWNZ) provides national leadership as it works with stakeholders involved in the postgraduate training of those in the health sector. It is part of the National Health Board. Their aim is to work with key organisations to ensure the New Zealand public has a health workforce fit to meet its needs. They do this by collaborating with educational bodies and employers to ensure that workforce planning and postgraduate training aligns with the needs of service delivery.</td>
</tr>
<tr>
<td>Intelligence</td>
<td>A key input into workforce planning, workforce intelligence refers to all data and information relating to the workforce.</td>
</tr>
<tr>
<td>MoH - Ministry of Health</td>
<td>The Ministry of Health leads New Zealand’s health and disability system, and has overall responsibility for the management and development of that system.</td>
</tr>
<tr>
<td><strong>NHB - National Health Board</strong></td>
<td>The National Health Board (NHB) is a whole-of-system health planning, advice, and funding organisation made up of a Ministerial appointed Board and is supported by the National Health Board Business Unit within the Ministry of Health. NHB and its two subcommittees (the Capital Investment Committee and the IT Health Board) were established to improve the quality, safety and sustainability of health care for New Zealanders. These committees, along with Health Workforce New Zealand, work with the Ministry to consolidate planning, funding, workforce planning and capital investment, as well as supervise public funding spent on hospitals, primary health services and important national health services.</td>
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<tr>
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</tr>
<tr>
<td><strong>PESTLE</strong></td>
<td>PESTLE is a tool for reviewing an organisation's environmental influences. PESTLE is an acronym for Political, Economic, Sociological, Technological, Legal, Environmental.</td>
</tr>
<tr>
<td><strong>Pipeline</strong></td>
<td>Future new entrants to the health workforce. Clinical pipelines refer to known enrolments in training institutions within courses and programmes which are specific to our future clinical workforce.</td>
</tr>
<tr>
<td><strong>Porter’s 5 Forces Model</strong></td>
<td>A framework to analyse level of competition within an industry and to support business strategy development.</td>
</tr>
<tr>
<td><strong>RA</strong></td>
<td>Responsible Authority under the Health Practitioners Competence Assurance Act 2003 (e.g. Nursing Council, Pharmacy Council, Medical Council, Dental Council, Physiotherapy Board). Refer to the definition on Council above.</td>
</tr>
<tr>
<td><strong>RDoT</strong></td>
<td>Regional Director of Training (Health Workforce New Zealand)</td>
</tr>
<tr>
<td><strong>RSP</strong></td>
<td>Regional Services Plan. Each DHB region has a regional services plan which describes in detail how DHBs will plan and work together on a regional basis. The plans are designed to support vulnerable services, give everyone better access to health services, link to the National Health Targets and improve health across the whole region.</td>
</tr>
<tr>
<td><strong>SWOT</strong></td>
<td>SWOT is an acronym for Strengths, Weaknesses, Opportunities, Threats. SWOT analysis enables organisations to identify the positive and negative influencing factors inside and outside of the organisation.</td>
</tr>
<tr>
<td><strong>Service Delivery Models</strong></td>
<td>Refers to the theoretical and philosophical approaches to service delivery adopted by a service.</td>
</tr>
<tr>
<td><strong>Stats NZ - Statistics New Zealand</strong></td>
<td>Statistics New Zealand is a government department and New Zealand’s national statistical office and a major source of official statistics.</td>
</tr>
<tr>
<td><strong>TEC - Tertiary Education Commission</strong></td>
<td>TEC is responsible for funding tertiary education in New Zealand. The TEC funds tertiary providers based on agreed enrolments and contestable grants.</td>
</tr>
<tr>
<td><strong>Tertiary Providers</strong></td>
<td>Tertiary providers deliver all post-secondary education and include private training establishments, institutes of technology and polytechnics, wananga, universities and workplace training.</td>
</tr>
</tbody>
</table>
Workforce planning in flows & outflows model

Workforce planning is a way of proactively analysing and forecasting potential human resources for an organisation. It involves gathering a number of pieces of information including identifying and defining the current workforce, and predicting future demand for services, therefore providing key information to help inform future workforce requirements. This also provides a platform for developing strategies to achieve future workforce objectives.

Workforce supply

The following diagram provides an overview of the elements underlying the flows into and out of the health and disability sector. It includes the concepts of external and internal flow impacting on the total base of the health and disability sector labour market.

‘Internal’ flows occur within the existing national health and disability workforce. Internal flows can be defined as people whose employment characteristics change over a period of time but without actually exiting the total pool of available resource. For example, a nurse who changes their DHB of employment, or who alter their area of practise from a registered nurse (developmental disability) to registered nurse (mental health), this constitutes an internal flow of labour. These flows do not fundamentally alter the overall health and disability sector workforce capacity but are important at the local and regional level when looking at recruitment and retention issues.
‘External’ flows are flows that affect the overall health and disability sector workforce capacity. Graduates from educational institutions are an external flow into the health and disability sector. Prior to graduation, they are not part of this workforce capacity, but upon qualification they are able to seek employment in the health and disability sector and therefore add to the capacity as a whole. Emigration is another example of an external flow, where skilled labour leaves the national pool thereby impacting on capacity. The External flows are important for planning policy and training requirements at the national level.

HWIP can provide an approximate picture of both ‘internal’ and ‘external’ flow information across the DHB employed workforce through analysing the entry (starters) and exit (leavers) figures across the DHBs. However, for the wider health and disability workforce further data capture and investigation would be required.

Contact

If you have any questions about the framework and its application please contact workforceplanning@dhbss.health.nz

Detailed framework

The framework below outlines the process flow for the planning process and breaks down what actions occur at the national, regional and local levels.

The framework is a guide and takes the users through a logical planning process from end-to-end. The various elements can be utilised independently depending on the planning need.

The tools and datasets highlighted in the framework are not exhaustive. However, they do provide a sound baseline on which to develop your workforce planning.
<table>
<thead>
<tr>
<th>Local</th>
<th>Regional</th>
<th>National</th>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

### Demographics & Demand
- DHBs access data from the national level – one source of data which drives consistency & standardised reporting.

### Health Needs Assessment
- Health needs assessment – identify best practice models and share learning.
- Whole of system/sector: Patient centred
- Comprehensive (where available)
- NB this is generally done well already across the DHBs
- Principles of patient co-design should be given regard to.

### Models of Care - clinically orientated (the what)
- Future focussed Whole of system/sector
- Staff engaging on the "what is possible" discussions, e.g. CDHB design lab

### Service Delivery Models (the how & the who)
- DHB level – professional groups e.g. medical, allied health, mental health
- Work area: Common definitions/classifications (HWIP)
- Service level first
- Hard to fill roles/time to recruit per workforce group

### Current Workforce - know what we have now (data)
- Process point/discussion - have the right people in the room.
- Whole of system/sector
- Hard to fill roles/time to recruit per workforce group

### Current & Future Workforce Shortages & Priorities
- INFLOWS
  - Data from RAs/Colleagues
  - Immigration
  - Return to work
- OUTFLOWS
  - Emigration
  - Retirement/deaths
  - Change of occupation

### Workforce Supply
- Workforce development – Grow Our Own
- Local educational institutions

### Workforce Forecasts
- National workforce forecasts – whole of system/sector
- Whole of system/sector data aggregated
- HWNZ workforce service forecasts
- Tools provided to facilitate aggregation and analysis at the regions/DHBs

### Workforce Plan
- National workforce plan (aggregated plan)
- Workforce strategic direction/priorities
- National workforce forecasts

### Short, Medium & Long Term Actions
- Actions informed by the intelligence
- Plans connected at all levels
- Actions are reviewed and informed by changes to different elements of the framework

### Evaluation of the workforce plans
- Internal review of the process undertaken across planning/workforce development groups (measures & tools provided to assist with this process)

### Regional services delivery
- HWNZ workforce service forecasts

### Regional service delivery
- HWNZ workforce service forecasts
- National service delivery

### Medical Workforce Pipeline
- Medical Workforce Pipeline
- Nursing Workforce Pipeline
- Allied Health Unregulated workforce

### Scenario modelling based on pipeline data
- Legislation changes that impact on workforce
- DHBs, Educational institutions, RAs, Colleges, Councils.
- Who is being trained & how many – engage with tertiary providers (current & future)
- Immigration - skills shortages & international labour market changes
- Workforce demographics

### Workforce strategic direction/priorities
- HWNZ
  - Maori
  - Pacific
  - Wider MoH workforce activity
  - National workforce plan (aggregated plan)

### Feedback provided to DHBs on the quality of the plans
- Engagement with DHBs on enhancements for future plans
- Targeted communications to the DHBs

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- Engagement with DHBs on enhancements for future plans
- Targeted communications to the DHBs