NEW ZEALAND NURSES ORGANISATION

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Country Report

AOTEAROA NEW ZEALAND

Content

1. Environmental Scan

Developments in nurses' working conditions

In the public sector District Health Boards (DHBs) are making good progress in implementing TrendCare™, an accredited patient acuity and workload management system, and have committed to funding the Safe Staffing Healthy Workplace Unit for a further three years. While these data are beginning to identify and confirm mismatches in staffing and workload, the processes to translate the evidence into action are still being developed. However, already there are indications that, where implemented, there has been a decrease in the use of casual staff, an increase in staff satisfaction and improved health and cost outcomes (O'Malley, Graham-Smith, Skeet, & Robinson, 2015).

Settlement of the DHB Multi-Employer Collective Agreement (MECA) (2% this year and next) is likely to include a wage increase above inflation (0.1%, Statistics NZ) Wages and wage increases in aged residential and community care (mostly privatised), are, in general, significantly lower (i.e. between ~7% - 1.5% lower) than those in DHBs. Significant funding and wage disparities remain between Māori and iwi providers compared with the DHBs.

NZNO's fourth biennial employment survey of its nursing membership (Walker, 2015) exposed the increasing uncertainty in nursing employment, partly as a result of continued structural and organisational change in the health system. About a quarter of respondents reported reductions of more senior nursing positions, and 23%, changes to skill mix. Regionalisation and privatisation of specialist services, and merger / acquisitions in the aged- care sector were also recorded. Heavier workloads, higher patient acuity, restructuring and the financial climate were cited frequently; morale has been affected, with 45% of those affected (vs 24% of those not affected) questioning their nursing future.

There has been some unemployment among new graduate nurses, with supported nurse entry into practice (NEtP) positions available for only 64% of the new graduate cohort (Andrew, 2015). Through the advice of the Office of

the Chief Nurse (OCN), additional temporary funding was made available for NEtP positions in Very Low Cost Access primary care services, with excellent outcomes and retention reported (Appleton-Dyer, Boswell, & Dale-Gandar, 2015). Despite these outcomes, further funding has not been approved.

Mental Health and Aged Care are targeted areas of practice for the Voluntary Bonding Scheme for new graduates, and for nursing categories on Immigration New Zealand's (INZ) Essential Skills in Demand (ESID) lists. The years of experience required for the other INZ listed nursing categories - Critical Care and Emergency, Medical, and Perioperative – have been lifted from three to five years. Almost half of new nursing registrations are of internationally qualified nurses (IQN) and Aotearoa New Zealand remains heavily reliant on immigration to fill nursing shortages.

In a departure from the formal structured collaboration between DHBs and health unions, Waikato DHB has taken a unilateral and punitive approach to influenza vaccination this year, imposing a "vaccinate or mask" policy. Disciplinary action (suspension) was taken against two nurses who did not comply with the policy, despite the educative approach and guidelines agreed to in bipartite negotiations.

Developments outside nursing (health, society, government/governance)

Health

Along with increasing preventable chronic disease - diabetes, CVD etc., Aotearoa New Zealand continues to face the resurgence of diseases of poverty eg rheumatic fever, rickets. However, there has been an improvement in our already high rate of immunisation, increased participation in the extended breast screening programme for women aged 45-69, and a reduction in waiting times for elective surgery, first specialist appointments and cancer treatment. An expansion of the school-based programmes in the Youth Mental Health Project included extended funding for school nurses or school-based health services in decile 3 schools, as well as decile 1 and 2. Free GP fees for children under 6 years has been extended to children under 13 years. Health outcomes for Māori

and Pacific peoples remain lower than average across almost all health indicators, including access to healthcare.

A change of direction back towards the primary health care focus of the New Zealand Health (2000) has been signalled by the new Minister of Health, following the 2014 election. Dr Coleman has also identified clinical engagement and integration ("team health new Zealand") as a key factor in improving health outcomes.

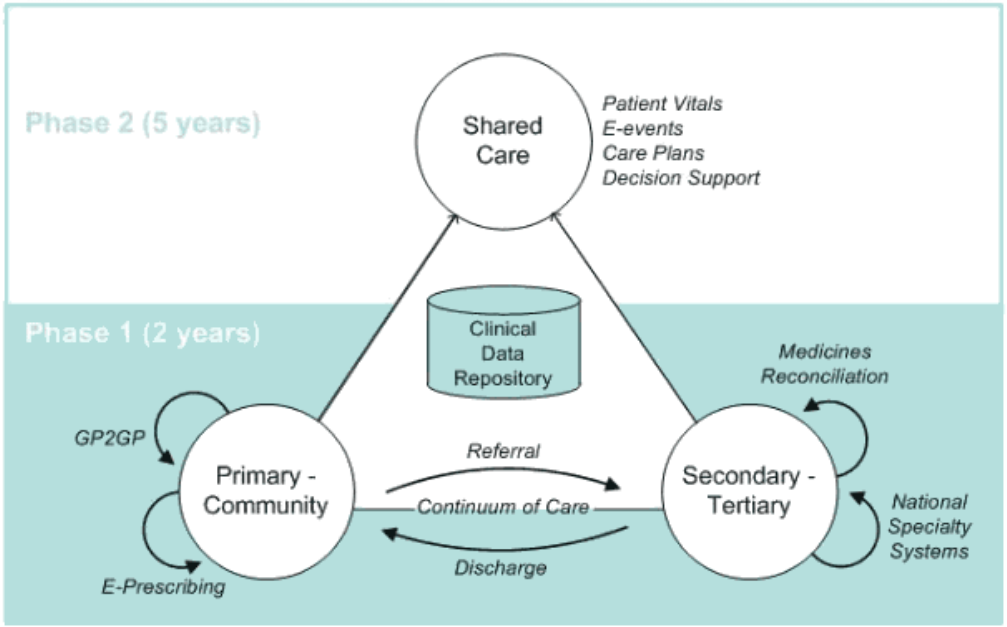
A new Director-General of Health was appointed in March 2015, and has since identified wellness, integrating government services, communicating with communities, whānau (families) and individuals, and information and communication technologies (ICT) as the key focus areas for the Ministry of Health. Currently there are several major Ministry of Health reviews underway. These include reviews of: the New Zealand Health Strategy; Health system Funding; Health system Capacity and Capability; the Health Research Council; and the Health of Older People Strategy.

A plan for the development of the rapidly expanding unregulated care and support workforce (Kaiāwhina), the Kaiāwhina Workforce Action Plan, is underway, alongside the development of a national education framework for Health and Wellbeing training and qualifications, which overlaps that of the level 5 Diploma of Enrolled Nursing.

Health funding has fallen as a proportion of GDP for the past six years, and is not keeping pace with growing costs, population pressures and health demand. Analysis suggests a shortfall of around $1 billion has accumulated since 2009 (Rosenberg & Keene, 2015). In general, trends are towards increased outsourcing of services eg elective surgery, and service provision in communities, through primary health organisation (PHOs) (mainly GP practices), pharmacies, and integrated family service provision through Whānau Ora, a Māori-led cross government integrated health, education and social services programme.

Moves to reduce the number of DHBs though regional mergers and to centralise administrative and other services, including finance, laundry and food services continue. However, Health Benefits Limited, which was to have delivered significant efficiencies to DHBs through centralised purchasing of financial and other services has been disestablished, having failed to deliver the expected return on substantial DHB investment. Some regional clinical hubs have been established. PHARMAC, Aotearoa New Zealand's pharmaceutical purchasing agency, is now responsible for the procurement of medicines and medical devices for both hospital and community health services.

Significant progress has been by the IT Health Board in developing standards for and implementing shared health information platforms to secure access to health information electronically for patients and their treatment providers regardless of the setting as per the e-vision below:



Enabling an Integrated Health Model http://healthitboard.health.govt.nz/about-us/ehealth-vision

Most DHB have eReferrals and eDischarges, GP2GP is fully implemented and a quarter of DHBs are using the new Maternity Clinical information system. Through the Health Identity Programme, the 20-year-old technology supporting

the two main health identity databases – the National Health Index (NHI) and the Health Practitioner Index (HPI) – has been replaced with a single integrated system. Patient portals have been introduced in some primary health practices and general practices are allowing some emergency departments and after hours practices to access information held in primary care. Implementation of electronic administration of medicines in hospitals, including prescribing and reconciliation is underway. The New Zealand ePrescription Service (NZePS) for community prescribing has been rolled out almost all community pharmacies and has been installed in some general practices.

Society

The National-led government was elected to a third term at last year's election; the election was again characterised by low voter turn-out especially of young people. Major social concerns include child poverty, inequity and chronic housing shortages, particularly in the largest and economically dominant city of Auckland. Despite the four year "child hardship package" announced in this years budget, featuring the largest increase in core benefits (and the first outside inflation adjustments) for forty years, it does not make up for the fundamental cuts to benefits made in 1991.

Investor state dispute settlement (ISDS) provisions in free trade agreements allowing private companies to sue governments, were introduced for the first time in a bilateral agreement with Korea, and these, along with extensive intellectual property provisions in the Trans Pacific Partnership Agreement (TPPA) which are likely to increase the costs of medicines, and will limit governments' ability to legislate for public good, have aroused widespread opposition, particularly from the health, union and environmental sectors.

Government /governance

Delivering better public services (BPS) within tight financial constraints is one of the Government's four priorities for this term. A strong fiscal focus is reflected in programmes targeted at reducing long term welfare dependency and strengthening work expectations; shifting service provision to the private and

community sectors, and 'rationalisation' eg amalgamation of Ministries, local government bodies, and health boards; reducing the number and size of governance bodies such as education boards and expert committees. Social impact bonds (SIBs) and individualised disability support funding are among new approaches to addressing complex health and social needs.

Significant changes to Aotearoa New Zealand's standards setting and development processes are anticipated via the *Standards and Conformance Bill*); however, the transition to a joint Australasian regulatory authority for medical and therapeutic products (ANZTPA) appears to have stalled.

National Nursing Association (NNA)

NZNO is finalising its next five year strategic plan, which has four key objectives: improved health outcomes, skilled nurses, a strong workforce and effective organisations. The 2014 Manifesto *Nursing Matters* identified seven priorities for health: a sustainable, fully utilised nursing workforce, investment in public health, a primary health care approach to population health improvement, best start for children, safe clinical environments, social and health equity, and safe and fair employment, (New Zealand Nurses Organisation, 2014).

The introduction of salaries for NZNO's president and kaiwhakahaere in 2012, and online voting in 2014, may explain the significant increase in the number of member candidates and turnout for this year's elections.

NZNO was influential in securing a united nursing voice advocating for nursing workforce planning, retention and graduate employment noted in the *NNO Report to Health Workforce New Zealand* (National Nursing Organisations, 2014). The NNO is Aotearoa New Zealand's key nursing stakeholder group comprising representatives from employers, educators, professional bodies, the regulator, and the OCN.

NZNO has developed a suite of specific policy frameworks to progress the vision articulated in its 2011 document *2020 and Beyond: A Vision for Nursing*.

NCNZ has developed guidelines for two types of nurse prescribing: community and specialist nurse prescribing, and prescribing is now a mandatory component of the nurse practitioners scope of practice. A number of position statements have been developed, including one on care rationing, following NZNO's observation that the balance between available funding and health-care need is at risk, and that care rationing, as a result of unsafe staffing levels and inappropriate skill mix, is occurring in Aotearoa New Zealand (Clendon, 2014).

2. Nursing Workforce Profile (ICN survey)

See attached.

3. Changes to Labour Conditions

Changing employment patterns, with increased contracted, casual, and part-time work, have increased the risk of 'precarious' employment; a substantial proportion of families receiving social assistance (benefits) have someone in paid employment. Aotearoa NZ remains a 'low waged' economy in respect of its productivity; increased GDP per capita is reflected in capital rather than labour gains. The adult minimum wage rate (before tax) for employees aged 16 years or over has increased to $14.75 per hour, but a starting-out rate of $11.80 per hour can be paid to young workers in the first six months of employment and to employees in training. Both rates are well below the $19.95 hourly rate advocated by the Living Wage Movement Aotearoa NZ which has support and commitment from unions, religious and faith organisations, and some local government councils and employers.

The most significant labour development has been the upholding of the Employment Relations court decision in the claim made by health care assistant Kristine Bartlett against Terra Nova Homes (aged care), which economically empower those who work in low wage, female dominated occupations. Bartlett argued her $14.46 hourly wage was less than would be paid to men with the same, or substantially similar, skills, and that it was a breach of the Equal Pay Act. The principal case is yet to be heard.

Legislation

The *Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill* has been introduced to Parliament. This will amend legislation to increase the range of regulated health practitioners authorised to undertake certain functions. If enacted, this will be a significant step towards removing barriers to nursing and midwifery practice, including issuing certification of death, sickness or injury, prescribing, ordering tests and treatment etc.

NZNO campaigned strongly against further amendments to the *Employment Relations Act* which have weakened collective bargaining and removed some protections for employees around rest and meal breaks, but has given all employees the right to ask for flexible working hours.

The Health and Safety Reform Bill, introduces major reforms to workplace health and safety, but also reduces employee participation and elected representation, removing the requirement for Health and Safety representatives for organisations with fewer than 20 employees. A significant gap in the regulations is the absence of provision for a national workforce monitoring and surveillance scheme to identify and mitigate long-term occupational disease. In addition, proposed changes to the Accident Compensation Corporation (ACC) levies, do not allow for adequate provision for funding occupational disease (*Accident Compensation (Financial Responsibility and Transparency) Amendment Bill*).

Regulations implementing the *Vulnerable Children's Act* have imposed substantial vetting and screening requirements for people working with children, including regulated health practitioners. Despite a vigorous campaign for 26 weeks of paid parental leave ('26 for babies') paid parental leave was extended from 14 to 16 weeks this year and will be 18 weeks after April 1, 2016. Eligibility has also been extended to include non-standard workers (part-time, casual) and 'primary carers' (eg grandparents, whāngai (family adoption), etc.).

Working hours

Eight hour shifts continue to be standard for most nurses. 10 and 12 hours shifts are included in the DHB MECA, but their use tends to be localised. NZNO completed research into this area in 2014 (Clendon & Gibbons, 2015).12 hour shifts may be phased out as information about patient safety data in relation to shift hours emerges. NZNO is in the process of collaborating on research into the relationship between hours of work and nursing fatigue.

Health and Safety

WorkSafe New Zealand, the regulatory agency responsible for workplace health and safety, is undertaking a systematic review of all workplace regulations and guidelines many of which are outdated, to ensure that they are relevant and reflect best practice. An evaluation of the guidelines for *Preventing and Addressing Workplace Bullying* (WorkSafe New Zealand, 2014) is underway with a representative sample of employers (Auckland University of Technology).

NZNO's employment survey (Walker, 2015) revealed a 10 per cent increase in time off work for workplace-acquired infections and injury compared with the 2013 survey (Walker, 2013). The commonest causes were back, knee, wrist and shoulder injuries relating mostly to slips and lifting, and flu or norovirus infections. Nineteen per cent reported having some problems with performing their usual work, study, housework, family or leisure activities, and 34.9 per cent reported moderate pain or discomfort. There were some very disturbing accounts of violence towards nurses, especially in the fields of mental health and aged care.

4. Universal Health Coverage (UHC) and Human Resources for Health (HRH)

NZNO is a member of Action for Children and Youth in Aotearoa (ACYA), which presents the national coalition civil society periodic shadow reports to the UN Committee on the Rights of the Child (UNCROC); 2015 was the 5th periodic review of the UN Committee on the Rights of the Child (UNCROC). Family

violence, child poverty and children with disabilities were key themes of the shadow report.

NZNO contributed to *Aotearoa New Zealand's National Plan of Action for the Promotion and Protection of Human Rights* (Human Rights Commission, 2015) specifically in relation to health workforce planning for Māori and Pacific peoples. The Plan was a government commitment arising from the 2013 universal periodic review (UPR).

A high court case taken by Lecretia Searles, a terminally ill human rights lawyer, has prompted widespread civil debate about the right to die and assisted suicide. A parliamentary inquiry seems likely.

The Ministry of Health published its first annual update of the health and disability workforce The Health of the Health Workforce 2013 to 2014 (November, 2014) and a companion document on The Role of Health Workforce Aotearoa NZHWNZ (2014) The former highlighted the need to drastically increase the nursing workforce by 2017, and the latter highlighted HWNZ's role as a workforce facilitator, supporting and leading health sector responses to workforce planning and development (NZNO italics).

A taskforce and work programme has been developed for each of the key workforces – doctors, nurses, midwives, allied health workers, non-regulated workers (kaiāwhina), and those in leadership and managerial roles, with additional projects underway on mental health and the Māori and Pacific workforces. The focus is expected to shift to new models for aged, primary and cancer care, and how individual workforces can combine and align their efforts.

The nursing workforce programme includes:

- improving the integrity of nursing data
- improving graduate nursing recruitment
- improving nurse retention
- workforce planning

- workforce development

The Ministry of Health does not appear to share NZNO's and the NNO's concern with the high level of dependence on immigration to meet its nursing workforce needs. However, NZNO's research highlighting the need to retain (young) IQN to reduce churn and predicted skills shortages due to retirement, (ref) have resonated with both the Nursing Council of New Zealand (NCNZ) and Immigration New Zealand. NZNO is liaising with both to enhance IQN retention.

5. Campaigns

NZNO is engaged in a number of campaigns including:

All the Way with Equal Pay – a joint litigation campaign with the Service and Food Workers Union in support of Kristine Bartlett's case for equal pay and pay equity; 2745 legal claims have been filed with the Employment Relations Authority. A supplementary web based campaign directed primarily at women MPs *We're relying on you* to support "pay for jobs not gender" is being developed .

Trans Pacific Partnership Agreement – a broadly based civil, union and health sector campaign to oppose the TPPA because of the risks it poses to PHARMAC, national tobacco regulations, regulations governing the emergence of generic drugs and controls over food imports by transnational corporations. A number of national protests marches and rallies have been held, along with consistent government and political party lobbying, media engagement etc.

Care Point – an NZNO campaign to implement care capacity demand management (CCDM) in all DHBs, using the TrendCare™ tool. A significant focus of the campaign has been on optimising the new DHB MECA provisions around the environment of CCDM, including building strong partnerships with stakeholder groups, influencing leadership development, and building our own capacity by upskilling staff, delegates and members.

Health and safety – a cross union campaign against proposed changes to the Health and Safety Reform Bill which reduce the participation and representation of employees on health and safety committees. The campaign is strongly focused on lobbying, with member delegations seeing government and political representatives.

New Grads - Full employment for nurse graduates. This highly successful online social media campaign garnered 8000 member signatures (15% NZNO membership) within 8 days for a petition, subsequently presented to parliament. The media impact was significant, and increased funding for the nursing graduates entry into practice programme was made available soon after. The campaign was very strongly supported by young nurses, and was the first 'political' action for some.

Go Purple – NZNO's DHB MECA campaign engaging members in the process of improving their pay and working conditions. The DHB MECA sets the employment standards for nurses which are referenced by other CAs.

6. Retention

Retention, of both locally and internationally qualified nurses, is a significant issue for Aotearoa New Zealand, which finds it difficult to compete in the global market for health professionals, particularly with the proximity of Australia. The NNO's report to HWNZ (p18-20) outlines the advantages of, and barriers to, nursing retention, and suggests that implementing new models of care (including education) that fully utilise nursing skills, and ensuring safe healthy workplaces are necessary to improve nurse retention.

7. Lobbying

NZNO lobbies formally through submissions, and oral submissions (http://www.nzno.org.nz/get_involved/submissions); regular meetings with the Minister of Health, Director-General of Health; and issues based meetings with

various Ministries, the national health board, and political parties. NZNO has a strong focus on advocacy and support of nursing representatives across the sector and at all levels.

NZNO is an affiliate of the New Zealand Council of Trade Unions, T*e Kauae Kaimahi* (CTU) and is active member of the CTU Women's, Health, health and Safety and Environmental Committees. NZNO also works through the formal structured relationships between unions, the government and DHBs i.e. Health Sector Relationship Agreement and Bipartite Action Group.

NZNO enjoys strong and productive relationships with other health practitioner groups, the Public Health Association, and NGOs such as Public Good, Aged Concern, and the Child Action Poverty Group, which often leads to collective action.

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