

Ngā Manukura ō Āpōpō



**National Maori Nursing and Midwifery
Workforce Development Project**

Annual Report
1 July 2009 - 30 June 2010

Prepared for

Wi Keelan
Senior Advisor
Maori Innovations
Ministry of Health

Prepared by

Cathrine Waetford
Project Manager
Nga Manukura o Apopo
Auckland District Health Board

Date: 23 September 2010

Table of Contents

Introduction.....	1
Programme Management Office	1
Programme Establishment.....	2
Advisory Group.....	3
Clinical Leadership	3
Professional Development	4
Recruitment and Profile-raising	4
Programme Evaluation.....	4
Programme Expenditure	5
Outline of activity for Year Two (2010/11).....	5
Appendix 1: Advisory Group.....	6
Appendix 2: Meeting Dates	7
Appendix 3: Year 2 Key Milestones and Activity.....	8

Introduction

Ngā Manukura ō Āpōpō is a national Māori Nursing and Midwifery Workforce Development Programme that seeks to:

- ♣ Increase access to leadership training to support emerging and current clinical leaders in nursing and midwifery,
- ♣ Increase the size and skill base of the Māori nursing and midwifery workforce, and
- ♣ Expand our knowledge about the effectiveness of specific Māori health workforce development initiatives.

There are three key work streams within Ngā Manukura ō Āpōpō.

♣ **Clinical Leadership**

Ngā Manukura ō Āpōpō will offer emerging and advanced leaders the opportunity to participate in a Maori leadership programme.

Tomorrow's Clinical Leaders Programme will provide registered nurses and midwives with practical tools, theoretical background and opportunities to gain leadership skills, including strategic decision-making, organisational development and business management, required to undertake clinical leadership roles within their own workplaces.

♣ **Professional Development**

While there is a range of professional development opportunities available to nursing and midwifery professionals, a number of systemic and structural barriers restrict full access to education and training opportunities for all practitioners. Ngā Manukura ō Āpōpō will enhance existing undergraduate and post-entry programmes to improve access to professional development opportunities.

♣ **Recruitment and Profile Raising**

Ngā Manukura ō Āpōpō will work with the Kia Ora Hauora programme to raise the profile of the nursing and midwifery professions to anyone considering a career in health.

Auckland DHB is the lead DHB for this four year programme and the way in which the programme of work has been conducted is as much about developing clinical leadership, supporting professional development and profile raising as each workstream of the programme.

The work described in this report has been achieved over the 2009/10 time period through leadership and direction of the Programme Sponsor, Taima Campbell, 0.5 FTE Project Manager, and contracted support for Marketing and Communications for the programme.

Programme Management Office

The Auckland DHB administers the work programme through the appointment of a Project Manager, Cathrine Waetford, who has led the coordination of Programme activity. The Programme Office is located at Auckland City Hospital, Grafton. The RFP processes were set up and administered by the Project Manager with support from Auckland DHB Procurement Team.



Programme Establishment

One of the early steps for the Programme was to design and create a name and tohu that would immediately capture the essence of the Programme as well as the guiding principles in the approach to the development of Programme activity.

The Programme name chosen - Nga Manukura o Apopo – is gaining recognition amongst Maori nurses and midwives, Maori providers and DHBs as a credible programme.

The kaupapa for the programme focuses on:

- ♣ Identifying potential leaders,
- ♣ Career pathway options,
- ♣ Providing direction and guidance, and
- ♣ Giving support and encouragement.

The overall shape of our tohu is symbolic of the prow of the waka that leads us on our journey. It curves upward, towards the heavens, reaching for the stars and navigating a path with stepped platforms on which to consolidate skills and reflect before continuing on. The spiral in the middle with connecting koru at the centre references support, knowledge, nurturing, learning and life force. The koru which springs from here is connected to the knowledge and learning of students. The tops of the curves are the steps of learning and climbing upwards. The two larger koru represent the two key aspects of the programme. They reference the kaumatua/kuia, tutors and tuakana helping and supporting the taura, teina to grow and learn. They are enclosed in the curves upwards as they are integral to the programme. For our tohu we mihi to [Shane Hansen](#), Ngāti Mahanga Haurua/Ngāti Hine/Tainui

The Programme was launched in May 2010 which coincided with International Midwives Day and International Nurses Day and the go-live date of the Programme's website www.ngamanukura.co.nz. This website has continued to be updated with related web links and downloads. A Facebook page has also been developed for people to receive online updates and has generated interest from a small number of Maori nurses and midwives residing overseas.

The Project Team and members of the Advisory Group have given a number of presentations about the Programme to various groups.

Two national stories were released, the first announcing the establishment of the programme, the second announcing the launch of the programme. Stories appeared in Nursing Review and Kai Tiaki. Project Sponsor Taima Campbell was interviewed by National Radio, as was Advisory Group member Brenda Close, whose interview has been posted to the website.

A comprehensive database has also been compiled and tested, with datasets able to receive quick email updates on aspects of the programme relevant to them.



Advisory Group

An expert Advisory Group was established ensuring national representation from the nursing and midwifery professions, rural and urban regions, and emerging and advanced practitioners (Appendix 1).

Individuals represent a range of professional organisations, District Health Boards, primary health organisations, Lead Maternity Carers (LMC), non-governmental organisations, mental health, public health, youth health, and research expertise. All Advisory Group members were required to complete and regularly update a conflict of interest register.

The Project Team has endeavored to achieve consistent representation of midwives, however this has proven challenging as release time for LMCs is more difficult.

A total of six Advisory Group meetings were held in Auckland from September 2009 to June 2010 (Appendix 2). The format of these face-to-face meetings has consisted of a business meeting on Thursday afternoon, followed by a full-day workshop on Friday. These have proved an effective way to develop a common focus, core principles, workplans and scope the programme specifications for each workstream. Invited guests, facilitators and key speakers have included Des Gorman, Bernard Te Paa and Kia Ora Hauora project team, Nicola Ehau, Tania Hodges, Shane Hansen, and Paula Yeatman. The Ministry of Health has had a representative at each meeting. Those who have attended at various times include Wi Keelan, Leigh Henderson, Faith Roberts, Chas Brown, and Marisa Maepu.

Clinical Leadership

The main priority for Year One of the Programme was to develop specifications for the provision of a Maori Clinical Leadership Training Programme, select a provider and get the first group of trainees underway.

The Advisory Group reviewed and accepted the final programme specifications on February 2010. These were used in the competitive tendering process undertaken by Auckland DHB. A selection panel was appointed by the Advisory Group to evaluate proposals and make the final decision. On the recommendation of the selection panel, Digital Indigenous was contracted by Auckland DHB on 5 July 2010 to deliver the training programme and endorsed by the Advisory Group.

Digital Indigenous has been contracted to train a minimum of 40 nurses and midwives per year for four years. The first 40 participants will complete their training in the 2010/11 financial year. The first cohort of 20 participants is planned for October 2010. In terms of reporting, a Quality Improvement Plan is due 30 September 2010 and the first biannual report is due in February 2011.

The Advisory Group has taken a lead role in engaging the sector and promotion of the training programme. This has occurred at a variety of hui, conference presentations, through media statements, website coverage, e-panui distribution to a comprehensive database as well as word-of-mouth.



Professional Development

The Advisory Group has discussed a number of options that have included prioritising activity to support undergraduate students, recent graduates to increase uptake of assessor training courses and supporting communications to graduates and their employers about the ongoing requirements for, and opportunities in participating in professional development.

A draft options paper was presented to the Advisory Group earlier this year. Proposals are being developed for nursing that may include:

♣ Undergraduate enhancement

A partnership programme between a DHB and tertiary institution to pilot student guidelines outlined in the Future Workforce report, "Support for Maori and Pacific Nursing and Midwifery Undergraduate Students".

♣ Assessor training programme

A proposal for the development of a training programme that will provide nurses with increased skills and experience in workplace assessor training, portfolio assessment, preceptoring and mentoring is being developed. Final numbers of trainees and price per trainee are yet to be determined. The intention is to undertake a competitive tendering process for this programme early in 2011.

♣ Supporting communications

The mechanism to inform employers of the competency and re-certification requirements for nurses is occurring in an ad hoc way. The Advisory Group is exploring ways to support the dissemination of clear, simple messaging to employers, particularly in the primary care environment, as well as for Maori nurses and midwives. It is likely that the Project Team will work in a collaborative way with regulatory authorities, unions and employers to achieve this.

In Year Two the options for this workstream will be agreed and activity progressed.

Recruitment and Profile-raising

There is a lot of activity occurring across the sector to encourage people to take up opportunities that lead to a career in health. To minimise duplication of other work being done (e.g. Kia Ora Hauora) and to maximise the use of the limited resources in this workstream, the Advisory Group have chosen to focus on promoting midwifery as a career option to a mature, older audience. In Year Two the options for this workstream will be agreed and activity progressed.

Programme Evaluation

Advisory Group members agreed to focus an outcome evaluation for the Clinical Leadership training programme, the impact and contribution trainees make in the sector. The draft evaluation logic was presented and the preferred approach was for high level evidence that would identify the effectiveness of the programme. A longitudinal case-control study, with Maori research methods and methodology was suggested with both qualitative and quantitative data to contribute to the study. In Year Two the options for this workstream will be progressed.



Programme Expenditure

Programme spending has been favourable and within budget for the 2009/10 year. The favourable variance has largely been a result of a delayed start date for the work programme which commenced 1 July 2009. The Year 1 balance will be carried over into the 2010/11 year and as programme deliverables commence expenditure will occur as originally intended.

In addition, with delivery of the first year of Clinical Leadership training taking place in 2010/11 and the programme evaluation contract envisaged to extend out past the four years of training, a contract extension and adjustment to reporting and monitoring requirements to reflect the revised start and finish dates for activity to 2012/13 has been requested.

Outline of activity for Year Two (2010/11)

The Project Team will focus on the following for 2010/11 areas. An outline of these key milestones and activities are set out in Appendix Three.

Clinical Leadership training will commence. A minimum of 40 trainees will complete either an Advanced or Emerging training programme. Further promotion of upcoming programmes will take place as well as celebrating the completion of the first two Clinical Leadership cohorts.

Professional Development workstream options will be finalised and where required, an RFP will be released. Implementation of a communications plan in collaboration with regulatory authorities, unions and employers will commence.

Recruitment and Profile-raising workstream will include the development and dissemination of series a midwifery digital stories as well as other activity in partnership with the Kia Ora Hauora Project Team. Awards recognising Clinical Leadership in Maori nursing and midwifery will be developed.

Programme Evaluation. The selection and appointment of a research team to evaluate the Clinical Leadership training programme will occur and an evaluation plan will be developed and implemented in consultation with the Advisory Group.



Appendix 1: Advisory Group

Name	Representation	Profession	Start date	Resignation date
Margareth Broodkoorn	College of Nurses Aotearoa	Nurse	18 September 2009	
Jade Chase	DHB	Midwife	17 February 2010	
Terryann Clark	Academic Research Youth Development	Nurse	18 September 2009	
Amber Clarke	Nga Maia - Maori Midwives Collective Midwifery Educator	Midwife	18 September 2009	
Brenda Close	Primary Health Organisation	Nurse	18 September 2009	
Darilyn Cox	Mental Health. Te Ao Marama	Nurse	18 September 2009	
Mata Forbes	Kaumatuia/Kuia role	Nurse	18 September 2009	
Hineroa Hakiaha	Te Kaunihera o Nga Neehi Maori o Aotearoa National Council of Maori Nurses	Nurse	18 September 2009	
Devi-Ann Hall	DHB Public Health	Nurse	18 September 2009	
Ngaira Harker-Wilcox	Nurse Educators in Tertiary Settings (NETS)	Nurse	18 September 2009	
Lorraine Hetaraka-Stevens	Primary Health Organisation	Nurse	18 September 2009	
Beatrice Leatham	Community midwives	Midwife	18 September 2009	
Kerri Nuku	Kaiwhakahaere, Te Runanga o Aotearoa NZNO	Nurse/ Midwife	18 September 2009	
Helen Pocknall	DHBNZ	Nurse	18 September 2009	
Sonia Rapana	DHB	Nurse	12 November 2009	
Karla Rika-Heke	DHB	Nurse	18 September 2009	
Jean Te Huia	Maori Development Organisation Rural midwives	Midwife/ Nurse	25 March 2010	
Denise Wilson	Wharangi Ruamano (Maori Nurse Educators Collective)	Nurse	18 September 2009	
Mahia Winder	NZ College of Midwives	Midwife	17 June 2010	

Appendix 2: Meeting Dates

Meeting	Date	Meeting Focus
Meeting 1	18 September 2009	Establish Advisory Group – Project overview, meeting procedures, workstream, timeframes.
Meeting 2	12, 13 November 2009	Communication Strategy – concept ideas. Clinical Leadership Programme – workshop.
Meeting 3	17, 18 February 2010	Communications – tohu design, website. Clinical Leadership Programme - draft specifications, RFP process.
Meeting 4	25, 26 March 2010	Professional Development workstream options. Evaluation framework. Launch preparation.
Meeting 5	6, 7 May 2010	Launch event. Options – professional development, evaluation.
Meeting 6	17, 18 June 2010	Clinical Leadership – implementation plan. Review specs – professional development, evaluation.

	DATES CONFIRMED
CHAIR:	DATE:

	July 10	Aug 10	Sep 10	Oct 10	Nov 10	Dec 10	Jan 11	Feb 11	Mar 11	Apr 11	May 11	Jun 11
Project Management Office												
Advisory Group Meeting		XXXXX		XXXXX				XXXXX		XXXXX		XXXXX
Maori Clinical Leadership Training Programme												
Programme design		XXXXX	XXXXX									
Sector engagement	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX						
Promotion of programme	XXXXX	XXXXX	XXXXX		XXXXX	XXXXX		XXXXX	XXXXX			
Identify programme participants	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX			
Emerging Leaders - Cohort 1									XXXXX	XXXXX	XXXXX	XXXXX
Advanced Leaders - Cohort 1				XXXXX	XXXXX			XXXXX	XXXXX			
Monitoring and Reporting			XXXXX					XXXXX				

Recruitment and Profile Raising												
Options developed	XXXXX	XXXXX	XXXXX	XXXXX								
Draft implementation plan		XXXXX	XXXXX	XXXXX				XXXXX	XXXXX	XXXXX		
Implementation phase	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
Monitoring and reporting												XXXXX
Professional Development												
Options developed (x3)	XXXXX	XXXXX	XXXXX	XXXXX								
Options approved by Adv Group				XXXXX								
RFP approved by MOH				XXXXX								
RFP opens / closes						XXXXX	XXXXX	XXXXX				
Assessment of proposals								XXXXX	XXXXX			
Announce successful provider(s)									XXXXX	XXXXX		
Draft implementation plan				XXXXX	XXXXX	XXXXX	XXXXX	XXXXX				
Implementation phase								XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
Monitoring and reporting									XXXXX			XXXXX
Programme Evaluation												
Evaluation approach finalised	XXXXX											
EOI approved by Advisory Group	XXXXX	XXXXX										
EOI opens /closes		XXXXX	XXXXX									
Assessment of proposals			XXXXX									
Announce successful provider(s)				XXXXX								
Draft evaluation plan				XXXXX	XXXXX	XXXXX	XXXXX					
Implementation						XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX	XXXXX
Monitoring and reporting									XXXXX			XXXXX