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Vision

Freed to Care, Proud to Nurse

Mission

NZNO is committed to the representation of its members and the promotion of nursing and midwifery. NZNO embraces te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa New Zealand through participation in health and social policy development.
About us

The New Zealand Nurses Organisation (NZNO) is the leading professional nursing association and union for nurses in Aotearoa New Zealand.

NZNO represents over 50,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment-related matters. NZNO is affiliated to the International Council of Nurses (ICN), Global Nurses United (GNU), South Pacific Nurses Forum (SPNF) and the New Zealand Council of Trade Unions (CTU).

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research, and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling nursing care provision.

Recognising our members’ commitment

We take this opportunity to recognise and acknowledge the countless number of volunteer hours contributed by our members in their work as delegates on regional councils, in college and section committees, in the national student unit, on te Poari, as part of Te Rūnanga, on the membership committee and board of directors.

We acknowledge the high level of volunteer support from our committed membership. Volunteer support is the backbone of any member-based organisation and NZNO is no exception.
Our strategic outcomes and objectives

NZNO’s Strategic Plan 2015–2020 outlines the strategic outcomes and objectives:

**Improved health outcomes by promoting excellence in patient care**

To enhance the Committee’s skill development we were privileged to have Kaumātua facilitate cultural training workshops. This enabled the committee members to reflect on their knowledge and understanding of biculturalism and cultural competence. Giving context to health inequalities that prevail in Aotearoa is key to enable members to be up-skilled in cultural safety with an emphasis on Mātauranga Māori and tikanga.
– Membership Committee Report

This project sought to develop principles, language and pathways to support people living with and beyond cancer as a foundation for the development a New Zealand model of survivorship.
– National Survivorship Project

... support [for] Dr Sarah Donovan, ... to get menstrual management products funded for young women. Research indicates that a number of girls/young women can’t afford these products and it is a major barrier to education and achievement.
– Women’s Health College

Continued ... joint initiative with ACC and HQSC to help prevent healthcare-related surgical site infections. Work is in progress on pre-operative screening and/or skin decolonisation methods for staphylococcus aureus colonisation.
– Infection and Prevention Control Nurses College

NZNO Strategy for Nursing – advancing the health of the nation – Hei oranga motuhake mō ngā whānau, hapū, iwi 2018–2023, formally launched 22 March 2018 ... [project] continued to support the Young Nurse of the Year award.
– Visibility of Nursing Project

The Council continued to sponsor an International Nurses Day poster display of Tai Tokerau nurses. Nurses were invited from across the sector to tell their stories – or the stories of their colleagues – what they do in their practice that creates a force for change, for their patients, their whānau, and their community.
– Tai Tokerau

NZCCCN is represented on the National Deteriorating Patient Program Health Quality and Safety Commissions and the ANZICS Safety and Quality Committee.
– New Zealand College of Critical Care Nurses
Skilled nurses by contributing to and advocating for the development of nursing education programmes and the ongoing professional development for members

Professional Nursing Advisers (PNAs) provided 184 professional forums across all NZNO regions on [various] topics... Particular effort was made to make these forums available in some rural areas as well as main centers. A total of 5,780 members and non-members participated in these events. Non-members were charged a nominal fee to attend.

– Professional forums

The exciting development of designated nurse prescriber roles means that more nurses will be able to move to prescriber status more quickly. To support this move and to tautoko and manaki those nurses who wish to complete the additional study and practice, the awards acknowledge those Māori nurses on a professional development journey to become a nurse prescriber.

– Aotearoa collaboration/Te whaiorangi/PHARMAC

CENNZ supported the formation of the ED Charge Nurse Managers Network. ED Nurse Managers throughout New Zealand were supported to attend an annual day in Wellington to collaborate on clinical, professional and leadership issues.

– College of Emergency Nurses New Zealand

In 2017 CCYN used the education fund to help support members to continue their education journey. Through this fund we have supported delegates to attend the Youth Conference in Christchurch; a Child Health Seminar in Wellington; a Diabetes Specialist Conference and the Paediatric Society Conference in Christchurch.

– College of Child and Youth Nurses

Pacific Nurses continue to achieve Post Graduate Qualifications from Aniva and other programmes.

– Pacific Nurses Section

CNC led and supported advanced nursing practice roles which focus on improved cancer outcomes and quality and which are key when considering some of the future workforce challenges.

– Cancer Nurses College
Our strategic outcomes and objectives cont...

Strong workforce by strengthening nursing workforce planning, sustainability and leadership

- [journals published] related to employment conditions for nurses within DHBs ... contribute to, and inform developments that are required to improve health outcomes and nurse workforce planning, at a national and DHB level.
  - Journal publications

- In June 2017 the Care and Support Worker’s (Pay Equity) Settlement Act was passed by the Government. The Act reflected the outcome of 20 months of negotiations between the National Coalition Government and E tū, NZNO and the PSA. The Act gave effect to significant wage increases for 55,000 care and support workers.
  - Equal pay

- A highlight this year was the renewed engagement with our local National Student representatives, and the opportunity to share in their enthusiasm and avidity. There was a significant increase in student enrolments this year, and the number of active Regional Council members increased for the first time in three years.
  - Tai Tokerau

- CNC succeeded in the bid for International Conference on Cancer Nursing 2018 being held in Auckland in September and received a New Zealand Tourism Business Award in recognition of this success.
  - Cancer Nurses College

- Received endorsement as the College of Gerontology Nursing NZNO. The aim is to be the voice of gerontology nursing within New Zealand.
  - Gerontology Section

- ENS presented awards at six tertiary providers of the New Zealand Diploma in Enrolled Nursing programmes. Recognition was given to the recipients of the award for enrolled nurse graduates Demonstrating Leadership Skills.
  - Enrolled Nurses Section

- CCYN completed a member survey in early 2017 and found that the majority of our members work in child health or community nursing, and just over 85 percent work directly with infants, babies and youth. This was an important statistic as it showed exactly where our members are in the workforce.
  - College of Child and Youth Nurses
Effective organisation
by ensuring NZNO is a healthy and sustainable organisation

The June issue featured two articles on nurses being bullied. The first, written by emergency department nurse Rebekah Kelsey, prompted a huge response on Facebook – *Kai Tiaki Nursing New Zealand*’s biggest yet. It reached 41,000 people, 468 people reacted to it, it was shared 103 times and attracted hundreds of comments. The second article featured nurse Christine Gardiner, who had experienced bullying while studying. It was written by co-editor Mary Longmore and reached 14,000 people, 158 reacted to it, it was shared 27 times and attracted 36 comments.
– *Kai Tiaki*

The Tube journal was previously distributed quarterly by mail to members, affiliate members and sponsors. It is now distributed in an electronic format and emailed quarterly, and this method has made significant savings to the overall budget, with positive member feedback.
– *Gastroenterology Nurses College*

[made] 27 submissions to government and related agencies on a range of nursing-related professional, regulatory, employment and health issues.
– *Submissions*

NZNO ... vocal on the under-employment of graduate nurses. Radio New Zealand interviewed our spokesperson ... and Radio Live also reported ... TVNZ news interviewed a student nurse and ran the item on the 6pm news ... gained over 11,000 Facebook views [resonating] with our younger members.
– *Communications*

Our NZNO Facebook has grown by over 5,000 members over the last year and its reach [has grown] by 20,000.
– *Communications*

NZNO animated video *Nurses Everywhere in Healthcare* was posted [to] *Nursing Review* [and] NZNO websites, and YouTube. The animated video showcases the range and breath of healthcare settings in New Zealand and the kind of healthcare provided by over 50,000 registered nurses, enrolled nurses including midwives.
– *Communications*

*Nursing Review* has published a great many of our stories and these are often posted on the new HealthCentral.nz website.
– *Communications*
In addition to the four strategic outcomes and objectives during the annual planning process for 2017/18, the Board identified three areas that are vital to the success of NZNO. These are:

1. **Creating a legacy of a national nursing association/organisation**
   - An equity lens which is seamless across professional and industrial activities and models a bicultural partnership


   ...national submissions ... covered nursing-related workforce, regulatory, employment, and immigration issues. ... matters of global significant social justice and public health issues...

   – Submissions

2. **Regaining relevance to members**
   - To further improve member voice through engagement and participation in professional and industrial activities

   Member attendance and participation at medico-legal and professional forums increased from 6,000 at the end of March 2017 to 6,414 at the end of March 2018 and increase of 7%. We have also seen an increase in member attendance at regional council conventions. For the period May 2013 to May 2017 member attendance at regional conventions increased from 400 to 652 a growth of 63%.

   Open Letter to politicians signed by over 6,000 people gained media coverage ... proved a good platform for us to engage the public on the issues nurses were managing. TVNZ filmed the display of the letters at the NZNO Annual Conference ... three days out from the general election.

   The campaign ‘#HealthNeedsNursing’ rallies gained plenty of newspaper coverage and TV news coverage from both main networks.

3. **Retaining financial viability**
   - ... a net financial surplus of $182,419 (after tax and adjustments) for the year to 31 March 2018. We have continued to sustain financial recovery from loses between 2009/10 and 2011/12. To continue to be a financially strong organisation we reviewed our investments and reserves which remain solid.

   We continued to make small improvement to our infrastructure with very little increase in investment.
Our members

WE SUPPORT A LOT OF MEMBERS

50,708

THAT'S AN INCREASE FROM LAST YEAR

4.7%

WE REPRESENT A RANGE OF HEALTH SECTORS

OUR MEMBERSHIP CONTINUES TO GROW

0 10,000 20,000 30,000 40,000 50,000

Number of members


Year

OUR MEMBERSHIP IS MADE UP OF

MALE

FEMALE

District Health Board

PHC

Aged care

Education

Private

Non-sector

Public

8%

92%
NEW ZEALAND NURSES ORGANISATION • 2017–2018 ANNUAL REPORT

ABOUT US

OUR MEMBERS ARE FROM DIVERSE BACKGROUNDS

NZ European – 60%
Māori – 7.5%
Indian – 7%
Filipino – 6%
Other Asian – 5%
Other – 5%
Other European – 4%
Chinese – 1.8%
Samoan – 1%
Other Pacific – 1%
Tongan – 0.6%
Fijian – 0.3%
Cook Island – 0.3%
African – 0.2%
Niuean – 0.15%
Other South East Asian – 0.1%
Tokelauan – 0.05%

WE SERVE MEMBERS ACROSS THE COUNTRY

TAI TOKERAU
4%
GREATER AUCKLAND REGION
28%
BAY OF PLENTY
9%
HAWKE’S BAY
4%
CENTRAL
8%
MIDLANDS
8%
TOP OF THE SOUTH
3%
WEST COAST/TE TAI O POUTINI
1%
CANTERBURY
16%
SOUTHERN
8%
GREATER WELLINGTON
11%

TAI TOKERAU
4%
MIDLANDS
8%
CENTRAL
8%
TOP OF THE SOUTH
3%
WEST COAST/TE TAI O POUTINI
1%
CANTERBURY
16%
SOUTHERN
8%
GREATER WELLINGTON
11%
Financial overview

**OUR TOTAL INCOME WAS**

$21.4m

**OUR TOTAL EXPENDITURE WAS**

$21.7m

**WHERE DOES YOUR MONEY GO?**

<table>
<thead>
<tr>
<th>Staff</th>
<th>Travel &amp; Vehicles</th>
<th>Premises</th>
<th>Communication</th>
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<tbody>
<tr>
<td>58%</td>
<td>10%</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>$230.21</td>
<td>$35.81</td>
<td>$25.10</td>
<td>$16.01</td>
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**WHERE DOES YOUR MONEY GO?**

<table>
<thead>
<tr>
<th>Legal</th>
<th>Governance</th>
<th>Colleges &amp; Sections Conference</th>
<th>Other(^1)</th>
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<tr>
<td>2%</td>
<td>3%</td>
<td>4%</td>
<td>13%</td>
</tr>
<tr>
<td>$9.65</td>
<td>$12.44</td>
<td>$14.68</td>
<td>$51.12</td>
</tr>
</tbody>
</table>

\(^1\) Other includes printing and stationery, consultancy, affiliations, depreciation, computer operations, advertising, and financial, publications and general expenses.
OUR FINANCIAL PERFORMANCE

<table>
<thead>
<tr>
<th>Year</th>
<th>Budget before tax</th>
<th>Surplus/(Loss) after tax</th>
<th>Surplus/(Loss) before tax</th>
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<tbody>
<tr>
<td>2012/13</td>
<td>$600,000</td>
<td></td>
<td></td>
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<tr>
<td>2013/14</td>
<td>$450,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014/15</td>
<td>$300,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015/16</td>
<td>$1,200,000</td>
<td>$900,000</td>
<td>$1,500,000</td>
</tr>
<tr>
<td>2016/17</td>
<td>$900,000</td>
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<td></td>
</tr>
<tr>
<td>2017/18</td>
<td>$1,350,000</td>
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Year in review – highlights

Medico Legal forums

Medico-legal forums are held biennially and alternate with a professional forum that delivers a subject relevant to national nursing practice. In 2018 the medico-legal forums focused on informed consent, and were held in five locations. The total number of attendees was 634 across all forums.

Professional forums

Professional Nursing Advisers (PNAs) provided 184 professional forums across all NZNO regions on topics including:

- Nursing Council Code of Conduct and professional boundaries
- documentation
- medication management
- assisted dying
- compassion fatigue
- direction and delegation
- social media
- professional practice responsibilities
- communication and ethical and legal issues.

Particular effort was made to make these forums available in some rural areas as well as main centers.

A total of 5,780 members and non-members participated in these events. Professional forums are vital way of informing and updating nurses on professional practice issues relevant to their area of practice and workplace setting.

Presentations


Journal publications

Journal publications continued to be a significant focus for the research and policy team. Publications related to employment conditions for nurses within District Health Boards (DHBs); aged care staff-to-resident-ratios; and others related to the nursing workforce and careers. These publications contribute to, and inform developments that are required to improve health outcomes and nurse workforce planning, at a national and DHB level.


A combined total of 6,414 members and non-members attended professional and medico legal forums during the year.
Research

The research team participated and contributed in nursing research in the following areas:

- Safer Nursing 24/7: Implementing a science-based approach for fatigue risk management in nursing in collaboration with Massey University Sleep/Wake Research Centre.
- Development of a decision-making tool to provide balanced information and background literature to inform health professionals in the decision process around assisted dying.
- Safe staffing and evaluation of the Care Capacity Demand Management (CCDM) Programme.

Research programme

Nine requests were received from external researchers to access data from NZNO members for ethically approved research purposes.

Our collaboration with Massey University on the Human Rights Commission-funded Safer Nursing 24/7 Study continues, investigating shift work and fatigue. The team also contributed to the delivery of an externally funded study undertaken by Massey University, of workplace exposures in community nurses.

Other work explored the reasons for nurses choosing to exit the profession prior to retirement, and a new project is investigating the role of nurses in New Zealand secondary schools.

The NZNO submission on the End of Life Choice Bill asked the health select committee to agree to develop ‘guidelines to assist nurses to understand their rights as well as the ethical and legal consequences of their actions, and making decisions that honour health consumers’ decisions’. The research team is working with external researchers to develop a decision-making tool to provide balanced information and background literature to inform health professionals in the decision process around assisted dying. NZNO is represented on the research committee, which is tasked with evaluating the Care Capacity and Demand Management (CCDM) programme.

"NZNO continued to engage... agencies on regulatory frameworks and issues of concern to the membership and general public."

Policy

Following consultation, staff and member feedback informed 27 submissions to government and related agencies on a range of nursing-related professional, regulatory, employment and health issues. Submissions and survey responses were well supported with input from expert college and section members, the Kaiwhakahaere and President, and NZNO’s professional nursing, legal, industrial and research advisers.

NZNO continued to engage with the Ministry of Health, Office of the Chief Nursing Officer, and other government agencies on regulatory frameworks and issues of concern to the membership and general public. This included the End of Life Choices Bill; Misuse of Drugs Amendment Bill; the Child Poverty reduction Bill; the Registration of Social Workers Bill and the proposed Perioperative Practitioner scope of practice. NZNO provided feedback on various PHARMAC proposals for those with potential to impact on access and cost for consumers. Engagement with other agencies on a range of health-related issues included the Office of the Coroner on Coroners Access to Body of Dead Person (Amendment) Bill – this included the important cultural lens of access to the tupapaku.

Other activities included:

- made a significant contribution to the review of NZNO position statements and standards documents developed by colleges and sections
- submission (and presented at Select Committee) on the Abortion Law reform Bill
- submission on the Tax Review which included the views of Te Rūnanga with a focus on reducing entrenched inequities; recommended an increase in excise tax on items such as tobacco and alcohol, and the introduction of a tax on sugar strengthened foods and beverages.

NZNO provided input into the development of guidelines, frameworks and standards and various PHARMAC proposals on devices and medicines, which were well received.
**Submissions**

NZNO consulted with members, Te Rūnanga, expert colleges and sections, and NZNO staff to inform 53 submissions this period. Of these, five were to international forums, including two United Nations Humans Rights Committees: on the Elimination of All Forms of Racial Discrimination; the Covenant on Economic Social and Cultural Rights; the United Nations Permanent Forum on Indigenous issues; and the international council of nurses.

National submissions to government and related agencies covered nursing-related workforce, regulatory, employment, and immigration issues. Also, matters of global significant social justice and public health issues included climate change; antimicrobial resistance; controls on weapons brokerage; sustainability of transport systems; domestic family and whānau violence; suicide; and support for a proposal to fund menstruation management products in schools.

Twelve submissions were lodged with Select Committees. Three of these were followed up with oral presentations by NZNO members who spoke to the Domestic Violence Victim’s Protection Bill; the Family and Whānau Violence Legislation Bill; and Brokering (weapons and other Items) Control Bill. NZNO will make an oral submission on the End of Life Choice.

**Publications**

The following publications were completed during 2017/18:

- National student nurses survey, 2017
- Listening with my heart, Poems by Aotearoa New Zealand Nurses
- NZNO Strategy for Nursing 2018–2023, Advancing the health of the nation, Hei oranga motuhake mō ngā whānau, hapū, iwi
- National Diabetes nursing knowledge framework and skills framework, 2018
- Guideline: NZNO Guide to preparing annual general meeting remits

**Library services**

The library was established in 1984 and continues to provide information services to staff and NZNO members. It holds a range of resources that includes: books, magazines, articles, and nursing/health databases. The library current awareness weekly e-newsletter has approximately 350 subscribers. The library is the database administrator for the Nursing Research Index, and 86 new records were added this year.

In addition, 31 new theses were added to the research and thesis collection.

Alexander Turnbull Library is the custodian of the NERF Oral history collection, and eight inquirers/researchers were granted permission to listen to oral history interviews.

**Communications**

The reporting year started with eight media releases issued for the NZNO regional conventions. These mostly gained media coverage in local newspapers due to the focus on the underfunding of the public health system and it being general election year. Shortly after this, media releases were regionalised for the joint PSA and NZNO YesWeCare campaign focused on underfunded hospitals and the effect on staff.

Our work with the PSA meant we could rapidly offer NZNO members for media interviews throughout the country. By working with the PSA NZNO gained TV3 and TVNZ news coverage on Budget Day 2017 as we were present at parliament with the PSA cardboard cut-out healthcare workers and our Open Letter for health funding. NZNO followed up national media releases with small, regionalised media releases post-Budget which had the breakdown of underfunding for each DHB stated for the local community. Stuff on line and Nursing Review published these DHB budget deficit figures at the time.

The announcement of the Caregivers Equal Pay Settlement that NZNO was involved with, was made jointly with E tū and PSA. The NZNO media adviser participated in the planning meetings for this announcement. This collaboration with other unions to create joint media statements and events meant that all groups gained media coverage for their members and jointly ‘owned’ the win.

Ongoing themes of underfunding of the public health system by $2 billion ran through much of our communications work and culminated in the NZNO Shout Out for Health member-led campaign launch. Media advisories issued to local community papers about small rallies and stalls at vegetable markets or supermarkets for example gained coverage in small weekly newspapers. The Open Letter to politicians signed by over 6,000 people gained media coverage on several occasions and proved a good platform for
us to engage the public on the issues nurses were managing. TVNZ filmed the display of the letters at the NZNO Annual Conference in September, three days out from the general election.

Coverage of the Hui ā tau hikoi in August was done by Māori Television and TVNZ. The media planning for this was a key reason this gained mainstream television interest. Radio Waatea and Ngāti Porou Radio continue to follow our news particularly of the Kaiwhakahaere’s involvement in the UN Indigenous Forums.

Radio New Zealand covered two speakers from the 2017 NZNO annual conference.

NZNO has continued to be vocal on the under-employment of graduate nurses. Each time a media statement was issued, Radio New Zealand interviewed our spokesperson on the issue and Radio Live also reported on the issue. TVNZ news interviewed a student nurse and ran the item on the 6pm news in January. This gained over 11,000 Facebook views very quickly. It resonated well with our younger members.

Communications has continued to be proactive and responsive to any proposed restructuring of senior nurse positions in DHBs and also in the private sector. We have publicised our correspondence and media coverage of this has been gained about Southland DHB in particular.

Parking and safety concerns for staff travelling to and from work has been a major issue over the year as has the issue of parking cost and accessibility – for Christchurch in particular. Our organisers have been excellent with media responses on these issues.

Workplace safety in mental health settings is an ongoing matter we are responding to on a reactive basis. Particular focus over the year has been the facilities in Christchurch, again local organisers have been available for media comment.

Our professional nurse adviser, who is lead on maternity, carried out several media interviews over the year with Radio New Zealand.

The second no vote on the DHB MECA triggered major media interest. The campaign #HealthNeedsNursing rallies gained plenty of newspaper coverage and TV news coverage from both main networks. Media continue to follow the DHB MECA news, and media enquiries came in at about three-a-day after the no vote to the panel recommendations.

The NZNO Facebook content was refined over the last year to include more health related and medical research news and the interest is noticeable. Our NZNO Facebook has grown by over 5,000 members over the last year and its reach by 20,000. Some of this growth is a reflection of the fact that NZNO is gaining more media coverage, so this in turn means that we have more stories to link to and access to more videos to post.

Whenever Māori nurses or news on Māori media outlets is shared to NZNO Facebook there is a large viewing. The media adviser has worked to grow this audience and has done so by engaging with Māori media more regularly and targeting media releases to them such as UN Forums, East Coast rallies and MECA news. Radio Waatea has interviewed our members and staff several times over the year. Māori Television online reporting has been a useful avenue for NZNO to post Māori health/nursing news to FaceBook.

The NZNO bimonthly newsletter continues to have a reasonable open rate but numbers have not increased.

The NZNO website homepage has been improved by the addition of photographs and a reordering of how news, campaigns and Kaitiaki are accessed from the homepage. The roll out of the updated NZNO logo to include Te Reo continued. All offices have new pull-up banners, tear drop banners and large flags. All offices have new branding. Publications have been updated or archived if they contain the old logo.

Our NZNO Facebook has grown by over

5,000

members over the last year and its reach by 20,000
YEAR IN REVIEW

The Strategy for Nursing document was developed and published and is on the NZNO website as the ‘nurses making a difference’ campaign no longer utilised the site.

Mainstream media attention on NZNO work and the Facebook reach has grown over the year for several reasons.

Over the past year at least one media release has been issued each week and sometimes three in one week alone. The consistency of this work has led to mainstream media appreciating the availability of NZNO spokespeople and media adviser with increasing requests for media interviews nursing and member activities.

*Nursing Review* has published a great many of our stories and these are often posted on the new HealthCentral.nz website. This has been useful for us to link from to our Facebook page.

We have been able to respond to media enquiries out of work hours which has meant that NZNO has significantly increased its media reach over the last year. In addition, the responsiveness of management to media enquiries has been timely, meaning reporters know we will do the utmost to do interviews or provide comment.

The communications hub, which would have provided additional resources and more communications experience, did not proceed. This means there is limited resource to achieve more strategic and proactive, targeted communications results.

COMMUNICATIONS REVIEW

A review of NZNO’s communications policy, systems and resources began in 2016. The review was conducted by Piko Consulting and was completed in August 2017.

Following extensive consultation, Piko proposed a communication strategy and direction that would see the implementation of a clear NZNO brand. Beginning with the concept of guardianship and NZNO’s role as the representative of New Zealand’s unique nursing culture, the aim of the strategy is to clearly articulate how NZNO will communicate with members, staff and other stakeholders and what platforms will be used to do this.

The NZNO Board was briefed on the outcomes of the review and a business case was put forward for funding at the December 2017 board meeting. The primary focus of the business case was to set out the next steps to progress the recommendations of the review, and to seek formal approval to establish a permanent 1.0 FTE role of Senior Communications Manager. Recruitment into this role and implementation of the recommendations in the review document are still being considered.

KAI TIAKI

There were 11 issues of *Kai Tiaki Nursing New Zealand* this year, each with a particular theme. These included enrolled nursing, respiratory nursing, neurology nursing (the first time an issue has been devoted to the specialty), nurse managers and IT and telehealth. The April issue had extensive coverage of the pressures facing the nursing workforce, and the NZNO-supported YesWeCare roadshow. The September issue focused on mental health, October included NZNO conference and AGM coverage, November on aged care, December/January on nursing overseas, and the February issue on nursing students.

The June issue featured two articles on nurses being bullied. The first, written by emergency department nurse Rebekah Kelsey, prompted a huge response on
Facebook – Kai Tiaki Nursing New Zealand’s biggest yet. It reached 41,000 people, 468 people reacted to it, it was shared 103 times and attracted hundreds of comments. The second article featured nurse Christine Gardiner, who had experienced bullying while studying. It was written by co-editor Mary Longmore and reached 14,000 people, 158 reacted to it, it was shared 27 times and attracted 36 comments.

The magazine’s Facebook page has steadily increased its following to 3,324 people by the end of March. Letters to the editor continued to be well-supported, usually taking up two-to-three pages per issue. Other topics that members responded to include the End of Life Choice Bill and the way breastfeeding is promoted to new mothers.

In February 2018, we introduced a new activities page, nursewords. This was encouraged by NZNO Kaumatua Keelan Ransfield who suggested we start an it’s cool to kōrero column, to teach simple te reo Māori, and also by some members who have said we needed to lighten up the magazine. The page includes the kōrero column, a nursing crossword, and an inspirational quote.

The communications review prompted a debate and discussion among communications staff, and the co-editors prepared a comprehensive submission for the review.

Kai Tiaki Nursing New Zealand topped 46,500 printed copies in March 2018.

“*The September 2017 issue of Kai Tiaki Nursing Research, featured six research articles and a research brief. This research publication, edited by Patricia McLunie-Trust and designed by Kathy Stodart, is now included in five international databases.*

**Competency advisory services**

The total number of members supported by the competency adviser in the 2017/18 year was 37. Three members were represented at The Nursing Council of New Zealand (NCNZ) reviews and 26 submissions were made to NCNZ.

While numbers were lower than the previous year (40) there was a marked increase in the first quarter of 2018.

"*We continued to support members to address competency issues, medico legal and employment matters.*"
Note: In the last 12 months only one case was briefed out for organisational/strategic reasons. No cases were briefed out due to capacity or conflict of interest issues.

Of significance:
- Representation of two NZNO members in separate matters with the Employment Relations Authority (ERA) resulted in significant awards for both members due to their employers’ failure to follow fair and reasonable processes in regards to disciplinary actions and subsequent dismissals.
- Matter to determine retiring gratuities in the DHB sectors continued. A decision from the full bench of the Employment Court should be available shortly.
- Development of access protocols with Radius Residential Care Limited to facilitate aged care site access for our organisers to conduct NZNO business. Looking to replicate with other aged care providers to further improve our access and relationship with aged care employers.
- Protracted proceedings in the ERA regarding an alleged private sector breach of S9 of the Employment Relations Act, where bonuses were paid only to non-union members. Resulted in a successful out-of-Authority settlement for over 600 of our members.

Activity statistics

SUMMARISED STATISTICS
- call volumes average 770 per week
- call advisers answer and triage on average 530 calls per week
- email volumes average 144 per week

BREAKDOWN OF CALLS PER CATEGORY
- 36 percent industrial (38% 2017)
- 46 percent membership (30% 2017)
- 8 percent professional (9% 2017)
- 5 percent administration (7% 2017)
- 5 percent miscellaneous (16% 2017)

“Pay issues and agreement interpretations dominated all sectors, with enquiries related to incorrect holiday provisions paid, agreed pay increases not received, pay scales incorrect, and no pay progression”

Within the categories, the call advisers provided a complete response to:
- industrial 48 percent of total industrial calls (41% 2017)
- membership 40 percent of total membership calls (37% 2017)
- professional 30 percent of total professional calls (30% 2017)
- miscellaneous 90 percent of total miscellaneous calls (82% 2017)

Membership Support Centre

The first six months of this period were dominated by enquiries relating to the Care and Support Workers Pay Equity settlement. Most common enquiries related to qualifications and placement on the equal pay settlement scale. As the implications of the settlement became apparent, there was an increase in calls from other sectors, particularly from registered and enrolled nurses regarding their concern around relativity.

Pay issues and agreement interpretations dominated all sectors, with enquiries related to incorrect holiday provisions paid, agreed pay increases not received, pay scales incorrect, and no pay progression. There were also increased calls relating to the DHB MECA negotiations.

Other industrial issues related to leave, delegate enquires, and disciplinary calls – the majority were assigned to organisers. Professional related enquiries (8 percent of all calls) were primarily practice and legal issues, almost all of which were assigned to the legal or professional teams.
Months with below benchmark percentages (1 or 2 weeks within each month):  
April/May 2017 increased call volumes Equal Pay queries/staffing/phone issues  
July 2017 phone issues  
September 2017 staffing/phone issues  
November 2017 staffing/cultural training day  
December 2017 increased call volumes (DHB MECA)  
January 2018 staffing issues  
March 2018 increased call volumes (DHB MECA)/Staffing

Organisers
NZNO Organisers activities included: representation on matters that relate to the negotiation of collective agreements; responding to change management proposals; advocating for individual members; organising and developing delegates and delegate structures; developing and participating in campaigns to support issues of fairness and equity; and adverse changes to legislation.

During the year 38 percent of all issues that came through the Member Support Centre (MSC) were industrial related. However, it should be noted that Organisers pick up member issues when they are in the field attending workplace committees, regional council meetings or through other direct contact. Of the issues triaged through MSC, over 4,000 were assigned to organisers (52 percent). Last year 59 percent of issues were assigned, being just under 4,000, so very a similar year.

Highest categories were queries relating to pay (692), collective agreement interpretation, and disciplinary issues (670). There was a significant increase in the pay issues category related to the Aged Care Equal Pay settlement (680) – many of these required assignment to Organisers due to the complexity of the queries. There was a high level of activity in the DHB Sector during this period related to the renegotiation of the DHB MECA, with Organisers supporting the two ratification rounds and associated campaign activities.

Equal pay
In June 2017 the Care and Support Worker’s (Pay Equity) Settlement Act was passed by the Government. The Act reflected the outcome of 20 months of negotiations between the National Coalition Government and E tū, NZNO and the PSA. The Act gave effect to significant wage increases for 55,000 care and support workers.

NZNO made submissions on the draft Employment (Equal Pay and Pay Equity) Bill. Due to a change of Government through the General Election this Bill never passed in to law. Since then the Labour Coalition Government has reconvened the Equal Pay Joint Working Group and improved principles for a new Equal Pay Bill have been agreed. NZNO is committed to supporting this legislative process to get the work of the principles working group enacted in the 2017 year.

As an organisation whose members are nearly all employed in historically female dominated occupations, we are committed to achieving 100 percent pay equity for all our members. We will use whatever mechanisms we can to progress this as swiftly as possible.

At the conclusion of the equal pay/pay equity principles working party, agreement was reached between the State Services Commission (SSC) and the NZCTU. Unions with public sector membership pay equity claims can be progressed during collective bargaining using the agreed tripartite working party principles. The timing of the process coincided with NZNO’s DHB MECA bargaining processes which were just underway. This gave us the opportunity to have members endorse an equal pay claim.

NZNO has developed a pay equity strategy for all members. Achieving a pay equity settlement in the DHB sector – particularly when the new Employment (Equal Pay/Pay Equity) Act is passed – will enable us to address pay equity in the private sector. It is highly likely that NZNO will be able to take legal cases on behalf of groups of private sector members if private sector employers don’t implement the DHB-agreed pay equity rate once this is struck. In the interim, where we have bargaining, we will continue to advocate for pay increases and pay parity with DHB members.

“Organisers pick up member issues when they are in the field attending workplace committees, regional council meetings or through other direct contact.”

2 It is important to note that one day with a very low GOS can bring the average rating down
Collective agreement bargaining

NZNO has renegotiated around 33 collective agreements in the 2017/18 financial year across the private sector.

Preparations for the renegotiation of the DHB MECA representing 28,000 members in the public sector were underway at the start of 2017, and by the beginning of July bargaining was in progress. Our claims included pay equity. It was a General Election year and the health sector had been fettered by nearly a decade of under-funding. DHB members were not willing to continue with the pattern of modest wage increases they had been experiencing and an acute staffing crisis had developed in our public hospitals. NZNO through a Shout Out for Health campaign, called on the next Government to make health funding a priority.

Two offers went out for voting in September 2017 and February 2018 in an endeavour to settle the DHB MECA. Both offers were rejected. A new campaign was launched #health needs nursing to raise public awareness of the nursing and midwifery crisis. NZNO members were calling for industrial action to resolve the dispute and a decision was taken to ballot members. Shortly thereafter the Government announced an Independent Panel as a further option to resolving the dispute. The Panel is still in progress along with an online strike ballot as a last resort if the Panel cannot resolve matters between the parties.

Information technology review

This year the Board embarked on development of an IT strategy work programme. The strategy is a five-year strategy, designed as an enabler of projects to achieve the NZNO strategic plan 2015–2020.

The programme commenced with a review of architecture, looking at existing systems and requirements, and a vendor management framework. Central to all system development is the membership system and NZNO has had discussions with a provider who had experience in these systems.

The Strategy for Nursing... was formally launched on 22 March 2018.

VISIBILITY OF NURSING PROJECT: NURSES MAKING THE DIFFERENCE IN HEALTHCARE

Following the completion of phase 3 of the Visibility of Nursing campaign, the NZNO Strategy for Nursing was published. The NZNO Strategy for Nursing – advancing the health of the nation – Hei oranga motuhake mō ngā whānau, hapū, iwi 2018–2023, was formally launched on 22 March 2018 at a function in Wellington.

The project’s first two phases were evaluated at the beginning of 2016 with a comprehensive strategy for nursing completed late 2017 following extensive member consultation. This provided a framework to:

- demonstrate NZNO’s leadership role within nursing and the wider health sector
- raise the profile and image of nursing publicly, resulting in greater professional pride among members
- promote nursing as an essential asset and key player within the health, social and (where relevant) education sectors
- promote nursing as a primary career choice
- raise the professional association profile of NZNO.

Significant milestones of the project were:

- external and internal stakeholder engagement
- engagement with NZNO governance, members, committees, college and section groups
- engagement with the project’s nursing champions
- conceptual model development and narrative
- Listening with my heart, Poems of Nurses, Aotearoa New Zealand
- creation of an animated video – contemporary nursing using a contemporary medium
- continued support of the Young Nurse of the Year award.
Implementation of policy remits 2017

At the AGM in September 2017 a total of two policy remits were considered and passed. The policy remits were included in the Annual Plan 2017/18 operational programme. Below is a brief outline showing the extent to which each policy remit has been progressed.

**Remit: A Guide to Remit Preparation and Writing.** That NZNO develops a formal guideline that supports the writing of remits so they are well written, fit-for-purpose, relevant and meet the current and future needs of the NZNO constitutional activities and membership.

A draft guideline NZNO guide to preparing a remit, 2018 was developed by the Policy Team and completed in February 2018. The guideline draft was circulated to member groups on in March 2018 as part of the call for remits for the Annual General Meeting in September 2018. The draft guideline provides NZNO members with a step-by-step guide to preparing a remit.

The draft guideline was reviewed through the NZNO document development process. The title was amended to Guideline: NZNO Guide to preparing annual general meeting remits during March 2017. The guideline was published and uploaded to NZNO’s website Publications section in June 2018.

**Remit: Change the maximum number of College or Section membership for NZNO members from two to three.** That the NZNO membership has the option to belong to up to three Colleges or Sections.

The option for NZNO membership to belong to up to three Colleges or Sections has been put in place. NZNO members were notified of this change through an e-mail to all Colleges and Sections on 13 October 2017 and in an article Members can now join three sections/colleges in the October 2017 Kai Tiaki publication. The NZNO membership form was updated to reflect this change. Information under Colleges and Sections on the NZNO website was updated to reflect this change.

As at 31 March 2018, 108 members belong to three colleges and sections.

As at 31 March 2018, **108** members belong to three colleges and sections.
President and Kaiwhakahaere
Co-leaders report

Tēnā koutou katoa

We would like to take this opportunity to acknowledge all the members, and the contribution and efforts that each of you has made to your organisation.

The Board of Directors (BOD) continue to work towards achieving the strategic priorities affirmed by the AGM. We would like to acknowledge our active delegates and representatives, and the staff who continue to progress and advance the aspirations of our members.

There is no doubt that this has been an extremely challenging year for many. Concerns have grown about the pressure placed upon members due to unreasonable and sometimes unsafe workloads, which has the flow on effects of diminishing the quality of care for patients and communities. Underfunding of services in an attempt to reduce costs, often described as an attempt to ‘improve efficiencies’, exacerbates an already fragile environment. The issues are real and the actions required from the BOD must be planned strategically to ensure a sustained change.

The BOD recognised that the ongoing issues are common to many nurses, midwives and healthcare workers worldwide, so engaged for the first time this year with NZNO’s new strategic partners in Global Nurses United, along with our long-standing partners at ICN. We did this in order to strengthen globally coordinated responses.

The BOD has continued to engage with national stakeholders, including the National Nursing Organisations, health sector groups and the Ministry of Health. We began to forge effective relationships with the new government in order to achieve the goals for which our members have campaigned.

We know that the voices of nurses are incredibly important to allow NZNO to identify issues and respond effectively. A key priority for the BOD has therefore been the volunteer sustainability project which was commissioned last year to identify the barriers to member participation in NZNO and ways to overcome them.

We acknowledge the volunteer work that our members do within their workplace, college or section, regional council group or committee. This is vital to the operations of NZNO. Our constitutional structure relies on a degree of active membership in order to deliver the current level of services. The challenge is how to maintain this level of active utilisation of member volunteers when there are increasing signs of reduced member engagement across some of the regional councils, colleges and sections.

The timeframe for full implementation of volunteer sustainability measures has been affected by the BOD decision to raise membership fees in the 2018/19 year. The fee increase of 1 percent (the smallest percentage increase since 2006, and less than CPI) has also affected the BOD’s ability to increase staff numbers to match membership growth. Mindful that staff are the organisation’s greatest asset, the BOD commissioned the first NZNO staff engagement survey in a number of years, which was conducted after consultation with staff representatives.

The BOD is committed to advancing the organisational commitment to our vision and mission statement and both staff and BOD have undertaken cultural competency training this year. Governance training and evaluation has been undertaken by BOD.

Nurses a leading voice – improving people’s lives and population health outcome, was an important theme for the 2017 AGM. The evaluations from last year’s AGM and Conference were encouraging and positive, particularly in relation to the nurses whose presentations showed the innovation and strength that we bring to the health workforce. It also heralded a bold move with the panel of professionals who discussed medically assisted dying. This will be a challenging and possibly polarising issue for our members, but our role as the nursing profession is to be the leaders in the discussion. This we will continue to do.

Grant Brookes
President
Kerri Nuku
Kaiwhakahaere
Looking back at the year 2017/18

Tēnā koutou katoa

Over the past year we continued to build on previous years’ achievements. Our key focus was to highlight the impact that underfunded healthcare had on the contribution and the value that nursing teams add to a well-functioning health system, to improve health outcomes of New Zealanders. We continued to improve the professional and industrial services for members, as demonstrated in the highlights section of this annual report.

During this general election year, NZNO confronted the challenges of a changing and dynamic political environment, and seized every opportunity to advance members’ professional and industrial aspirations to influence change at all levels. We did this through the sterling work of members/delegates and staff. Our successes and achievements included reaching a significant milestone of increased membership to 50,708. This success is down to you, the membership and staff.

I am proud of the work of our staff in all sectors. Amid the changing political and global environment on issues that influence the future of nursing, our dedicated staff kept on task by supporting members and advancing our strategic outcomes and objectives. I acknowledge and thank all staff for the commitment shown, and the crucial part they played in the achievement and successes of the past year. I also particularly want to acknowledge the contribution of all our members, which is aptly demonstrated in the latter section of this annual report.

Our performance in review

Like other nursing professional associations and unions we have continued to grow as we faced increased demand for professional and industrial services.

I am pleased to report that in the past year we had a significant 4.7 percent growth in membership numbers. As at 31 March 2018, our total membership was 50,708 compared to 48,444 as at 31 March 2017. Registered nurse membership was the largest growth of 5 percent, increasing from 36,890 at the end of March 2017 to 38,772 at the end of March 2018. It was also pleasing to see a growth of 1.3 percent in student nurse membership numbers, increasing from 2,964 as at the end of March 2017 to 3,004 at the end of March 2018. Our Māori membership increased from 3,602 at the end of March 2017 to 3,785 at the end of March 2018, a growth of 5 percent. Our Indian membership also increased from 3,181 to 3,581 a growth of 13 percent, and Filipino membership increased from 916 to 2,894 a significant growth of 216 percent.

Member attendance and participation at medico-legal and professional forums increased from 6,000 at the end of March 2017 to 6,414 at the end of March 2018 an increase of 7 percent. We have also seen an increase in member attendance at regional council conventions. For the period May 2013 to May 2017 member attendance at regional conventions increased from 400 to 652 a growth of 63 percent.

These are excellent results and underpin our resolve to increase participation through professional and industrial activities that are relevant to members.

Our research, publications (which include Kai Tiaki and journals), submissions, and information services through our national library and communications, have been crucial in our ability to advocate and lobby relevant key agencies on significant issues. This included proposed legislative and regulatory framework changes that affect professional practice, impact on patient and public safety, as well as the working conditions and environment for nursing. Along with our campaigns, these have contributed to our strong advocacy for nursing to be seen as an investment and not a cost. As also demonstrated in our short video ‘Nurses are Everywhere in Health’, nursing teams can be found working everywhere in health and in communities.

We faced continued demand and pressures with an increase in members who required medico-legal, and/or employment support and representation. Our average call volumes to the member support centre increased from...
710 per week at the end of March 2017 to 770 per week at the end of March 2018, an increase of 8 percent. Every six months the member support centre provides a report to regional councils that shows member call by type, and reports on the top five issues by sector.

Whilst we continued to negotiate a significant number of collective employment agreements to protect and improve terms and conditions, the greatest challenge has been to gain full employer commitment to deliver on the safe staffing agenda. Key issues like unsafe workloads, increased patient acuity, stress, lack of job satisfaction, and working conditions contribute to staff turnover. These issues were reported in the NZNO's Employment Survey 2017 which was released to all major stakeholders, and it signalled a sense of urgency was required nationally to address these issues. Health outcomes, the skills of nurses, and the nursing workforce were all affected negatively by these issues and had the potential to undermine the quality of patient care and safety.

We continued to make small improvements to our infrastructure with very little increase in investment. We were unable to progress improvements and integration of our legacy membership databases including technology and communication platforms. These were pushed out to future years. We continued to support staff with their professional development, in addition to delivering an organisation-wide cultural competency programme which was attended by 97 percent of staff. We are committed to supporting our staff in their learning and development, as this in turn supports our members who work in a complex health environment.

A staff engagement survey was carried out, the outcomes of which will flow into the 2018/19 year.

I am also pleased to report a net financial surplus of $182,419 (after tax and adjustments) for the year to 31 March 2018 against a budgeted surplus of $127,791. We have continued to sustain financial recovery following losses in 2009/10 and 2011/12. To continue to be a financially strong organisation we reviewed our investments and reserves which remain solid.

Our organisation

During 2017/18 we welcomed to the Board, Maria Armstrong, Monina Gesmundo and Karen Naylor. The Board’s strategic focus and purpose, interest in strong sustainable member engagement, and support for member volunteer efforts, has been significant. I would like to thank the Board for its continued support. Our management team continued its focus on operationalising the Strategic Plan 2015/20. The respective roles of governance and management, and nature of the relationship, is vital to our successes.

At the AGM in September 2017, I reported that it is important that we look at what we could have done better, so we can learn and get better. But not only that, it is vital as an organisation for nursing teams, that we celebrate the successes and the work we have done together and collectively. We do not celebrate successes enough, and we are highly critical of our shortcomings. So together, let us celebrate the successes for what has been, a challenging 2017/18.

Our challenges will continue in 2018/19, but we are confident that with the right strategic and operational decisions, we can build on the successes and performance of 2017/18.

MEMO MUSA
Chief Executive
Te Poari o Te Rūnanga o Aotearoa Annual Report

Acknowledgements

I would like to firstly acknowledge several people who have passed away in the past year. Aunty Vera Morgan, our Whaea who tirelessly supported our nurses and communities. Whaea Dot Stutchbury, first interim President, Te Rūnanga whom along with your colleagues built the platform that supports us in our aspirations today. Matua John Ahu, as the founding Kaumātua for Te Rūnanga and Kaumātua Midlands region who also committed his time to the development of relationships with our whānau across the South Pacific, especially the Kingdom of Tonga. To all our friends and whānau who have also lost special people in their lives our aroha and thoughts are with you during this time.

E kore au e ngaro: he kākano i ruia mai i Rangiātea

International Collaboration

UNITED NATIONS

In 2016 the NZNO AGM prioritised the progress of indigenous nursing issues across the organisation, so at the 15th and 16th session of the United Nations Permanent Forum on Indigenous Peoples, we lodged interventions against issues of pay inequality amongst those working within Māori and Iwi Health provider services, and under representative Māori nursing workforce.

As we know, Māori, as other indigenous people, have an equal right to the highest standards of health, and the State is responsible for ensuring this is achieved under article 24.2 of the United Nations Declaration on the Rights of Indigenous peoples. We also acknowledge the rights of Māori under te Tiriti o Waitangi to good health that encompasses wellness in its fullest sense and including the physical, spiritual and cultural wellbeing of Māori as individuals and collectively.

Therefore these historical issues are not acceptable. In 2012, the structural discrimination report noted a pay gap of up to 25 per cent between those working within Māori and Iwi health provider services and their counterparts in hospital settings. Despite years of raising these acts of discrimination with New Zealand government this situation consciously continues today.

Māori currently make up 15 percent of the New Zealand population against a Māori nursing workforce of about 7 percent. The Māori population is younger than non-Māori and it is predicted that half of Māori will be under 28 by 2038. There are well documented ethnic disparities in life expectancy, the enjoyment of good health and health outcomes between Māori and non-Māori.

We will continue to progress these issues for nursing. While our focus has been with Māori and Iwi provider sector support, these issues also exists within aged care, primary health care and other sectors. We must continue to work together to bring about change.

"Māori, as other indigenous people, have an equal right to the highest standards of health."
FIRST NATIONS ALLIANCE

In 2016/2017 along with Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) we developed an international indigenous collaboration network. One of the key principals was to create a shared global identity and support structure for First Nations nurses and midwives. The interest from other First Nation groups internationally has been encouraging while strengthening our relationships with our South Pacific whanaunga.

Our relationship with CATSINaM continues to grow from strength to strength and we were privileged to have the CEO, Janine Mohamed, speak at our Indigenous Nurses Aotearoa conference in August 2017.

Aotearoa Collaboration

TE WHAIORANGA / PHARMAC

Te Rūnanga o Aotearoa Tōpūtanga Tapuhi Kaitiaki o Aotearoa, NZNO and PHARMAC would like to strengthen their relationships with all Māori health professional groups. PHARMAC’s new strategy and Bold Goal 1 – ‘eliminate access inequities to medicines’ means that a key area of focus continues to be whānau, hapū, iwi and the Māori health professionals who work with them on a daily basis.

We are very pleased to inform members that with the collaboration of Te Whaioranga /PHARMAC and Te Rūnanga will be offering awards to the successful recipients annually at the Indigenous Nurses Conference. These award is a financial contribution while acknowledging that Māori nurses are key influencers and positive role models for whānau, the Māori nurse with her knowledge, expertise and understanding of tikanga, kawa, Māori health needs and practices is an important advocate and support person.

Tapuhi Kaitiaki awards will be in two categories:
Nurse Practitioner and Nurse Prescribing Awards

The exciting development of designated nurse prescriber roles means that more nurses will be able to move to prescriber status more quickly. To support this move and to tautoko and manaaki those nurses who wish to complete the additional study and practice, the awards acknowledge those Māori nurses on a professional development journey to become a nurse prescriber.

Matauranga Māori

This fund is open to nurses who wish to further their study and/or would like to develop an innovative way to assist whānau, hapū and iwi to access and understand their medicines. It is also available to enrolled nurses who wish to study toward registered nurse status.

These scholarships will be available in 2018 so please watch this space.
**Indigenous Nurses Aotearoa Conference**

The Indigenous Nurses Aotearoa conference was originally established to provide a forum where indigenous nurses could come together in a culturally safe environment empowering us to recognise our collective strengths and whakapapa knowledge.

Our conference is presented by indigenous health professionals for indigenous members and public and is authentic to the kaupapa. Its success has grown from strength to strength, and has become a signature event for the organisation supported by academic nursing leaders and stakeholders including our international connections.

The logo for this year’s theme was specifically designed to represent and symbolise the mana of the Karanga which is depicted in the sound ripples circling around the sky and earth calling for change to all those close and from Ngā Hau e Whā. The logo signifies the importance of the Karanga of the hau kainga and the response from the manuhiri and includes reference to the spaces between.

The growing reputation of the conference meant that registration closed after only a week. The presentations allowed participants to reflect, re-energise and re-focus on their roles with our whānau, hapū and iwi. The growth has been due to whakawhanaunga, the kaupapa, and the high calibre and inspiring guest speakers that wanted a world view of the health sector.

Te Puea marae was the perfect welcome to attendees for the conference, as we paid tribute to the inspirational efforts and energies of prestigious wahine whose tenacity and resilience for their people will never be forgotten. The hikoi of kotahitanga and solidarity provided a time of remembrance for those that have passed, a time to meet others on the walk, a time to mark a change, but what we will never forget is the karanga that rung out to welcome us onto the grounds of the Holiday Inn, Tāmaki Makaurau where we would be based for the next 3 days.

Having both conference and accommodation at the same venue worked really well and enabled us to cater for over 320 registered nurses, enrolled nurses, caregivers, health care assistance, kaimahi hauora, kaiawhina and nurse managers, Kaumātua, staff, sponsors and guest speakers.

Te Poari continue to provide advice on submissions, reports, policy, working groups, projects and internal documentation. I would like to acknowledge the work and efforts of our members and the increasing participation and activism.

**Kerrī Nuku**
Kaiwhakahaere
Membership Committee Report

The Membership Committee, along with Te Poari joint working groups, has continued to progress its projects and work plan. The committee has continued to support the strategic direction of NZNO, and undertaken its responsibilities to members and to the Board of Directors. Communication has been key to its activities and identifying other expertise when required to achieve its objectives and skill development as a committee.

Consistent themes emerged from the committee members' environmental scan reports. The most concerning and not surprising were the reports of chronic over-work and understaffing which led to burnout, and an increased number of disillusioned nurses leaving the profession. High patient numbers and acuity was seen throughout the year, not just over the winter months. Members reported that nurses got tired of picking up extra shifts to cover unfilled gaps. The slow progress and under-resourcing of CCDM, alongside a lack of training in CCDM and TrendCare, were identified as areas of frustration for nurses. This impacted negatively on health outcomes and patient safety. Even though these reports are largely from the DHBs, other sectors continue to report similar concerns. Also voiced were challenges related to the MECA negotiations regarding negotiation time frames, and delegates being able to organise meetings tailored to suit staff in their areas. This area requires further consideration and clarity to effect better engagement and informed participation.

Each year the Membership Committee reviews its work plan to continue to identify its priorities. The Committee, and the joint working group set up with Te Poari to address historical concerns about member representative voting, has continued to be a significant focus. A communication plan was implemented seeking ongoing consultation and feedback following the 2017 AGM presentation. The feedback informed a Q&A document, to assist members' understanding of the proposed voting changes. Importantly, encouraging members to engage in discussion on this proposal and to provide ongoing feedback has been invaluable. Not just within the structures of NZNO but the general membership at large. All feedback will be used to shape a remit proposal for the 2018 AGM.

Also since the 2017 AGM, refinement on the Structural Diagram tool has progressed. A shorter video version was developed and will be used to support presentations at regional conventions. These are designed as interactive tools, providing links to groups and sections within the NZNO website. Most importantly the structural diagram provides an educational and orientation tool for members and staff. When the website is updated these tools will enable staff and members to use them whenever they wish. The joint Te Poari and Membership Committee working group has undertaken this work supported by the communications team and other NZNO staff, and Gusto Design.

Work continues to look at how NZNO honorary members are acknowledged and relationships are maintained. A joint working group discussed a number of issues including how we maintain communications, and whether an application form for granting honorary membership should be developed to ensure consistency. Financial implications and whether a cap should be introduced is also being considered. One proposal is to acknowledge regional members and introduce tiers of honorary membership, but more importantly, acknowledge and maintain relationships throughout the honorary membership lifetime.
Student issues continue to be communicated through representation on the membership committee. A form of national recognition is being considered to assist closer communications and relationship development with regional student bodies. This and other opportunities to progress the organisation’s strategy to support student membership and engagement in campaigns, continue to be explored.

Geographically-challenged areas have limited the Membership Committee’s engagement, and recruitment of committee representatives in some areas is proving difficult. Though highly populated metropolitan areas have issues that affect membership ability to engage across and within sectors, rural and more isolated areas require additional strategies to better serve members in these areas. Delegate networks including workplace committees, are identified as areas requiring assistance. This ties in with the volunteer sustainability project, and member engagement and leadership development already being undertaken by NZNO. The committee investigate further opportunities to ensure better engagement.

We continue to work to raise the Membership Committee’s profile, exploring ways to promote the work we do and contribute membership perspectives and regional issues to the board and staff as appropriate. Working alongside Te Poari where appropriate we have identified where we can support our leaders as we collectively strive to achieve NZNO’s strategic outcomes and objectives. We will continue to tackle the significant issues as the organisation moves to meet the diverse needs of its membership and the health sector.

To enhance the Committee’s skill development we were privileged to have Keelan Ransfield facilitate cultural training workshops. This enabled the committee members to reflect on their knowledge and understanding of biculturalism and cultural competence. Giving context to health inequalities that prevail in Aotearoa is key to enable members to be upskilled in cultural safety with an emphasis on Mātauranga Māori and tikanga.

Finally I want to acknowledge the members of this committee, Te Poari, our leaders, staff, members, and their families for the work we do together as we strive to uphold the vision and values of NZNO.

Sandra Corbett
Membership Committee Chair

"...we have identified where we can support our leaders as we collectively strive to achieve NZNO's strategic outcomes and objectives."
National Student Unit Report

With you from the beginning, strengthening your future

RANGATIRATANGA/LEADERSHIP
The main focus for leadership this year was working collaboratively with NZNO to promote the student nursing perspective. This included giving feedback into NZNO strategies and taking part in NZNO activities such as the annual AGM and Hui a-Tau. Leadership participated in Te Poari and the Membership Committee, and an important part of this year’s focus was to encourage involvement in external forums such as ACE.

WHĀNAUNGATANGA/MEMBERSHIP
The NSU continues work to increase student membership of NZNO and actively promote NZNO on all campuses. This included holding promotional stalls during orientation weeks and giving presentations to prospective large student cohorts. Members also engaged in local events, NZNO campaigns, and worked alongside regional organisers to identify ways to grow the membership. Succession planning is in place, work is underway to reinvigorate promotional materials and explore creative technology tools to be used for promotional purposes.

KAITIAKITANGA/ORGANISATIONAL
Committee members attended the NSU training day in January 2018 in order to better understand the organisation and roles within NZNO. This included education on the roles of the NSR and TRT representatives and local delegates. A big part of the committees work is collaboration, to reaffirm and strengthen the bicultural relationships that exists with TRT and NSR.

KOTAHITANGA/SOCIAL
Committee members actively promoted the NZU and NZNO within their schools. All members are encouraged to engage with their regional council and NZNO staff.

Activities included:
- One working group is developing tools that can be used to enhance student wellness and engagement with wellness services in their respective regions.
- Working alongside NZNO researcher and NETS to review, update and revitalise the NZNO Social Media Guidelines.
- The biennial student survey was completed in 2017 and results were presented to NETS and published. This is available on the NZNO website, and disseminated to NZNO members.
- The committee has given input from the student nursing perspective during the development stage of the Nursing Strategy released earlier this year.

Nadine Everson
NSR Chair

Katie Le Lievre
TRT Chair

Shontelle Samuel
NSR Vice Chair

Rebekah Horn
TRT Vice Chair

"The main focus for leadership this year was working collaboratively with NZNO to provide the student nursing perspective."
Regional Councils

Tai Tokerau

CHAIR: MELINDA JORDAN

Tai Tokerau Regional Council continues to have representation from across the sectors, and continues in its efforts to engage more actively with NZNO College members in the region, and the active participation of the Tai Tokerau Te Rūnanga delegates continues to be strong. A highlight this year was the renewed engagement with our local National Student representatives, and the opportunity to share in their enthusiasm and avidity. There was a significant increase in student enrolments this year, and the number of active Regional Council members increased for the first time in three years.

The continued level of local contribution to the Tokerau Regional Convention remains a highlight for attendees. The Council continued to sponsor an International Nurses Day poster display of Tai Tokerau nurses. Nurses were invited from across the sector to tell their stories – or the stories of their colleagues – what they do in their practice that creates a force for change, for their patients, their whānau, and their community. The posters were distributed to all delegates, along with the generic NZNO international Nurses Day poster, for display in workplaces. The individuals and groups who submitted posters were invited to present at the regional convention. This celebration of our local nurses, and the impact they have in the region every day as a matter of routine, demonstrates ongoing commitment to their profession.

Greater Auckland Region

CHAIR: ESTHER LINKLATER

Greater Auckland Regional Council (GAR) engaged with members and other regional councils and BoD members, and the Chair engaged with new delegates on level 1 delegate training days.

Other activities included:

- GAR has two membership committee members
- elected a new Chair and Vice Chair
- community events to gather Open Letter Signatures for Shout Out Campaign
- main focus was to increase participation at the Regional Council meetings
- a successful regional convention with over 130 attendees
- regional awards presented to three members
- Margaret Milligan and Joy Millar rewarded for their contribution to NZNO over many years by becoming honorary members of NZNO.

“This celebration of our local nurses, and the impact they have in the region every day as a matter of routine, demonstrates ongoing commitment to their profession.”
Midlands

CHAIR: MARIANNE LOCK

Major issues or changes this year included:

- Newsletters produced this year:
  - Autumn 2017 (graduations, regional convention, politicians visit, International Nurses Day)
  - Winter 2017 (meet the politicians at DHB, Professional Forums)
  - Spring 2017 (Regional Council role, elections, Professional Forums, education grants)
  - Christmas Newsletter December 2017 (AGM, Professional forums, Christmas message).
- Three students received education grants totalling $500
- Midland Regional Council hosted the following professional forums, with approximately 40 people attended each forum:
  - 1 March 2017 – Implications for changes to Medicines Legislation
  - 4 April 2017 (Te Kuiti) – Implications for changes to Medicines Legislation
  - 21 June 2017 – Voice for the Vulnerable
  - 3 October 2017 (Tokoroa) – Implications for changes to Medicines Legislation
  - 8 November 2017 – Making a difference for people with cancer diagnosis.
- Membership growth was 4 percent for the year to March 2018.
- Former Chair, Marianne Lock, helped Annie Bradley-Ingle (Professional Nursing Adviser) present to WINTEC Nursing students in September/October 2017.

Bay of Plenty/Tairāwhiti

CHAIR: NICKI TWIGGE

Bay of Plenty/Tairāwhiti Regional Council activities during the year included:

- Continued to have some of our Regional Council members on NZNO National Committees: Cheryl Hammond (Board of Directors); Carol Friend (Membership Committee); Nitin Scaria (National MECA delegate); Rosemary Minto (NZNO Vice President); Nicki Twigge (Private Hospitals and Hospice National Delegate); Titihuia Pakeho (Tumu Whakarae).
- Continued to have very good attendance at Regional Council, with members from Hospice, NSU, Aged care including Rest Homes and Retirement Villages, Te Poari.
- Continued to encourage members from the DHB and private sector to attend Regional Council meetings and actively encourage member participation in all issues that affect nurses, including the MECA. Supported MECA delegates both in the DHB and Hospice.
- Planned the 2018 BOP/Tairāwhiti/Midlands Regional Convention held at Eagle Ridge, Tauranga 24 May. Four guest speakers confirmed.
- Continued to have a successful and active consultation committee which responded to the various NZNO consultation documents and others.
- When funds allowed, distributed study grants to successful applicants.

Membership growth was 4% for the year to March 2018.
• Forum on Changes for Prescribing/Documentation/discussion on Legal/Professional Issues.
• Continued to have delegates who are active in improving conditions for patients and nursing staff: JAG (Joint Action Group in partnership with the DHB management); Bi Partite (which includes all other DHB unions and the DHB management); discretionary sick leave. Continues to have good relationships with our organisers who are very supportive of delegates and members.
• Members continued to attend and present a wreath on ANZAC day on behalf of Bay of Plenty nurses. Tauranga, Gisborne and Whakatāne.
• Members continue to present talks about NZNO to new graduates and new nursing employees about NZNO.
• Members/TeR members attended with organisers to the schools of nursing in the region, to talk to third years’, and present new graduates with gifts.
• Supported TeR with successful remit in 2017 NZNO AGM, in regards to term of the Kaiwhakahaere/Tumu Whakarae.
• BOP/Tairāwhiti Regional Council pamphlet.

Te Matau a Māui

CHAIR: HELEN MORGAN

Convention was held at the East Pier Hotel, Napier and was another huge success, with input from NZNO Organisational and Industrial teams, and was well received by delegates.

We were fortunate to have dynamic speakers and activities included:

• Sara Mason RN: Having Difficult Talks In Difficult Environments, Advanced Care Plans At the Forefront of Care.
• Katie Durban RN: The Role of a Clinical Nurse Specialist in Palliative Care at Cranford Hospice.
• We are looking forward to working closely and supporting the nursing students at E.I.T.
• Planned a forum (mid-year) which provided a platform to raise NZNO Te Matau a Maui RC professional and industrial profile. Focus of the forum is technology in the workplace associated with change in health and digital strategies, and how it will affect the art of nursing.
• Letters were written to MPs making nursing/NZNO/ issues more visible.
• Continued to hold bimonthly meetings, attempting to receive input from all nursing and midwifery sectors, to ensure we have good representation and input. Attendance at meetings is generally good.
• An additional meeting was held to support members concerned about staffing levels and burn out as a result of the Hawke’s Bay DHB financial freeze.
• New Te Mātau a Māui Te Poari representative.
• Helen Morgan and Sandra Corbett attended the training day for Chairs.
• Our remit was accepted and passed at the 2017 AGM.
REGIONAL COUNCILS

Central

CHAIR: TRISH HURLEY
During the year we continued to meet in Whanganui for Saturday morning meetings. Teleconference facility was available, which minimised travel requirements. Attendance was stable for these meetings and it was encouraging to welcome new and passionate delegates to these meetings.

Other activities included:

- International Nurses Day 2017: Whanganui delegates hosted a combined function with UCOL Whanganui and a friendly debate on Nursing styles throughout the years. Small gifts were distributed to members on the wards as well.
- Mid Central Delegates at Palmerston North participated in the Shout out for Health Campaign plus the Yes We Care action in helping set up the MIA displays of Nurses/HCAs, Doctors and Ambulance staff in front of Palmerston North Hospital.
- Taranaki delegates hosted a professional development forum on Effective Documentation presented by our PNA. The evening was well attended with Aged Care, Hospice, Primary Health and DHB nurses.
- Delegates from the three regions attended nursing graduation ceremonies in New Plymouth, Whanganui and Palmerston North and presented gifts to our newly graduated nursing colleagues. We continue our efforts to give the same presentations to our nursing graduates at Massey School of Nursing in Palmerston North.
- Central Region Scholarship continued to distribute study grants to members as funds allowed.
- Central Regional Convention in Palmerston North was well attended in May 2017.
- Full complement of delegates attended the annual AGM 2017.
- Fortunate that our nominated delegate Karen Naylor was elected back on to the BOD and we also have a delegate on the DHB/NZNO negotiating team, and another delegate on the standby team.
- Safe staffing remains a concern across the Central Region.

Greater Wellington

CHAIR: ANN SIMMONS
Greater Wellington Regional Council continued to operate this year. Meetings were often only attended by the NZNO administrator, the NZNO Organiser and two-to-three delegates.

Thanks to a couple of very active members, in the middle of the year there was an influx of members, which began some very lively discussions about the future of the region activities.

Other activities included:

- We are very happy that we have active Student Nurse participation.
- The Convention was a success.
- We continue to hold the stewardship of the Sounds Cottage, although it was disappointing no funds were available for us to visit. Our administrator continues to work with the bookings.
- In these interesting industrial times it is hoped that Regional Councils will become more relevant, and engage more with the NZNO Board to help members get their voices heard so our Union can act on their behalf.
- Rerehau Bakker takes over the role as Chair.

"Thanks to a couple of very active members, in the middle of the year there was an influx of members, which began some very lively discussions about the future of the region activities."
**West Coast/Te Tai o Poutini**

**CHAIR: DIANE LONGSTAFF**

Over the year the West Coast Te Tai o Poutini Regional Council continued to support members.

Activities included:

- Strong NZNO and community presence at a protest for Hands around the Hospital in Westport. This was in response to the Ministry of Health’s plan to reduce available beds in Westport from the current 30 beds at the Buller Hospital complex to 10 in the proposed Integrated Family Health Centre (IFHC). The health centre is on a far smaller footprint and on unsuitable swampy ground.
- There was some progress with the Buller IFHC. The Labour government has now promised a $20m build and the current site is favoured.
- Community meetings are taking place to discuss this proposal, and if it all goes ahead Buller could start a new build within 9–12 months.
- Three new nursing management positions at Buller have been filled, and all nursing will be managed from Buller and not Greymouth.
- Participation in IFHC march in opposition to the funding model size and site of proposed Buller IFHC.
- Attended and co-hosted convention, with a presentation on the *Personal cost of health care on the Coast*. There was good West Coast attendance among the 150 attendees.
- Membership Committee time slot which provoked discussion and awareness. The focus was on the NZNO structure and used a waka outline on the floor. Delegates/members/staff stood around and within the waka, to depict how they can and do participate within the organisation and what services they provide.

"Māori worldview presentation by Michele Edwards, Kaiwhakahaere Te Piki Oranga, provided particularly enlightening for participants who attended the International Nurses Day forum."

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**Top of the South**

**CHAIR: JOAN KNIGHT**

Council membership has fluctuated slightly over the past year and currently sits at six.

While greater diversity improved council’s awareness of the work, specialty, area, and student situations in the region, the geographic width of the region continues to prove challenging in terms of representation and communication.

Regional Convention 2017 attendance numbers were down from 2016 however excellent feedback indicated delegates and members enjoyed the full programme including contributions from five local speakers.

There was an interactive presentation during in the Membership Committee time slot which provoked discussion and awareness. The focus was on the NZNO structure and used a waka outline on the floor. Delegates/members/staff stood around and within the waka, to depict how they can and do participate within the organisation and what services they provide.

*Māori World View* presentation by Michele Edwards, Kaiwhakahaere Te Piki Oranga, proved particularly enlightening for participants who attended the International Nurses Day forum. At the annual dinner, NZNO Kaiwhakahaere Kerri Nuku’s presented on the current work being undertaken by Te Rūnanga o Aotearoa and NZNO on pay equity. Both presentations raised awareness of disparities within the health sector and the issue was also being tabled at the United Nations Forum. Four local speakers who were funding recipients from the Top of the South educational fund also presented at the dinner, presenting on topics related to their funding.

Student representatives worked within the student body to increase student awareness and understanding of NZNO. With Council sponsorship, they held a successful pizza lunch event at NMIT promoting NZNO.

Top of the South Regional Council supported two forums for the Shout Out for Health Campaign, one of which included the attendance of two electoral candidates as speakers.
REGIONAL COUNCILS

Canterbury

CHAIR: CHERYL HANHAM
Canterbury Regional Council (CRC) continued to run bi-monthly meetings throughout the year with reasonable attendance and one special meeting was held prior to AGM. Throughout 2017/18 specialist nurse leaders were invited to give 10–15 minute talks on their speciality areas, but due to heavy workloads only two were able to present.

CRC management team continue to meet bi-monthly, alternate to council meetings. The team helps to produce three-to-four newsletters each year to send to all NZNO members within the Canterbury region. This includes updates on work and/or changes that may be happening in regional council.

A regional convention was held in April 2017 with more delegates wanting to attend than there were places for, so attendance was limited to 160, with a change of venue.

International Nurses Day was celebrated with an annual movie celebration of women/nursing, and was attended by 45 people. A wreath-laying was held at the Christchurch earthquake memorial wall, and was attended by the Mayor, the earthquake families trust, along with various media. Media interest was due to 53 nurses from eight countries losing their lives during the 22 February 2011 earthquake. Three poems were read from NZNO poetry book. The names of the Chinese nurses were read out in Mandarin and those of the Filipino nurses were also read.

One focus for this year is to find better ways to engage with members in the region, and encourage new people to regularly attend meetings.

Southern

CHAIR: BARBARA FINDLAY
Southern Regional Council activities for 2018 included:

- A successful Southern Regional Convention in Dunedin in April 2017 that was well attended by delegates and members from around the region.
- Celebration of International Nurses Day in workplaces around the region with the distribution of cake.
- Published a quarterly newsletter to introduce and farewell key regional members, report on recent events and advertise upcoming events.
- Delegates presented Prime Minister Jacinda Ardern with a Shout Out for Health t-shirt after she toured Dunedin hospital.
- Southern Regional Council delegation attended NZNO AGM/Conference.
- Several delegates accompanied NZNO President Grant Brookes on a walk around the wards at Dunedin Hospital to hear the many stories from nurses.
- Administered the Ngaio Fulton Nurses Trust to applicants.
- Awarded Honorary NZNO membership to past Southern Regional Council member.
- Awards to delegates presented throughout the year in recognition of their contribution to Southern Regional Council.
- Feedback on NZNO consultation and submission requests.

"Delegates presented the Right Honourable Prime Minister Jacinda Ardern with a Shout Out for Health t-shirt after she toured Dunedin hospital."
COLLEGES & SECTIONS
Colleges and Sections

Pacific Nursing Section

CHAIR: ESETA FINAU

The Pacific Nurses Section (PNS) turned 10 in June 2018. The objectives remain as Voice, Support, Advise, Develop and Participate. PNS members are from Tausi Soifua Samoa, Tongan, Cook Islands, Fiji, Tokelau and Niue Nurses Associations. Planned activities and programmes have continued during the year, along with quarterly meetings to discuss business of the PNS.

Growing Our Own

1. It is our responsibility as Pacific Nursing Leaders
2. It is our responsibility as Pacific people
3. It is our contribution to the future Pacific generations and Aotearoa.

Highlights included:
- The celebration by PNS on International Nurses Day. The celebration was commemorated with a service, and this year the host was Niue Nurses Association of New Zealand. Celebrations included acknowledgement the many Pacific nurses who have contributed to nursing, NZNO and community activities over the years.
- Pacific Nurses continue to achieve Post Graduate Qualifications from Aniva and other programmes.
- Individual ethnic nursing groups continue to run their ethnic activities and possible new Nurses Association to join PNS in the future.

Issues included:
- PNS continues to face issues of registration process for overseas registered nurses.
- Funding activities is still an ongoing issue.
- Needing to support the establishment of support networks for Pacific students within the schools of nursing.

PNS Symposium is scheduled for 9 November 2018 in Auckland.

Aotearoa College of Diabetes Nurses

CHAIR: TRICHA BALL

Aotearoa College of Diabetes Nurses (ACDN) completed the 2018 National Diabetes Nursing Knowledge and Skills Framework (NDNKSF) which is now available. This is a live document designed to provide access to numerous key New Zealand Nursing and Health related resources with a focus on Diabetes Nursing. The Framework describes three levels of expertise required for all nurses to care for a person with diabetes, regardless of practice setting.

ACDN continues to support the accreditation programme which is currently under review to align with the 2018 framework. A draft of the new programme will be sent to our members for comment, followed by a trial of the new programme with accreditation applicants later this year.

"Pacific nurses continue to achieve Post Graduate qualifications from Aniva and other programmes."
Cancer Nurses College

CHAIR: JUDY WARREN

The Cancer Nurses College (CNC) continued to be a lead voice for cancer nurses across New Zealand. Membership currently stands at 605.

Activities included:

• represented cancer nurses across secondary and tertiary services and community and palliative care – focus on providing quality care, networking and communication
• supported cancer nursing knowledge across the wider nursing workforce
• led and supported advance nursing practice roles which focus on improved cancer outcomes and quality, which are key when considering some of the future workforce challenges
• advocated for best care and ensuring that a strong specialty nursing voice is included in service planning and development
• represented on national work groups to support focused workforce planning
• have key links with national and international nursing groups
• supported future nursing leaders across the cancer nursing spectrum.

Achievements and ongoing work include:

• Knowledge and Skills Framework for Cancer Nursing in New Zealand. CNC conducted a national audit and a working group will be established to make substantial revisions.
• CNC continues to have representation on national groups including the Medical Oncology Working Group, the Radiation Oncology Working Group, the Haematology Working Group
• International affiliations.
  a. The CNC has a Memorandum of Understanding with the Cancer Nurses Society Australia (CNSA).
  b. CNC is a member of International Society of Nurses in Cancer Care (ISNCC).
• CNC has a contract with Roche for funding for educational grants ($10,000) and for the CancerNet quarterly newsletter ($10,000).
• CNC succeeded in the bid for International Conference on Cancer Nursing 2018 being held in Auckland in September and received a New Zealand Tourism Business Award in recognition of this success.

CNC has completed three major projects:

• Knowledge and Skills Framework
• The National Standards for Antineoplastic Drug Administration
• National DHB implementation of the eVIQ Anti-neoplastic Drug Administration Course (ADAC) New South Wales Cancer Institute modules.

These three components must be considered together to fully comprehend the amount of work that has been undertaken nationally. All three are seen as closely aligned and meeting the Ministry of Health and Medical Oncology model of care priorities to develop and strengthen the cancer nursing work force. Our current work plan now includes auditing the implementation and use of these nationally.

CNC are involved in three national projects:

**Closed Systems**

As a direct result of the Standards, a national working group led by the CNC and the Central Cancer Network was established to evaluate the use of closed systems to administer chemotherapy. The resulting document *Closed System Transfer Devices in Chemotherapy Administration 2017* was sent to all DHB CEOs and PHARMAC by the Medical Oncology Working Group in February 2018. It endorses the report and encourages DHBs to take its recommendations into account when considering how best to safely administer chemotherapy and ensure the health and safety of all staff involved in chemotherapy administration. PHARMAC has been involved in this project and the Medical Oncology Working Group will work with it as it evolves its policy on managing the purchase of closed system devices.
This report can only recommend that DHBs use closed systems. The next pieces of work by the CNC will be to assist DHBs in evaluating closed systems and to push WorkSafe NZ to escalate this to a priority, as nurse exposure to chemotherapy is not on their current work plan.

**National Survivorship Project**
As people live longer with cancer it becomes more important to consider the long term wellbeing of the person with cancer. This project sought to develop principles, language and pathways to support people living with and beyond cancer as a foundation for the development a New Zealand model of survivorship.

The consensus position statement has now been completed and will inform the Ministry of Health Cancer Team. The Minister of Health and the Cancer Programme Leadership Board, the Ministry’s cancer governance body, have emphasised the need for a greater focus on equity, and also a focus on the areas beyond diagnosis and treatment (which have traditionally been the main focus of the Ministry cancer team).

**The Safe Handling of Monoclonal Antibodies**
Guidelines are being developed for the handling of monoclonal antibodies. Issues include the current differences in practice at various centres across the country. There is the need for a guideline that is simple, transparent, and can be applied across different practice settings and will apply to both oncology and non-oncology fields. Due to the rapidly lengthening list of monoclonal antibodies coming onto the market, the guideline needs to be robust to provide guidance to help centres risk assess new agents as they are developed. Progress has been slow, and in the interim CNC will issue a position statement to ensure nurse and patient safety.

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**College of Air and Surface Transport Nurses**

**CHAIR: TONI JOHNSTON**

College of Air and Surface Transport Nurses (COASTN) committee members have been involved in the nationwide Ministry of Health project to restructure air ambulance services within New Zealand. This included participating in regional meetings and having representation in all four arms of the projects (clinical, technical, operational and fiscal). Work slowed and has proven to be more involved than first anticipated by the MoH, so pre-planned timelines have been pushed out. There is a call for tenders to enable current and prospective providers to revisit whether they wish to remain within this sector.

Committee members have also been involved in rewriting NZS8156 – the national Ambulance and Paramedic services standard. Destination pathways driven by MoH and introduced by pre-hospital emergency care providers (such as St John, Wellington Free Ambulance) have impacted on service provision and workload for some flight teams. In response, the committee has written to the Minister of Health on behalf of COASTN members seeking an opportunity to discuss the impact these changes may have on members and their workplaces.

At the COASTN AGM the membership voted in favour of forming a working party to examine the scope of practice of flight/transport nurses. This is in order to provide some national standardisation across all workplaces in New Zealand, provide individual services with standards of practice, and enable COASTN members to articulate what is means to be a flight/transport nurse and what skills and attributes are involved. This may form a basis for recognition of extended scopes of practice within the current NCNZ registration process – identifying at what level it is appropriate to scope the level at which members practice. This may also enable a standardised remuneration. College committee continues to work to increase membership from a small pool of practitioners, and currently has 400 members.

"Committee members have also been involved in rewriting NZS8156 – the national Ambulance and Paramedic services standard."
**College of Critical Care Nurses**

**CHAIR: DAYLE PEARMAN**

New Zealand College of Critical Care Nurses (NZCCCN) national committee activities and focus include:

**The committee**

Four nominations were received for the 2018 national committee, with five positions vacant. Three national committee members completed two terms – our constitution allows for committee members to stand for two consecutive terms before standing down. Two further positions will vacant as committee members finish their time on the national committee after one term.

**Member communication**

Critical Comment Newsletter is published quarterly. We encourage all members to submit articles for the Critical Comment via the website. NZCCCN also has a Facebook page which provides an informal way for members to connect, share articles of interest and highlight events relevant to the critical care nursing community.

**Education**

NZCCCN continues to explore ways in which to support members’ education needs. This year there has been a focus on smaller centres, with members who have not always been able to attend the Critical Care Skills Workshops. A pilot in Masterton was trialled for a one-day workshop which will now be reviewed – informal feedback has been very positive.

Funding and leave to attend workshops and programmes remain a problem for some NZCCCN members, particularly those in smaller centres. The NZCCCN provide scholarships to assist members to attend both regional Australian and New Zealand Intensive Care Society (ANZICS) conferences and NZCCCN run workshops, and members are encouraged to apply. Scholarships are advertised in the Critical Comment, on the website and by email direct to NZCCCN members.

"NZCCCN is represented on the National Deteriorating Patient Program Health Quality and Safety Commission, and the ANZICS Safety and Quality Committee."

**Our voice**

NZCCCN has contributed to consultation documents and made submissions on a wide range of issues. These included: Post Graduate Education: Accrediting and Monitoring; Proposed new investment approach to Post-entry training of New Zealand's future health workforce; feedback on the proposed national recognition and response system; measuring and improving state sector productivity; Employment (Pay Equity and Equal Pay) Bill; Advanced Nursing Practice position Statement Revision; National Health Index (NHI) Number Format Change; Allied Health Data Set Draft Standard; guidelines for nurses on the administration of medicines; Anaesthetic Technician (AT) Scope of Practice Review Consultation; National Health Workforce Strategy; examination policy and guidelines for registration of overseas anaesthetic technicians and the Misuse of Drugs (Medicinal Cannabis) Amendment Bill.

NZCCCN is represented on the National Deteriorating Patient Program Health Quality and Safety Commission, and the ANZICS Safety and Quality Committee. Links are maintained with special interest groups such as ICU Outreach, ICU Educator Forum and Clinical Research Nurses, International Critical Care Nursing Organisations, World Federation of Critical Care Nurses (WFCCCN), Australian College of Critical Care Nurses (ACCCN) and ANZICS.

**Education standards**

Over the past 12 months significant input has gone into reviewing and updating the NZCCCN position statement on Critical Care Nurse Education, and updating the NZ Standards in Critical Care Nursing Education. This is a three-phase project. The first phase was to update the current position statement on critical care nurse education. Phase two represented the standards and has been completed. The third phase is to align current expectations for critical care education with the specific skills and knowledge expected of qualified critical care nurses, and is yet to be completed.
College of Emergency Nurses New Zealand

CHAIR: JO KING

The College of Emergency Nurses New Zealand (CENNZ) has worked to operationalise its vision of promoting excellence in emergency nursing in Aotearoa. The key issues are Emergency Department (ED) capacity and demand, ED staffing and exposure to violence and aggression.

Activities included:

- The National Triage Course remains the core business of CENNZ and a key objective is to ensure this course continues to be benchmarked as a leader in the field. A major review of the course and an update of content and resources have been completed.
- The 26th College of Emergency Nurses Conference and AGM was organised by the Southern DHB region and held in Queenstown. This year’s theme was 'Remotely Rural in the City' and was well received.
- CENNZ supported the formation of the ED Charge Nurse Managers Network. ED Nurse Managers throughout New Zealand were supported to attend an annual day in Wellington to collaborate on clinical, professional and leadership issues.
- CENNZ supported National days for both Emergency Nurse Practitioners and the Advanced Emergency Nurse Network (AENN).
- CENNZ received a mandate from members at the 2017 AGM to produce the Emergency Nurse journal in a digital format. This transition will take place in 2018.
- CENNZ continues to be active in providing representation at a National level on issues which impact on emergency nursing. Major submissions in 2017 have included: Deteriorating Patient Project, Prime Nursing – service review, Child Asthma Guidelines, Australasian Bronchiolitis Guidelines, and NZNO Position Statement on Assisted Dying.
- Dialogue continues with the Safe Staffing Healthy Workplaces Unit to identify a validated methodology to calculate safe emergency department staffing.
- CENNZ has allocated maximum grant funding for post graduate study, training courses and conference registrations.

Women’s Health College

CHAIR: DENISE BRAID

The Women’s Health College (WHC) gained this status in February 2017, and celebrated with the inaugural AGM and conference in Auckland in May.

Achievements included:

- Oral and written PHARMAC submissions for hormonal implant intrauterine devices such as Mirena™ to be funded for contraception, received a positive response. The committee recommend “that Levonorgestrel Intrauterine System (LIUS) for contraception be listed with a high priority”.
- WHC members made oral submissions to the Law Commission on Abortion as a Health Issue. Currently abortion sits under the Crimes Act 1961 which puts in place barriers for women who want to access these services. A written submission will also be made.
- An oral submission was made into the effects of family violence committed on women.
- The Standards for Nurse Colposcopists Training have been revised with enhancement to the informed consent and cultural safety sections. This document nears its final consultation phase.

It has been requested by DHBs in New Zealand and from Queensland, to support nurse colposcopist role development.

- Two pharmacology days were held in May and November, and attracted nearly 150 participants.
- Education scholarships are available and have been granted to a number of WHC members for study and conferences.
- The AGM and conference was held in Blenheim in May 2018 and attracted a great line up of speakers.
- WHC continues to fund a $200 prize for the National Council of Women Auckland speech competition for 12- and 13-year-old girls.
- WHC committee members attend the Royal Australian and New Zealand College of Obstetricians and Gynaecologists Annual Scientific Meeting in Nelson.
- WHC has written a letter to support Dr Sarah Donovan. Dr Donovan is trying to get menstrual management products funded for young women. Research indicates that a number of girls/young women can’t afford these products and it is a major barrier to education and achievement. She presented her research at the WHC May conference.
Mental Health Nurses Section

CHAIR: HELEN GARRICK

Mental Health Nurses Section (MHNS) activities included:

- MHNS Forum August 2017. This forum aimed to address risk management in the current clinical context. Speakers included the Chief Ombudsman Judge Peter Boshier, Anne Brebner, Counties Manukau DHB DON, Dr Diana Kopua, Psychiatrist, NZNO Medico Legal Lawyers, Toni Dal Din, DON, MHAIDS, 3DH B and Philip Ferris-Day Nurse Educator, MHAIDS, 3DHB.
- MHNS met with an Ombudsman and two senior advisors from the Office of Ombudsman. The MHNS invited the President and Kaimihakahaere from the NZ College of Mental Health Nurses to this meeting to demonstrate a united approach to addressing the continuing mental health service crisis.
- Elle Hayes provided Kai Tiaki editorial on integrated care in mental health.
- Discussion regarding the Government’s proposal to provide mental health nurses in schools.
- Two MHNS committee members attended the OECD discussion on mental health and employment.
- MHNS responded to various consultation documents.
- Made contributions to employer education on the mental health scope of practice.
- MHNS Chair media responses on mental health and addiction inquiry, acute bed closures, suicide prevention, assaults on mental health nursing staff and restraint and seclusion elimination.
- MHNS committee responded to the upcoming inquiry and the use of illicit drugs on acute wards.
- Two consultation meetings held: Chair of NZNO MHNS and President of the NZ College of Mental Health Nurses.

Gerontology Section

CHAIR: BRIDGET RICHARDS

Gerontology Section activities included:

- Received endorsement as the College of Gerontology Nursing NZNO. The aim is to be the voice of gerontology nursing within New Zealand.
- College of Gerontology Nursing will be acknowledged as the College for all nurses working with older adults in any sector of health and social care in New Zealand.
- College committee went through major changes over the past year and now look for some stability to enable us to review and update our knowledge and skills framework.
- Inaugural College of Gerontology Nursing conference will be held 5 and 6 November in Hamilton, themed Coming into Age. Anyone working with older adults in any capacity is encouraged to attend this event. Information is available on the conference website.
- College will contribute the NZNO Visibility of Nursing strategy.
- Feedback was given on a number of submissions providing the gerontology nursing perspective.
- Nurse Practitioners endorsed in Older Adults actively utilise the changes from the Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill and are waiting for the final changes to enable them to complete cremation certificates.

"MHNS Chair media responses on mental health and addiction inquiry, acute bed closures, suicide prevention, assaults on mental health nursing staff and restraint and seclusion elimination.”
Neonatal Nurses College Aotearoa

CHAIR: GINA BEECROFT
This year the Neonatal Nurses College of Aotearoa’s (NNCA’s) activities focused on providing educational opportunities for neonatal nurses and ensuring that the views of neonatal nurses are represented in relevant health policy issues.

NNCA is hosting the Council of International Neonatal Nurses (COINN) International Conference 2019 in Auckland – the first time it has been hosted in Australasia. Considerable effort is being made to ensure NNCA is in a sound financial position to host, and also provide financial assistance for our membership to attend.

Highlights and activities included:

• COINN conference planning with international speakers secured.
• Request from Ministry of Health (MoH) for NNCA core documents – NNCA Standards for Neonatal Nursing Practice, Neonatal Nurses Knowledge and Skills Framework, Neonatal Workforce and Education Requirements to Meet Core Competencies. This followed a meeting with Newborn Clinical Network – a group comprised of medical and nursing membership to provide advice on service and treatment issues to the Paediatric Society of New Zealand and to MoH. This demonstrated how colleges can create robust and useful working documents that have an important role in national policy development that affect our delivery of care.
• Development of closer working relationship with Newborn Clinical Network.
• Development of projects of national significance to more closely align and complement work being done by network. NNCA workstreams and SIG formed for:
  • care of the extreme premature infant; guidelines for infants at edge of viability
  • Neonatal Transitional Care; Models and feasibility for New Zealand.

"NNCA is hosting the Council of International Neonatal Nurses (COINN) International Conference 2019 in Auckland – the first time it has been hosted in Australasia."

• Annual Conference Nurture and AGM held in Wellington.
• Focus on nurture of staff as well as infants and families – need to support nurses to manage the increasing demands and challenges.
• Remits passed to increase scholarships to membership, and ring-fence funds for financial support for local delegates to attend COINN 2019 conference.
• Facilitation of NZ NICU’s participation in international survey on behalf Neo-BFHI working group to ascertain uptake, integration of Neo-BFHI. MoH require all maternity facilities in New Zealand attain and maintain Baby Friendly Hospital Accreditation (BFHI). Neo-BFHI is a non-mandatory, neonatal adjunct, developed to protect, promote and support breastfeeding in neonatal wards based on the WHO/UNICEF BFHI programme.
• Presentation of Neonatal Nurse of the Year award with travel scholarship.
• Refreshed quarterly newsletter and ongoing development of Facebook page.

With increased demands on our services NNCA needs to help navigate and shape the future in neonatal care nationally.
NZNO Nurse Managers (NZ)

CHAIR: SARAH TWEEDALE

Nurse Managers’ highlights and achievements included:

- Established and allocated an education grant with a framework in place for ongoing distribution of funds.
- Continued commitment to CCDM by DHBs, including feature articles in our section newsletter which unpacked the nature of and promoted the CCDM process.
- Conference in Dunedin with over 95 delegates.
- Annual conference will be held in Hawke’s Bay in November 2018.
- Plan to host two annual regional forums per year around the country, addressing topics identified by our membership from previous surveys.
- Membership survey for 2018, using 2016 questions to benchmark responses, plus a section on mentorship and coaching for nurse managers.
- Presented a remit to allow NZNO membership to join up to three colleges (previously two) and sections. This was successfully passed at the NZNO 2017 annual conference.
- Membership has grown to 496. Strategic succession planning continued, to safeguard the knowledge base and maintain the momentum of the committees work.

Stomal Therapy Section

CHAIR: BRONWYN LAURIE

New Zealand Nurses Organisation College of Stomal Therapy Section (NZNOCSTN) bi-annual conference is scheduled 18–19 October 2018 in Auckland with an informative programme of guest speakers and our own nurses presenting case studies.

Internet banking is now available for Stomal Therapy Section (STN) which will make things much quicker and easier for members.

"The Outlet journal continues to flourish and is still produced in hard copy. Many nurses contribute by writing and sharing their articles and case studies."

NZNO Nurse Managers membership has grown to **496**

The Outlet journal continues to flourish and is still produced in hard copy. Many nurses contribute by writing and sharing their articles and case studies. Education for STNs is a major concern as it is not accessible in New Zealand. The South Island DONs have provided assistance in dialogue with ARA in the hope that something can be introduced in the very near future.

Work continues on the nursing framework.
Gastroenterology Nurses College

CHAIR: KAREN KEMPIN

Highlights and achievements included:

- Acceptance of the Gastroenterology Nurses’ Section application to become a college of NZNO. The application involved the work of many section members, and collaboration between successive committees over a few years. A comprehensive set of documents were put together that highlighted the professional nature and specialist skills of nurses involved in the digestive, liver and inflammatory disease specialty.
- Increase in funding amounts to members who apply for the New Zealand Gastroenterology Nurses College (GNC) Education Grant requested by members and budgeted and approved by the current committee.
- Costs to attend domestic and international meetings will increase in the 2018–2019 financial year. This is in line with increased costs to attend educational events, and decreased support from employers and sponsors.
- Increased publication costs and decreased availability of funding to the College from traditional supporters (e.g. pharmaceutical and equipment companies) led to a successful trial of an electronic journal in 2017. The Tube journal was previously distributed quarterly by mail to members, affiliate members and sponsors. It is now distributed in an electronic format and emailed quarterly, and this method has made significant savings to the overall budget, with positive member feedback. A few hard copies are provided by the publisher for the NZNO library and our sponsors, and can be available in hard copy to members if requested.
- A Survey Monkey evaluated members’ awareness of The Tube journal, the College and the activities of the committee. Ideas were also sought from members on the future direction of the College, projects or national initiatives, to focus on.
- New Zealand GNC has developed a moderated Facebook group to provide information to members and interested people on its activities and gives links to the wider gastroenterology community in Australia and the UK.

Nursing Research Section

CHAIR: HEATHER ROBERTSON

Highlights and achievements included:

- Nursing Research Section (NRS) is more engaged with section members. Three informative newsletters were produced for members, and was evaluated via Survey Monkey. NRS also has a more active website, a Facebook page, and a poster was developed to promote NRS. NRS has also been involved in a number of consultations.
- Under development is a research resource document to disseminate at national and local forums. This will be sent to new members as part of a welcome package.
- NRS is working on developing two annual scholarships for members.
- NRS won the Best Presentation prize at the NZNO Colleges and Sections Day. The presentation was interactive and asked the audience Why nurses should undertake more research.
- NRS has extended its peer-reviewing services to Kai Tiaki Nursing Research Journal, to New Zealand Wound Care Society Grants and the NZNO conference abstract submissions.

"NRS won the Best Presentation prize at the NZNO Colleges and Sections Day. The presentation was interactive and asked the audience why nurses should undertake more research."
College of Primary Health Care Nurses

CHAIR: CELESTE GILLMER

In 2017 the New Zealand College of Primary Health Care Nurses (NZCPHCN) organised a one-day symposium in Auckland, which was well attended by PHC nurses from across New Zealand. The keynote speakers – Jill Clendon and Jean McQueen – provided updates on the work in progress within PHC and set the scene for a day full of knowledgeable speakers and networking opportunities for delegates.

NZ PHC Nursing Knowledge and Skills Framework

The Framework is a Joint Venture between MidCentral District Health Board, the NZNO and the College of Primary Health Care Nurses. It is intended to provide support for best-practice by primary healthcare nurses, and used alongside other national guidelines and standards of practice. The Framework is currently under its final review before publication later in 2018.

Primary Health Care Review

The NZCPHCN will be a main representative for PHC nurses across New Zealand for this review to be completed by the Ministry of Health.

Respiratory Nurses Section

CHAIR: MARY GLUYAS

The College of Respiratory Nurses committee continued to meet the commitments outlined in the Strategic Plan 2016–2020. Highlights and achievements included:

- Letter to all health ministers outlining concerns around poor respiratory statistics and outcomes.
- Invited by Annette King and Dr David Clarke to meet in Parliament in July 2017. Three nurses provided them with resources such as Te Hā Ora: The Breath of Life, National Respiratory Strategy and The Impact of Respiratory Disease in New Zealand, 2016.
- Letter written January 2018 to current Health Minister reiterating our concerns.
- College sub-committee worked on Symposium in Wellington April 2018.
- Website continually updated to reflect College status.
- Introduction of SNIPS (Stop4th Nursing Information Provision Services), and linked to website.
- Move to centralised banking system.
- Continuation of Airways three times a year.
- Respiratory focus in Kai Tiaki June 2017.
- Introduction of 10 scholarships of $250 for members to go toward education.
- The College continues to comment of draft guidelines, and made submissions on:
  - NZ Child and Adolescent Asthma Guidelines
  - NZ Nursing Council – Post Graduate Education and Accreditation and Monitoring
  - Pharmac – Access to NRT and ECP and changes affecting those with prescribing rights
  - New Zealand Primary Health Care Nursing Knowledge and Skills Framework
  - NZNO Consultation – Advanced Nursing Practice
- Strong focus on College membership, committee representation and succession planning.

The College will continue to work on its Annual and Business Operation Plan in the coming year.

Strengthen regional activities and professional development

Instead of a formal conference, the NZCPHCN hosted an event in Christchurch in August 2018, to strengthen regional networks there. This event focused on national activities by the Ministry of Health and Nursing Council of New Zealand which will have an impact on Primary Health Care Nursing across New Zealand.

Maximising the Nursing Contribution to Positive Health Outcomes for the New Zealand Population was updated to reflect the work in progress on the NZNO Nursing Strategy.

Increase visibility across the sector – LOGIC and e-newsletter

The College’s electronic journal, LOGIC, will continue to be available on the website in electronic format. This year the College will also start an electronic newsletter to keep members updated on activities across the sector, including consultations on documents and regional events.
Enrolled Nurse Section

CHAIR: LEONIE METCALFE
The year the Enrolled Nurse Section (ENS) continued to raise the profile of enrolled nursing in New Zealand and to advocate for our enrolled nurse membership. ENS engaged with stakeholders and it was heartening to see employment of enrolled nurses, including new enrolled nurse graduates across all health settings as new nursing models of care are developed.

Key highlights and achievements:
- The 40th Annual Enrolled Nurse Section NZNO conference Resilient and Resourceful, held in Christchurch May 2018 and hosted by Canterbury Regional Enrolled Nurse Section NZNO.
- ENS continued to build connections with international nursing groups. Dianne Martin, Chief Executive Officer of the Registered Practical Nurses Association of Ontario was invited to be the keynote speaker at the 40th Annual Enrolled Nurse Section NZNO conference.
- The May 2017 issue of Kai Tiaki had an enrolled nurse focus which featured 15 pages of articles that showcased enrolled nurse clinical practice. Articles were also submitted by stakeholders, enrolled nurse employers and nursing leaders. This included articles that highlighted new health care initiatives and employment opportunities across the whole health sector. Challenges included the lack of workforce planning and lack of insight by some employers to include enrolled nurses in their workforce plans.
- The ENS Pānui continues to develop and is now disseminated to Ministry of Health, Nursing Council New Zealand, Aged Care sector group NZNO, Directors of Nursing and Nurse Executive groups. Some stakeholders also contributed articles. This is a great forum to showcase enrolled nursing in New Zealand and enrolled nurses are encouraged to submit profiles, share their stories and articles of interest. Positive feedback to the Pānui was received.
- ENS presented awards at six tertiary providers of the New Zealand Diploma in Enrolled Nursing programmes. Recognition was given to the recipients of the award for enrolled nurse graduates Demonstrating Leadership Skills.
- To progress strategies to grow new membership, NZNO worked with NZNO Student Unit delegates to support enrolled nurse graduates at tertiary institutions and engage with NZNO Section and College groups.

Perioperative Nurses College

CHAIR: JOHANNA MCCAMISH
The Perioperative Nurses College (PNC) maintained a presence in the world of healthcare and nursing. Regional activities continue to grow with study days and the annual conference. Key highlights and achievements included:

Occupational hazards
Crate weights and smoke plume are two major ongoing issues. No further headway has been made with WorkSafe New Zealand to set standards, however WorkSafe has acknowledged the problem as a hazard.

Scopes of practice
A comprehensive letter was written and submitted in relation to the Anaesthetic technician scope of practice. The proposal suggests a name change to perioperative practitioner, and to broaden the scope of practice to be inclusive of circulating and scrub roles, PACU care and ICU. PNC questioned the role as there are direct implications for nursing. The PNC knowledge and skills framework has been widely disseminated and is available on the PNC website.

Safe sedation round table
PNC Chair Johanna McCamish represented NZNO at the safe sedation round table, a multi-disciplinary meeting that allowed for the discussion of standards on safe sedation.

Recommendations were made to continue the representation of nurses in this forum, with further representation from emergency care and critical care nursing.
Infection and Prevention Control Nurses College

CHAIR: ROBYN BOYNE

Another busy year for the Infection and Prevention Control Nurses College (IPCNC). Highlights and achievements included:

- Membership numbers continue to steadily increase. IPCNC welcomed the change to allow members to belong to up-to-three Colleges and Sections.
- Held a very successful and informative conference in Auckland in October 2017, with additional workshops on the HQSC Hand Hygiene programme and innovative cleaning methods.
- Successful study day was held in Christchurch in November 2017, and other regions held local meetings where education was provided on Infection and Prevention Control (IPC) issues.
- Professional Development framework was approved and is now available for members to use.
- A position statement on influenza vaccination was published, that recommends all healthcare workers receive the annual influenza vaccination.
- Members represented the College on many external groups, including important work on an Antimicrobial Resistance document developed by the Ministry of Health and in conjunction with the Ministry for Primary Industries. A section in this document relates specifically to IPC and work began on the implementation of the objectives which relate to improving infection prevention and control measures across human health and animal care settings, to prevent infection and transmission of micro-organisms.
- Continued to provide representation on an exciting new joint initiative with ACC and HQSC to help prevent healthcare-related surgical site infections. Work is in progress on pre-operative screening and/or skin decolonisation methods for staphylococcus aureus colonisation.

College of Child and Youth Nurses

ACTING CHAIR: OLIVIA SANDERS

The College of Child and Youth Nurses (CCYN) welcomed new and farewelled old committee members and announced the new Chair for 2018.

CCYN’s biggest achievement in 2017 was to host a Symposium focused on people who are making a difference and Changing the Landscape in Child and Youth Health. The symposium had several informative, inspiring and thought-provoking speakers.

CCYN completed a member survey in early 2017 and found that the majority of our members work in child health or community nursing, and just over 85 percent work directly with infants, babies and youth. This was an important statistic as it showed exactly where our members are in the workforce. We also learnt that our members would like to attend symposiums as frequently as possible, either in person or via telehealth, to further increase their knowledge and skills.

The survey found that members enjoy email correspondence, and also like social media engagement, so we will use the College Facebook page regularly. Our members clearly identified that they enjoyed reading SNIPS, so this will continue to be published. The CCYN symposium in November 2017 was a direct response to the survey results.

CCYN is proud to continue the relationship with the Paediatric Society, and looks forward to strengthening this relationship, along with the partnership with the Australian College of Children and Young People’s Nurses to develop a new journal. The journal agreement was completed, and an editor has been appointed.

In 2017 CCYN used the education fund to help support members to continue their education journey. Through this fund we have supported delegates to attend the Youth Conference in Christchurch; a Child Health Seminar in Wellington; a Diabetes Specialist Conference and the Paediatric Society Conference in Christchurch. We will continue to support our members to attend educational opportunities through this fund.

"CCYN’s biggest achievement in 2017 was to host a Symposium focused on people who are making a difference and Changing the Landscape in Child and Youth Health."
Governance

Board Members
The elections for the Board were held during 2016. Following the resignation of Bronwyn Kavalinoch and Sara Mason in October 2016 a Board by election was held during 2017. A further Board by-election was held following the resignation of Jacob Panikkamannil in May 2017. The outcome of the Board by-elections took effect at the Annual General Meeting on Thursday 21 September 2017.

- Grant Brookes – President
- Kerri Nuku – Kaiwhakahaere
- Rosemary Minto – Vice President
- Titihuia Pakeho – Tumu Whakarae
- Jacob Panikkamannil until 31 May 2017
- Juliet Manning
- Cheryl Hammond
- Cheryl Hanham
- Eseta Finau
- Maria Armstrong – from September 2017
- Monina Hernandez – from September 2017
- Karen Naylor – from September 2017

Board Committees

**AUDIT & RISK COMMITTEE**
* From October 2017

**GOVERNANCE COMMITTEE**
Juliet Manning, Rosemary Minto, Sandra Corbett, Shannon Lake, Grant Brookes, Kerri Nuku

**CHIEF EXECUTIVE’S EMPLOYMENT COMMITTEE**
Rosemary Minto, Kerri Nuku*, Eseta Finau, Titihuia Pakeho, Maria Armstrong (from October 2017).
* Resigned from committee August 2017

**BOARD COMMITTEES AND THEIR ROLES**
The NZNO Constitution requires the establishment of the Membership Committee and Te Poari o Te Rūnanga o Aotearoa. The Constitution gives the Board the power to establish other committees of the Board for a particular purpose. The Board has established an Audit and Risk Committee, a Governance Committee and a Chief Executive Employment Committee.

**Te Poari o Te Rūnanga o Aotearoa (Te Poari)**
The functions of Te Poari are to support the Board by working in partnership to achieve the NZNO strategic aims in giving effect to te Tiriti o Waitangi and by working with the Board to give full recognition of the Memorandum of Understanding of July 2000 between Te Rūnanga o Aotearoa and the NZNO. The aim of Te Poari’s advice must be to ensure that NZNO processes reflect and uphold Tikanga Māori, and articulate Te Rūnanga regional issues.

**Membership Committee**
The functions of the Membership Committee are to support the Board by working in partnership to achieve the NZNO strategic aims in giving effect to the te Tiriti o Waitangi. The aim of the Membership Committee’s advice is to ensure that the needs of the membership are canvassed and known, and articulated to the Board.
Audit and Risk Committee

The Audit and Risk Committee has been established for the purpose of providing advice and recommendations assisting the Board in discharging its responsibilities with respect to overseeing all aspects of financial and non-financial reporting, control and audit functions and organisational risk. The Board has delegated to the Audit and Risk Committee the function of providing advice and recommendation to the Board to assist in the proper auditing of its financial affairs, liaison with the external auditors, the annual accounts, financial scrutiny, insurance contracts, debt funding and risk management.

Governance Committee

The Governance Committee's responsibilities include recommending to the Board any policies and processes designed to provide for effective and efficient governance, including areas of evaluation and professional development of the Board, individual members and the leadership roles. The Committee also reviews and makes recommendations regarding the competencies and attributes the Board is seeking ahead of Board nominations/elections, and provides support for Board member orientation and education.

Chief Executive Employment Committee

The Chief Executive Employment Committee has been established for the purpose of providing advice and recommendations assisting the Board in discharging its employment responsibilities in respect to the Chief Executive and on general remuneration issues. The Board has delegated to the Chief Executive Employment Committee the functions of providing advice and recommendations to assist the Board in making decisions on all employment issues relating to the Chief Executive and on general remuneration issues. The Convenor shall call a meeting of the Committee if requested by the Board or at the request of the Chief Executive.

Being a good employer

NZNO adheres to good employer requirements, and actively maintains and implements programmes and policies to promote equity, fairness and a safe and healthy working environment. NZNO has systems and processes to retain its status as an accredited Living Wage Employer.

Workforce profile

INVESTMENT IN STAFF

NZNO believes in investing in employee professional development as part of our efforts to ensure that we have an effective organisation. At NZNO we have approximately 142 employees and over the last financial year NZNO has invested $133,250 in employee development which can be broken down as follows:

- Staff Professional Development Fund (PDF) $83,629
- Staff personal development/training outside of PDF $35,539
- Professional memberships $14,082.

The return on this investment in professional development is more effective and better trained employees, a more loyal workforce leading to less turnover and higher staff engagement. Indeed it was the top NZNO strength identified in the recent NZNO engagement survey where 79 percent of employees reported favourably that “Their immediate manager supported them in their learning and development.”

EQUAL PAY

Statement on Equal Pay (comparison of salary costs by gender for the same roles).

Using the Statistics NZ methodology for the pay equity measure and the hourly rates for NZNO identifying the median, the gender pay gap is zero as both males and females’ median are $45.10 per hour pay rates.
During the year, the number of employees who received remuneration and other benefits in their capacity as employees of NZNO, the value of which was or exceeded $50,000 was as follows:

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<th>Remuneration Ranges</th>
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<td><strong>Total</strong></td>
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<td><strong>114</strong></td>
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NZNO enjoys a relatively stable staff complement with 40% of staff employed for longer than ten years:

The NZNO staff male/female gender split is: 18% MALE 82% FEMALE

The age profile of all staff who have provided information (including permanent and casual staff):

NZNO staff enjoys a relatively stable staff complement with 40% of staff employed for longer than ten years.

Males and females’ median paid $45.10 per hour.

The NZNO staff is made up of:

- Industrial
- Corporate
- Professional
- Management

The age profile of all staff who have provided information (including permanent and casual staff):

- 0-10 years: 60%
- 11-15 years: 24%
- 16-20 years: 4%
- 21-25 years: 4%
- 26-30 years: 3%
- 31+ years: 5%

The NZNO staff is made up of:

- Industrial: 47%
- Corporate: 27%
- Professional: 4%
- Management: 4%

During the year, the number of employees who received remuneration and other benefits in their capacity as employees of NZNO, the value of which was or exceeded $50,000 was as follows:

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NZNO Directory

Board Members

Grant Brookes  
President

Kerri Nuku  
Kaiwhakahaere

Rosemary Minto  
Vice President

Titihuia Pakeho  
Tumu Whakarae

Maria Armstrong  
(from September 2017)

Eseta Finau

Cheryl Hammond  
Cheryl Hanham

Monina Hernandez  
(from September 2017)

Juliet Manning

Karen Naylor  
(from September 2017)

Jacob Panikkamannil  
(until 31 May 2017)

Management Team

Memo Musa  
Chief Executive

Jane MacGeorge  
Manager Nursing & Professional Services  
(resigned February 2018)

Cee Payne  
Industrial Services Manager

Gerard Stack  
Senior Advisor, Human Resources

David Woltman  
Manager, Corporate Services

Glenda Alexander  
Associate Industrial Services Manager

Hilary Graham-Smith  
Associate Professional Services Manager

National Office

Physical Address  
Crowe Horwath House  
Level 3, 57 Willis Street,  
Wellington 6011

Postal address  
PO Box 2128,  
Wellington 6140

Auditor  
Deloitte  
Wellington

Bankers  
ANZ  
Wellington
Independent Auditor’s Report

To the Members of New Zealand Nurses Organisation Incorporated

Opinion

We have audited the financial statements of New Zealand Nurses Organisation Incorporated (the ‘Organisation’), which comprise the statement of financial position as at 31 March 2018, and the statement of comprehensive revenue and expense, statement of changes in members funds and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements, on pages 62 to 76, present fairly, in all material respects, the financial position of the Organisation as at 31 March 2018, and its financial performance and cash flows for the year then ended in accordance with Public Benefit Entity Standards Reduced Disclosure Regime.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (‘ISAs’) and International Standards on Auditing (New Zealand) (‘ISAs (NZ)’). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

We are independent of the entity in accordance with Professional and Ethical Standard 1 (Revised) Code of Ethics for Assurance Practitioners issued by the New Zealand Auditing and Assurance Standards Board and the International Ethics Standards Board for Accountants’ Code of Ethics for Professional Accountants, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Other than in our capacity as auditor and the provision of taxation advice, we have no relationship with or interests in the entity. These services have not impaired our independence as auditor of the entity.

Other information

The Board of Directors are responsible on behalf of the entity for the other information. The other information comprises the information in the Annual Report that accompanies the financial statements and the audit report.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and consider whether it is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If so, we are required to report that fact. We have nothing to report in this regard.

Board of Directors’ responsibilities for the financial statements

The Board of Directors are responsible on behalf of the entity for the preparation and fair presentation of the financial statements in accordance with Public Benefit Entity Standards Reduced Disclosure Regime, and for such internal control as the Board of Directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Board of Directors responsible for assessing the entity’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board of Directors either intend to liquidate the entity or to cease operations, or has no realistic alternative but to do so.
Auditor’s responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs and ISAs (NZ) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the External Reporting Board’s website at:


This description forms part of our auditor’s report.

Restriction on use

This report is made solely to the Members, as a body, in accordance with the constitution of New Zealand Nurses Organisation Incorporated. Our audit has been undertaken so that we might state to the Members those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Members as a body, for our audit work, for this report, or for the opinions we have formed.

Deloitte Limited
Wellington, New Zealand
5 July 2018
New Zealand Nurses Organisation Incorporated
Statement of Comprehensive Revenue and Expense
for the year ended 31 March 2018

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Notes</th>
<th>Actual $</th>
<th>Budget (Unaudited) $</th>
</tr>
</thead>
<tbody>
<tr>
<td>19,395,918</td>
<td>Member Subscriptions</td>
<td>19,539,965</td>
<td>18,825,840</td>
</tr>
<tr>
<td>237,296</td>
<td>Advertising (Kai Tiaki Nursing New Zealand)</td>
<td>227,619</td>
<td>288,200</td>
</tr>
<tr>
<td>271,327</td>
<td>Interest Received</td>
<td>119,513</td>
<td>426,720</td>
</tr>
<tr>
<td>115,314</td>
<td>Dividends Received</td>
<td>122,133</td>
<td>-</td>
</tr>
<tr>
<td>51,252</td>
<td>Rent Received</td>
<td>51,392</td>
<td>53,348</td>
</tr>
<tr>
<td>390,617</td>
<td>Colleges &amp; Sections Conference Income</td>
<td>751,763</td>
<td>1,028,000</td>
</tr>
<tr>
<td>434,862</td>
<td>Other Income</td>
<td>603,148</td>
<td>715,875</td>
</tr>
<tr>
<td>20,896,586</td>
<td>Total Revenue</td>
<td>21,415,533</td>
<td>21,337,983</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Notes</th>
<th>Actual $</th>
<th>Budget (Unaudited) $</th>
</tr>
</thead>
<tbody>
<tr>
<td>114,934</td>
<td>Advertising &amp; Marketing</td>
<td>138,876</td>
<td>161,746</td>
</tr>
<tr>
<td>428,351</td>
<td>Affiliations &amp; Subscriptions</td>
<td>464,731</td>
<td>417,872</td>
</tr>
<tr>
<td>409,586</td>
<td>Write Down of Assets</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>332,514</td>
<td>College &amp; Sections Conference Expenses</td>
<td>806,115</td>
<td>940,040</td>
</tr>
<tr>
<td>837,542</td>
<td>Communications</td>
<td>878,885</td>
<td>740,835</td>
</tr>
<tr>
<td>437,362</td>
<td>Computer Operations</td>
<td>398,192</td>
<td>384,856</td>
</tr>
<tr>
<td>452,813</td>
<td>Consultancy</td>
<td>333,159</td>
<td>241,465</td>
</tr>
<tr>
<td>205,551</td>
<td>Depreciation &amp; Amortisation</td>
<td>171,369</td>
<td>251,548</td>
</tr>
<tr>
<td>204,205</td>
<td>Donations &amp; Grants</td>
<td>166,911</td>
<td>157,410</td>
</tr>
<tr>
<td>164,274</td>
<td>Financial</td>
<td>134,975</td>
<td>133,962</td>
</tr>
<tr>
<td>407,661</td>
<td>General</td>
<td>477,046</td>
<td>431,185</td>
</tr>
<tr>
<td>555,912</td>
<td>Legal</td>
<td>529,494</td>
<td>284,344</td>
</tr>
<tr>
<td>490,915</td>
<td>Members</td>
<td>592,403</td>
<td>529,197</td>
</tr>
<tr>
<td>476,156</td>
<td>Motor Vehicles</td>
<td>468,501</td>
<td>516,856</td>
</tr>
<tr>
<td>1,420,286</td>
<td>Premises</td>
<td>1,378,090</td>
<td>1,320,675</td>
</tr>
<tr>
<td>538,965</td>
<td>Printing &amp; Stationery</td>
<td>538,486</td>
<td>551,605</td>
</tr>
<tr>
<td>76,649</td>
<td>Publications &amp; Books</td>
<td>73,126</td>
<td>66,358</td>
</tr>
<tr>
<td>12,044,211</td>
<td>Staff</td>
<td>12,638,081</td>
<td>12,640,143</td>
</tr>
<tr>
<td>1,379,524</td>
<td>Travel</td>
<td>1,497,507</td>
<td>1,340,095</td>
</tr>
<tr>
<td>20,979,411</td>
<td>Total Expenditure</td>
<td>21,685,947</td>
<td>21,110,192</td>
</tr>
</tbody>
</table>

(82,825) Surplus/(Deficit) from Operations before Taxation | (270,414) | 227,791 |
183,872 Income Tax | 3 | (113,881) | 100,000 |

(266,697) Surplus/(Deficit) from Operations after Taxation | (156,533) | 127,791 |
16,519 Gain/(Loss) on revaluation of available-for-sale financial assets | 228,952 | - |
120,000 Gain/(Loss) on revaluation of shares in Fifty-Seven Willis Street Limited | 110,000 | - |

(103,481) Total Other Comprehensive Revenue and Expense | 338,952 | - |
(370,178) Total Comprehensive Revenue and Expense | 182,419 | 127,791 |

The accompanying accounting policies and notes form part of these financial statements.
**Statement of Changes in Members Funds**  
for the year ended 31 March 2018

<table>
<thead>
<tr>
<th>Previous Year</th>
<th>Notes</th>
<th>Actual</th>
<th>Budget (Unaudited)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12,403,761</td>
<td></td>
<td>$12,033,583</td>
<td>$12,407,759</td>
</tr>
</tbody>
</table>

**Total Comprehensive Revenue and Expense for the period**

<table>
<thead>
<tr>
<th>Previous Year</th>
<th>Notes</th>
<th>Actual</th>
<th>Budget (Unaudited)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(266,697)</td>
<td></td>
<td>(156,533)</td>
<td>127,791</td>
</tr>
</tbody>
</table>

**Other Comprehensive Revenue and Expense**

<table>
<thead>
<tr>
<th>Previous Year</th>
<th>Notes</th>
<th>Actual</th>
<th>Budget (Unaudited)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16,519</td>
<td></td>
<td>228,952</td>
<td>-</td>
</tr>
<tr>
<td>(120,000)</td>
<td></td>
<td>110,000</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Year</th>
<th>Notes</th>
<th>Actual</th>
<th>Budget (Unaudited)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(103,481)</td>
<td></td>
<td>338,952</td>
<td>-</td>
</tr>
<tr>
<td>(370,178)</td>
<td></td>
<td>182,419</td>
<td>127,791</td>
</tr>
<tr>
<td>$12,033,583</td>
<td></td>
<td>$12,216,002</td>
<td>$12,535,550</td>
</tr>
</tbody>
</table>

**Statement of Changes in Accumulated Fund**  
for the year ended 31 March 2018

<table>
<thead>
<tr>
<th>Previous Year</th>
<th>Notes</th>
<th>Actual</th>
<th>Budget (Unaudited)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$9,343,185</td>
<td></td>
<td>$9,118,969</td>
<td>$9,347,181</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previous Year</th>
<th>Notes</th>
<th>Actual</th>
<th>Budget (Unaudited)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(266,697)</td>
<td></td>
<td>(156,533)</td>
<td>127,791</td>
</tr>
<tr>
<td>126,281</td>
<td>Transfer from Asset Revaluation reserve</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>(83,800)</td>
<td>Transfer from Colleges &amp; Sections Funds</td>
<td>15</td>
<td>(37,326)</td>
</tr>
<tr>
<td>$9,118,969</td>
<td></td>
<td>$8,925,110</td>
<td>$9,474,972</td>
</tr>
</tbody>
</table>

**Statement of Changes in Colleges and Sections Fund**  
for the year ended 31 March 2018

<table>
<thead>
<tr>
<th>Previous Year</th>
<th>Notes</th>
<th>Actual</th>
<th>Budget (Unaudited)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,565,401</td>
<td></td>
<td>$1,649,201</td>
<td>$1,565,402</td>
</tr>
<tr>
<td>83,800</td>
<td>Transfer to Accumulated Fund</td>
<td>15</td>
<td>37,326</td>
</tr>
<tr>
<td>$1,649,201</td>
<td></td>
<td>$1,686,527</td>
<td>$1,565,402</td>
</tr>
</tbody>
</table>

**Statement of Changes in Asset Revaluation Reserve**  
for the year ended 31 March 2018

<table>
<thead>
<tr>
<th>Previous Year</th>
<th>Notes</th>
<th>Actual</th>
<th>Budget (Unaudited)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,495,175</td>
<td></td>
<td>$1,265,413</td>
<td>$1,495,176</td>
</tr>
<tr>
<td>16,519</td>
<td>Gain/(Loss) on revaluation of available-for-sale financial assets</td>
<td>228,952</td>
<td>-</td>
</tr>
<tr>
<td>(126,281)</td>
<td>Transfer to Accumulated fund</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>(120,000)</td>
<td>Gain/(Loss) on revaluation of shares in Fifty-Seven Willis Street Limited</td>
<td>110,000</td>
<td>-</td>
</tr>
<tr>
<td>$1,265,413</td>
<td></td>
<td>$1,604,365</td>
<td>$1,495,176</td>
</tr>
</tbody>
</table>

The accompanying accounting policies and notes form part of these financial statements
## Statement of Financial Position
as at 31 March 2018

<table>
<thead>
<tr>
<th>Previous Year</th>
<th>Notes</th>
<th>Actual</th>
<th>Budget (Unaudited)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>MEMBERS’ FUNDS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9,118,969</td>
<td>Accumulated Fund</td>
<td>8,925,110</td>
<td>9,474,972</td>
</tr>
<tr>
<td>1,649,201</td>
<td>Colleges &amp; Sections Fund</td>
<td>1,686,527</td>
<td>1,565,402</td>
</tr>
<tr>
<td>1,265,413</td>
<td>Asset Revaluation Reserve</td>
<td>1,604,365</td>
<td>1,495,176</td>
</tr>
<tr>
<td><strong>12,033,583</strong></td>
<td><strong>TOTAL MEMBERS’ FUNDS</strong></td>
<td><strong>12,216,002</strong></td>
<td><strong>12,535,550</strong></td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3,263,124</td>
<td>Cash &amp; Cash Equivalents</td>
<td>3,354,211</td>
<td>2,907,393</td>
</tr>
<tr>
<td>659,693</td>
<td>Term Deposits</td>
<td>717,887</td>
<td>1,128,282</td>
</tr>
<tr>
<td>706,865</td>
<td>Accounts Receivable</td>
<td>448,566</td>
<td>514,812</td>
</tr>
<tr>
<td>-</td>
<td>Taxation Receivable</td>
<td>147,935</td>
<td>98,579</td>
</tr>
<tr>
<td><strong>4,629,682</strong></td>
<td><strong>Total Current Assets</strong></td>
<td><strong>4,668,599</strong></td>
<td><strong>4,649,066</strong></td>
</tr>
<tr>
<td><strong>Less</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>520,671</td>
<td>Income in advance</td>
<td>572,248</td>
<td>614,471</td>
</tr>
<tr>
<td>19,548</td>
<td>Monies held in trust</td>
<td>19,547</td>
<td>19,547</td>
</tr>
<tr>
<td>93,760</td>
<td>Bequests</td>
<td>93,760</td>
<td>93,760</td>
</tr>
<tr>
<td>56,093</td>
<td>Taxation Payable</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>1,577,619</td>
<td>Accounts Payable</td>
<td>1,071,366</td>
<td>1,438,448</td>
</tr>
<tr>
<td>1,128,406</td>
<td>Employee Entitlements</td>
<td>1,291,370</td>
<td>1,172,767</td>
</tr>
<tr>
<td><strong>3,396,097</strong></td>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>3,048,291</strong></td>
<td><strong>3,338,993</strong></td>
</tr>
<tr>
<td><strong>1,233,585</strong></td>
<td><strong>NET CURRENT ASSETS</strong></td>
<td><strong>1,620,308</strong></td>
<td><strong>1,310,073</strong></td>
</tr>
<tr>
<td><strong>NON CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8,022,138</td>
<td>Investments Portfolio</td>
<td>7,653,110</td>
<td>7,608,871</td>
</tr>
<tr>
<td>2,450,000</td>
<td>Shares in Fifty-Seven Willis Street Limited</td>
<td>2,560,000</td>
<td>2,570,000</td>
</tr>
<tr>
<td>761,979</td>
<td>Property, Plant &amp; Equipment</td>
<td>777,381</td>
<td>1,607,096</td>
</tr>
<tr>
<td>27,936</td>
<td>Intangible Assets</td>
<td>12,473</td>
<td>41,071</td>
</tr>
<tr>
<td><strong>11,262,053</strong></td>
<td><strong>Total Non Current Assets</strong></td>
<td><strong>11,002,964</strong></td>
<td><strong>11,827,038</strong></td>
</tr>
<tr>
<td><strong>Less</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NON CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>462,055</td>
<td>Employee Entitlements</td>
<td>407,270</td>
<td>601,561</td>
</tr>
<tr>
<td><strong>462,055</strong></td>
<td><strong>Total Non Current Liabilities</strong></td>
<td><strong>407,270</strong></td>
<td><strong>601,561</strong></td>
</tr>
<tr>
<td><strong>10,799,998</strong></td>
<td><strong>NET NON CURRENT ASSETS</strong></td>
<td><strong>10,595,694</strong></td>
<td><strong>11,225,477</strong></td>
</tr>
<tr>
<td><strong>12,033,583</strong></td>
<td><strong>NET FUNDS EMPLOYED</strong></td>
<td><strong>12,216,002</strong></td>
<td><strong>12,535,550</strong></td>
</tr>
</tbody>
</table>

The accompanying accounting policies and notes form part of these financial statements.
## Statement of Cash Flows
for the year ended 31 March 2018

### CASH FLOWS FROM OPERATING ACTIVITIES

<table>
<thead>
<tr>
<th>Previous Year</th>
<th>Notes</th>
<th>Actual $</th>
<th>Budget (Unaudited) $</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cash was provided from:

- 19,330,011 Member Subscriptions 19,505,545 19,168,242
- 239,264 Receipts from Customers 227,619 251,200
- 299,762 Interest Received 117,390 321,000
- 115,314 Dividends Received 122,133 80,000
- 51,252 Rent Received 51,392 53,348
- 825,479 Other Income 1,443,192 280,575

**Total:** 20,861,082

Cash was disbursed to:

- 12,113,098 Payments to Employees 12,488,247 12,548,627
- 8,197,579 Payments to Suppliers 9,069,731 7,076,911
- 11,069 Income Tax Paid 90,147 100,000
- 61,377 GST Paid 96,532 -

**Total:** 20,383,123

**477,959 Net Cash Flows from Operating Activities**

(277,386) 428,827

### CASH FLOWS FROM INVESTING ACTIVITIES

Cash was provided from:

- 8,396,263 Sales/Maturities of Investments Portfolio 4,282,764 2,200,000

**Total:** 8,396,263

Cash was disbursed to:

- 298,783 Purchase of Property, Plant and Equipment 161,308 318,050
- 9,001,559 Purchase of Investments Portfolio 3,684,789 2,200,000
- 7,868 Purchase of Intangibles 10,000 40,000

**Total:** 9,308,210

**(911,947) Net Cash Flows from Investing Activities**

426,667 (358,050)

### (433,988) Net Increase/(Decrease) in Cash

149,281 70,777

### 4,356,805 Add Opening Cash Carried Forward

3,922,817 3,964,898

### 3,922,817 Ending Cash Carried Forward

4,072,098 4,035,675

**Ending Cash is represented by:**

- 3,263,124 Cash & Cash Equivalents 3,354,211 2,907,393
- 659,693 Term Deposits 717,887 1,128,282

**3,922,817**

4,072,098 4,035,675

The accompanying accounting policies and notes form part of these financial statements.
Statement of Accounting Policies
for the year ended 31 March 2018

REPORTING ENTITY
New Zealand Nurses Organisation Incorporated is a nursing union incorporated under the Incorporated Societies Act 1908.

New Zealand Nurses Organisation represents the interest of its members including nurses, midwives, students, kaimahi hauora, health care workers and allied health professionals.

The principal activities of New Zealand Nurses Organisation is to provide professional support and representation of its members.

New Zealand Nurses Organisation is a public benefit entity for the purposes of financial reporting in accordance with the Financial Reporting Act (2013).

The national office of the New Zealand’s Nurses Organisation is at Level 3, 57 Willis Street, Wellington. Regional offices are located in Whangarei, Auckland, Hamilton, Tauranga, Palmerston North, Wellington, Nelson, Christchurch and Dunedin.

The financial statements were authorised for issue by the Board of Directors on 5 July 2018.

STATEMENT OF COMPLIANCE
The financial statements have been prepared in accordance with Generally Accepted Accounting Practices in New Zealand (“NZ GAAP”). The financial statements comply with Public Benefit Entity International Public Sector Accounting Standards (“PBE IPSAS”) and other applicable financial reporting standards as appropriate that have been authorised for use by the External Report Board for Not-For-Profit entities.

For financial reporting purposes of complying with NZ GAAP, New Zealand Nurses Organisation is a public benefit not-for-profit entity and is eligible to apply Tier 2 Not-For-Profit PBE IPSAS on the basis that New Zealand Nurses Organisation does not have public accountability and it is not defined as large.

MEASUREMENT SYSTEM
The accounting principles recognised as appropriate for the measurement and reporting of earnings and financial position on a historical cost basis are followed by New Zealand Nurses Organisation, except Fifty-Seven Willis Street Limited and Investments held with ANZ Private Bank Limited which are recognised at fair value.

FUNCTIONAL AND PRESENTATION CURRENCY
The financial statements are presented in New Zealand dollars, which is also the functional currency.

The figures are rounded to the nearest dollar unless otherwise specified.

ACCOUNTING POLICIES
The following accounting policies which materially affect the measurement of financial performance and financial position have been applied:

BUDGET FIGURES
The budget figures shown in the Statement of Comprehensive Revenue and Expense were approved by the Board of Directors before the financial year and opening balances represent reforecast amounts at the time of approval. The budget figures are not audited.

REVENUE
All revenue is recognised when earned and is reported in the financial period to which it relates.

An exchange transaction is one in which New Zealand Nurses Organisation receives assets or services, or has liabilities extinguished and directly gives approximately equal value (primarily in the form of cash, goods, services, or use of assets) to another entity in exchange.

All revenue is considered to be from exchange transactions.

INTEREST REVENUE
Revenue is recognised as interest accrues using the effective interest method.

PROPERTY, PLANT AND EQUIPMENT
All Property, Plant and Equipment are stated at cost less accumulated depreciation.

When an item of Property, Plant and Equipment is disposed of, a gain or loss is recognised in the Statement of Comprehensive Revenue and Expense and is calculated as the difference between the sale price and the carrying value of the item.

DEPRECIATION
Depreciation is provided on a straight line basis on all property, plant and equipment, at a rate which will allocate the cost of the assets to their estimated residual value over their useful lives.

The useful lives and associated depreciation rates of major classes have been estimated as follows:
Statement of Accounting Policies (continued)
for the year ended 31 March 2018

<table>
<thead>
<tr>
<th>Assets</th>
<th>Depreciation Rate (Percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leasehold Improvements</td>
<td>4</td>
</tr>
<tr>
<td>Equipment</td>
<td>25</td>
</tr>
<tr>
<td>Furniture</td>
<td>25</td>
</tr>
<tr>
<td>Fixtures &amp; Fittings</td>
<td>25</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

**INTANGIBLE ASSETS**
Intangible assets include computer software which are not integral to the operating systems of the computer and server equipment. They are amortised on a straight line basis over three years.
An impairment loss is recognised where indicators of impairment are evident.

**ACCOUNTS RECEIVABLE**
Accounts Receivable are stated at their estimated net realisable value; being amortised cost less impairment losses.
All Accounts Receivable are considered to be exchange transactions.

**EMPLOYEE ENTITLEMENTS**
Provision is made for employee entitlements provided in the New Zealand Nurses Organisation’s Collective Agreement as currently in force. An obligation is recognised when the employee provides the service in exchange for the entitlement even though the entitlement may only vest and be payable in the future.
Entitlements that are expected to be settled within one year of reporting date, such as annual leave are measured at nominal values on an actual entitlement basis at current salary levels.
Entitlements that are payable beyond one year, such as long service and retirement leave, have been calculated on an actuarial basis based on the present value of expected future entitlements.
Other employee entitlements are accounted for when due or when a known or anticipated liability exists.

**GOODS AND SERVICES TAX (GST)**
The Financial Statements are prepared on a GST exclusive basis, except that Accounts Receivable, Accounts Payable and operating lease commitments which are stated inclusive of GST.

**TAXATION**
The income tax expense charged to the Statement of Comprehensive Revenue and Expense includes both the current year’s provision and the income tax effect of:
- Taxable temporary differences, except those arising from initial recognition of assets that are not depreciated; and
- Deductible temporary differences to the extent that it is probable that they will be utilised.
Taxation is provided on the comprehensive method and deferred tax is recognised if material.

**OPERATING LEASES**
Operating Lease payments, where the lessor effectively retains substantially all the risks and benefits of ownership of the lease items, are charged as expenses in the periods in which they are incurred.

**COMMITMENTS**
Future payments are disclosed as commitments at the point a contractual obligation arises, to the extent that they are equally unperformed obligations. Commitments relating to employment contracts are not disclosed.

**FINANCIAL INSTRUMENTS**
New Zealand Nurses Organisation is party to financial instruments as part of its normal operations.
These financial instruments include bank accounts, debtors, creditors and investments. All financial instruments are recognised in the Statement of Financial Position and all revenues and expenses in relation to financial instruments are recognised in the Statement of Comprehensive Revenue and Expense.
Non-derivative financial instruments are initially recognised at fair value. Financial assets are derecognised if New Zealand Nurses Organisation’s contractual rights to the cashflows expire or if the Organisation transfers the financial asset to another party without retaining control. Financial liabilities are derecognised if New Zealand Nurses Organisation’s obligations under the contract expire or are discharged or cancelled.
Cash and cash equivalents are designated as “Loans and Receivables”. They are subsequently recognised at amortised cost using the effective interest rate method. They comprise cash on hand, cash held in bank accounts, demand deposits and other highly liquid investments in which New Zealand Nurses Organisation invests as part of its day-to-day cash management.
Statement of Accounting Policies (continued)
for the year ended 31 March 2018

Certain term deposits are designated as “Loans and Receivables” and are subsequently recognised at amortised cost using the effective interest rate method, which closely approximates fair value.

New Zealand Nurses Organisation has designated its Investments Portfolio as being investments “Available for Sale” on the basis that New Zealand Nurses Organisation intends to hold long-term but which may be realised before maturity and Shareholdings that are held for a strategic purpose.

These investments are subsequently recognised at fair value based on quoted market values supplied by ANZ Private Bank Limited. Fair value gains and losses are recognised in other comprehensive revenue and expense, except for impairment losses, which are recognised in surplus or deficit.

On recognition, the cumulative gain or loss previously recognised in other comprehensive revenue and expense is reclassified from equity to the surplus or deficit.

Financial liabilities are classified as financial liabilities measured at amortised cost. Financial liabilities are subsequently measured at amortised cost using the effective interest rate method.

Management have recorded Fifty-Seven Willis Street Limited at fair value as determined by an independent registered valuer. Revaluation gains/(losses) are included in the Statement of Changes in Members Funds.

IMPAIRMENT
The carrying amounts of New Zealand Nurses Organisation’s assets are reviewed at each balance date to determine whether there is any indication of impairment. If any such indication exists, the asset’s recoverable amount is estimated.

If the estimated recoverable amount of an asset is less than its carrying amount, the asset is written down to its estimated recoverable amount and an impairment loss is recognised in the Statement of Comprehensive Revenue and Expense.

The estimated recoverable amount of an asset is the greater of their fair value less costs to sell and value in use. Value in use is determined by estimating future cashflows from the use and ultimate disposal of the asset and discounting these to their present value using pre-tax discount rate that reflects current market rates and the risks specific to the asset.

For an asset that does not generate largely independent cash inflows, the recoverable amount is determined for the cash generating unit to which the asset belongs.

JUDGEMENTS, ESTIMATES AND ASSUMPTIONS
The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities, income and expenses. Actual results may differ from these estimates.

The estimates and underlying judgements are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

Judgements made by management in applying accounting policies that have a significant effect on the financial statements and estimates with a significant risk of material adjustment in the next year relate to the following in particular:

- Employee long service entitlements. The key assumptions in the calculation are:
  - the probabilities of withdrawal from service have been provided through actuarial valuation.
  - discount rates are the average risk free rate over 20 years
  - the inflation rate is the average rate over the past four quarters of this year

- Revaluation of Fifty-Seven Willis Street Limited
  - Significant assumptions applied in determining the fair value of Fifty-Seven Willis Street Limited are disclosed in note 8.

- Estimating useful lives and residual values of property, plant and equipment
  - At each balance date, the useful lives and residual values of property, plant and equipment are reviewed. Assessing the appropriateness of useful life and residual values estimates requires a number of factors to be considered, such as physical condition of the asset, expected period of use of the asset group and expected disposals proceeds (if any) from the future sale of the asset.

STATEMENT OF CASHFLOWS
Operating Activities include cash received from all income sources of the New Zealand Nurses Organisation and records the cash payments made for the supply of goods and services.

Investing Activities are those activities relating to the acquisition and disposal of Non Current Assets.

COMPARATIVES
Comparative information is consistent with current year classifications.

CHANGES IN ACCOUNTING POLICIES
There have been no changes in accounting policies during the period.
Notes to the Financial Statements
for the year ended 31 March 2018

1 OTHER INCOME
Other income includes management fees in regards to administrative services provided to Nurses Education and Research Fund. Furthermore it consists of royalties from customers who have access to the Kai Tiaki Magazine on their website and recoveries of legal costs.

2 KEY MANAGEMENT PERSONNEL REMUNERATION
New Zealand Nurses Organisation key management personnel are:

- The Board of Directors, including the President and Kaiwhakahaere
- Chief Executive
- Senior Management Team

The Board of Directors are not remunerated with the exception of the President and Kaiwhakahaere who are remunerated as per their contractual agreement with New Zealand Nurses Organisation.

The Chief Executive and Senior Management Team are employed as employees of New Zealand Nurses Organisation on normal employment terms.

The aggregate level of remuneration paid and number of persons or full-time equivalents key management personnel is presented below:

<table>
<thead>
<tr>
<th></th>
<th>Actual Remuneration</th>
<th>Full-time equivalents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Directors</td>
<td>265,106</td>
<td>11*</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>221,442</td>
<td>1</td>
</tr>
<tr>
<td>Senior Management Team</td>
<td>824,463</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Previous Year Remuneration</th>
<th>Full-time equivalents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Directors</td>
<td>217,907</td>
<td>11*</td>
</tr>
<tr>
<td>Chief Executive</td>
<td>192,823</td>
<td>1</td>
</tr>
<tr>
<td>Senior Management Team</td>
<td>851,985</td>
<td>6</td>
</tr>
</tbody>
</table>

*Full-time equivalents have not been able to be determined for the Board of Directors as they do not have set hours instead the number of individuals has been disclosed.

Board Members are reimbursed for wages lost due to attendance at Board meetings as per the Member Leave Without Pay Policy.
3 INCOME TAX

New Zealand Nurses Organisation is assessed on all income and expenditure not directly related to its activities with members. The Income Tax expense has been calculated as follows:

### 3.1 Income tax recognised in surplus/deficit from operations

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current tax – in respect of current year</td>
<td>$1,625</td>
<td>$139,239</td>
</tr>
<tr>
<td>Current tax – in respect of prior years</td>
<td>$(115,506)</td>
<td>$44,633</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>(113,881)</strong></td>
<td><strong>183,872</strong></td>
</tr>
</tbody>
</table>

The income tax expense for the year can be reconciled to the surplus/(deficit) from operations before taxation as follows:

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surplus/(Deficit) from Operations before Taxation</td>
<td>$(270,414)</td>
<td>$(82,825)</td>
</tr>
<tr>
<td>Tax calculated at 28% (2017: 28%)</td>
<td>$(75,716)</td>
<td>$(23,191)</td>
</tr>
</tbody>
</table>

**Plus (less) tax effect of:**

- Non assessable income: $(5,492,468) vs. $(5,314,440)
- Non deductible expenses: $5,552,060 vs. $5,496,367
- Imputation credits: $(22,594) vs. $(33,986)
- PIE tax charge: $40,343 vs. $14,489
- Prior period adjustment: $(115,506) vs. $44,633

**Tax calculated at 28% (2017: 28%)**

- **Total**: $(113,881) vs. 183,872

### 3.2 Income tax recognised in other comprehensive revenue and expense

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current tax – available-for-sale financial assets</td>
<td>$2,204</td>
<td>-</td>
</tr>
<tr>
<td>Current tax – in respect of prior years</td>
<td>$(6,152)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$(3,948)</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

### 3.3 Current Income Tax Payable/(Receivable)

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance</td>
<td>$56,093</td>
<td>$(116,268)</td>
</tr>
<tr>
<td>Over/(Under) Provision from Prior Years</td>
<td>$(121,658)</td>
<td>$44,633</td>
</tr>
<tr>
<td>Current Taxation</td>
<td>$3,829</td>
<td>$139,239</td>
</tr>
<tr>
<td>Payments Made</td>
<td>$(86,199)</td>
<td>$(84,157)</td>
</tr>
<tr>
<td>Refund Received</td>
<td>-</td>
<td>$72,646</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$(147,935)</strong></td>
<td><strong>56,093</strong></td>
</tr>
</tbody>
</table>
### 4 CASH & CASH EQUIVALENTS

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Petty Cash</td>
<td>$4,400</td>
<td>$6,860</td>
</tr>
<tr>
<td>General</td>
<td>$19,927</td>
<td>$11,226</td>
</tr>
<tr>
<td>Subscriptions Trust</td>
<td>$76,554</td>
<td>$182,559</td>
</tr>
<tr>
<td>Call</td>
<td>$1,361,542</td>
<td>$1,272,112</td>
</tr>
<tr>
<td>Sounds Cottage</td>
<td>$1,972</td>
<td>$4,481</td>
</tr>
<tr>
<td>College &amp; Section Accounts</td>
<td>$1,063,463</td>
<td>$1,031,006</td>
</tr>
<tr>
<td>Portfolio Cash Account</td>
<td>$826,353</td>
<td>$754,880</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$3,354,211</td>
<td>$3,263,124</td>
</tr>
</tbody>
</table>

### 5 ACCOUNTS RECEIVABLE

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sundry Receivables</td>
<td>$282,836</td>
<td>$200,706</td>
</tr>
<tr>
<td>Interest Accrued</td>
<td>$7,922</td>
<td>$5,800</td>
</tr>
<tr>
<td>Prepayments</td>
<td>$157,808</td>
<td>$500,359</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$448,566</td>
<td>$706,865</td>
</tr>
</tbody>
</table>

### 6 ACCOUNTS PAYABLE

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Payables</td>
<td>$435,786</td>
<td>$875,193</td>
</tr>
<tr>
<td>Accrued Expenses</td>
<td>$398,275</td>
<td>$399,724</td>
</tr>
<tr>
<td>Goods and Services Tax</td>
<td>$237,305</td>
<td>$302,702</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$1,071,366</td>
<td>$1,577,619</td>
</tr>
</tbody>
</table>
7  EMPLOYEE ENTITLEMENTS

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance as at 1 April 2017</td>
<td>$1,590,461</td>
<td>$1,690,556</td>
</tr>
<tr>
<td>Additional provision</td>
<td>$1,250,621</td>
<td>$1,255,634</td>
</tr>
<tr>
<td>Amounts used</td>
<td>$(1,137,344)</td>
<td>$(1,300,902)</td>
</tr>
<tr>
<td>Unused amounts reversed</td>
<td>$(5,098)</td>
<td>$(54,827)</td>
</tr>
<tr>
<td><strong>Balance as at 31 March 2018</strong></td>
<td>$1,698,640</td>
<td>$1,590,461</td>
</tr>
</tbody>
</table>

This is represented by:

**Current Liabilities:**

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Leave</td>
<td>$977,037</td>
<td>$1,002,606</td>
</tr>
<tr>
<td>Long Service Leave</td>
<td>$227,734</td>
<td>$62,731</td>
</tr>
<tr>
<td>Retirement Leave</td>
<td>$86,599</td>
<td>$63,069</td>
</tr>
<tr>
<td><strong>Total current portion</strong></td>
<td>$1,291,370</td>
<td>$1,128,406</td>
</tr>
</tbody>
</table>

**Non Current Liabilities:**

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Service Leave</td>
<td>$205,575</td>
<td>$262,701</td>
</tr>
<tr>
<td>Retirement Leave</td>
<td>$201,695</td>
<td>$199,354</td>
</tr>
<tr>
<td><strong>Total non current portion</strong></td>
<td>$407,270</td>
<td>$462,055</td>
</tr>
</tbody>
</table>

**Total Employee Entitlements**

|                                | $1,698,640 | $1,590,461 |

8  INVESTMENTS PORTFOLIO AND SHARES IN FIFTY-SEVEN WILLIS STREET LIMITED

New Zealand Nurses Organisation’s investments portfolio is managed by ANZ Private Bank Limited. Its market value is $7,653,110 (2017: $8,022,138).

Whilst some of the investments will mature within 12 months, they will be reinvested and are not used within the normal operating cycle. They are therefore classified as non-current assets.

New Zealand Nurses Organisation owns shares in Fifty-Seven Willis Street Limited, a body corporate. The ownership of these shares provide an effective perpetual ownership/occupation right to Levels 3, 5 and some basement car parking at 57 Willis Street. Membership in Fifty-Seven Willis Street Limited is based on the floor space that New Zealand Nurses Organisation owns.

Levels 3 and 5 were valued on 31 March 2018 by Nathan Stokes & Associates (Independent Registered Valuers). This valuation indicates the value of the floors in Fifty-Seven Willis Street, is $2,560,000 (2017: $2,450,000). The valuation is based on the net annual estimated income being capitalised at a risk rate of 11% (2017: 11%) established from an analysis of sales of similar properties.

The valuation includes a loan of $675,872 (2017: $675,872) to Fifty-Seven Willis Street Limited which represents the amount paid by New Zealand Nurses Organisation as its proportionate share of the net amount required to purchase the freehold land on which the building stands.
## 9 PROPERTY, PLANT AND EQUIPMENT

<table>
<thead>
<tr>
<th>Assets</th>
<th>Opening Balance $</th>
<th>Additions $</th>
<th>Disposals $</th>
<th>Closing Balance $</th>
<th>Accumulated Depreciation $</th>
<th>Net Book Value $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leasehold Improvements</td>
<td>683,669</td>
<td>-</td>
<td>-</td>
<td>683,669</td>
<td>(178,387)</td>
<td>505,282</td>
</tr>
<tr>
<td>Equipment</td>
<td>1,440,191</td>
<td>116,191</td>
<td>(105,629)</td>
<td>1,450,753</td>
<td>(1,249,806)</td>
<td>200,947</td>
</tr>
<tr>
<td>Furniture</td>
<td>310,980</td>
<td>12,552</td>
<td>-</td>
<td>323,532</td>
<td>(293,745)</td>
<td>29,787</td>
</tr>
<tr>
<td>Fixtures &amp; Fittings</td>
<td>163,360</td>
<td>28,295</td>
<td>(237)</td>
<td>191,418</td>
<td>(161,814)</td>
<td>29,604</td>
</tr>
<tr>
<td>Other</td>
<td>7,111</td>
<td>-</td>
<td>-</td>
<td>7,111</td>
<td>(1,810)</td>
<td>5,301</td>
</tr>
<tr>
<td>Colleges &amp; Sections</td>
<td>98,154</td>
<td>4,270</td>
<td>-</td>
<td>102,424</td>
<td>(95,964)</td>
<td>6,460</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,703,465</strong></td>
<td><strong>161,308</strong></td>
<td><strong>(105,866)</strong></td>
<td><strong>2,758,907</strong></td>
<td><strong>(1,981,526)</strong></td>
<td><strong>777,381</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assets</th>
<th>Opening Balance $</th>
<th>Depreciation Charged $</th>
<th>Disposals $</th>
<th>Closing Balance $</th>
<th>Accumulated Depreciation $</th>
<th>Net Book Value $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leasehold Improvements</td>
<td>147,952</td>
<td>30,435</td>
<td>-</td>
<td>178,387</td>
<td>(147,952)</td>
<td>535,717</td>
</tr>
<tr>
<td>Equipment</td>
<td>1,261,405</td>
<td>94,030</td>
<td>(105,629)</td>
<td>1,249,806</td>
<td>(1,261,405)</td>
<td>178,786</td>
</tr>
<tr>
<td>Furniture</td>
<td>280,345</td>
<td>13,400</td>
<td>-</td>
<td>293,745</td>
<td>(280,345)</td>
<td>30,635</td>
</tr>
<tr>
<td>Fixtures &amp; Fittings</td>
<td>157,668</td>
<td>4,383</td>
<td>(237)</td>
<td>161,814</td>
<td>(157,668)</td>
<td>5,692</td>
</tr>
<tr>
<td>Other</td>
<td>1,739</td>
<td>71</td>
<td>-</td>
<td>1,810</td>
<td>(1,739)</td>
<td>5,372</td>
</tr>
<tr>
<td>Colleges &amp; Sections</td>
<td>92,377</td>
<td>3,587</td>
<td>-</td>
<td>95,964</td>
<td>(92,377)</td>
<td>5,777</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,941,486</strong></td>
<td><strong>145,906</strong></td>
<td><strong>(105,866)</strong></td>
<td><strong>1,981,526</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assets</th>
<th>Opening Balance $</th>
<th>Additions $</th>
<th>Write Down of Assets $</th>
<th>Disposals $</th>
<th>Depreciation Charged $</th>
<th>Closing Balance $</th>
<th>Accumulated Depreciation $</th>
<th>Net Book Value $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leasehold Improvements</td>
<td>1,516,693</td>
<td>51,688</td>
<td>(884,712)</td>
<td>-</td>
<td>47,313</td>
<td>683,669</td>
<td>(147,952)</td>
<td>535,717</td>
</tr>
<tr>
<td>Equipment</td>
<td>1,774,077</td>
<td>77,113</td>
<td>-</td>
<td>(410,999)</td>
<td>1,440,191</td>
<td>1,261,405</td>
<td>(1,261,405)</td>
<td>178,786</td>
</tr>
<tr>
<td>Furniture</td>
<td>433,286</td>
<td>8,679</td>
<td>-</td>
<td>(130,985)</td>
<td>310,890</td>
<td>280,345</td>
<td>(280,345)</td>
<td>30,635</td>
</tr>
<tr>
<td>Fixtures &amp; Fittings</td>
<td>196,465</td>
<td>-</td>
<td>(33,105)</td>
<td>-</td>
<td>163,360</td>
<td>(157,668)</td>
<td>5,692</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>7,111</td>
<td>-</td>
<td>(32,707)</td>
<td>-</td>
<td>7,111</td>
<td>(1,739)</td>
<td>5,372</td>
<td></td>
</tr>
<tr>
<td>Colleges &amp; Sections</td>
<td>97,299</td>
<td>855</td>
<td>-</td>
<td>-</td>
<td>98,154</td>
<td>(92,377)</td>
<td>5,777</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,024,931</strong></td>
<td><strong>138,335</strong></td>
<td><strong>(884,712)</strong></td>
<td><strong>(575,089)</strong></td>
<td><strong>2,703,465</strong></td>
<td><strong>(1,941,486)</strong></td>
<td></td>
<td><strong>761,979</strong></td>
</tr>
</tbody>
</table>

**Notes to the Financial Statements (continued)**
Notes to the Financial Statements (continued)

10 INTANGIBLE ASSETS

<table>
<thead>
<tr>
<th>Intangible Assets</th>
<th>Opening Balance</th>
<th>Purchases</th>
<th>Amortisation Charged</th>
<th>Closing Balance</th>
<th>Original Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer Software</td>
<td>27,936</td>
<td>10,000</td>
<td>(25,463)</td>
<td>12,473</td>
<td>424,462</td>
</tr>
</tbody>
</table>

Total: 27,936 10,000 (25,463) 12,473 424,462

11 ASSET REVALUATION RESERVE

<table>
<thead>
<tr>
<th>Available for Sale Reserve</th>
<th>Actual</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance</td>
<td>1,265,413</td>
<td>1,495,175</td>
</tr>
<tr>
<td>Transfer to Equity</td>
<td>-</td>
<td>(126,281)</td>
</tr>
<tr>
<td>Fair Value change in Investments recognised direct in equity</td>
<td>228,952</td>
<td>16,519</td>
</tr>
<tr>
<td>Fair Value change in Fifty-Seven Willis Street Limited Shares recognised direct in equity</td>
<td>110,000</td>
<td>(120,000)</td>
</tr>
</tbody>
</table>

Total Asset Revaluation Reserve: 1,604,365 1,265,413

Reserves

The Asset Revaluation Reserve comprises:

Available for Sale – this reserve records movements in the fair value of the investments portfolio and shares held in Fifty-Seven Willis Street Limited.

12 TRANSACTIONS WITH RELATED PARTIES

New Zealand Nurses Organisation undertakes transactions with other Unions, District Health Boards, Nursing Council of New Zealand and the Ministry of Health. These transactions are carried out on a commercial arm’s length basis and it is considered that these do not fall within the scope of related party disclosures.

New Zealand Nurses Organisation is one of the four unions which set up Industry Retirement and Insurance Services Limited. This company is a retirement and insurance scheme for union members. It has not been consolidated or equity accounted in New Zealand Nurses Organisation’s financial statements because it was set up solely to benefit the union’s members and there are no benefits to New Zealand Nurses Organisation. Upon winding up, the residual assets of Industry Retirement and Insurance Services Limited are allocated to the members.

The extent of the transactions between New Zealand Nurses Organisation and Industry Retirement and Insurance Services Limited are the contribution to their staff’s employers’ contribution and one employee is a director of Industry Retirement and Insurance Services Limited. All transactions are carried out at arm’s length.

New Zealand Nurses Organisation is one of the five unions which set up Workers Educational Trust. This trust is to provide training to union members for worker health and safety representatives as required by the Health and Safety at Work Act 2015. It has not been consolidated or equity accounted in New Zealand Nurses Organisation’s financial statements because it was set up solely to benefit the union’s members and there are no benefits to New Zealand Nurses Organisation. Upon winding up, the residual assets of Workers Educational Trust are allocated to the members. A donation
Notes to the Financial Statements (continued)

from NZNO was made to Workers Educational Trust of nil (2017: $15,000).

New Zealand Nurses Organisation provides administrative services to Nurses Education and Research Foundation and Nurses Trust Management. These are related parties because the President and Kaiwhakahaere of New Zealand Nurses Organisation are Trustees on both of these Trusts. Nurses Education and Research Foundation paid $48,595 including GST (2017: $50,534) to New Zealand Nurses Organisation and there were no balances outstanding at year-end (2017: $Nil). Nurses Trust Management paid $1,391 including GST (2017: $6,270) to New Zealand Nurses Organisation and there were no balances outstanding at year-end (2017: $Nil).

New Zealand Nurses Organisation owns shares in Fifty-Seven Willis Street Limited and David Woltman (Key Management Personnel) is a member of the Board of Fifty-Seven Willis Street Limited.

New Zealand Nurses Organisation has paid $126,646 including GST (2017: $123,305) to Fifty-Seven Willis Street Limited as part of a proportionate share of expenses and outgoings incurred by Fifty-Seven Willis Street Limited in repair, maintenance and insurance of the building and the provision of services therein.

13 CONTINGENT LIABILITIES

The New Zealand Nurses Organisation carries professional indemnity insurance on behalf of its members, to give comprehensive cover defending accusations or claims related to professional duties of members resident in New Zealand. In addition, New Zealand Nurses Organisation itself indemnifies members for legal and professional fees in respect of such accusations or claims.

New Zealand Nurses Organisation is not aware of any material ongoing obligation in this regard at balance date and nor is the amount of any potential obligation capable of calculation. (2017: Nil).

14 FINANCIAL INSTRUMENTS

New Zealand Nurses Organisation is party to financial instrument arrangements as part of its everyday operations. These financial instruments include Cash & Cash Equivalents, Term Deposits, Accounts Receivable and Investments portfolio and shares in Fifty-Seven Willis Street Limited and Accounts Payable.

Financial Instrument Classification
The carrying amount of financial assets and financial liabilities are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Actual $</th>
<th>Previous Year $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Loans and Receivables:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>3,354,211</td>
<td>3,263,124</td>
</tr>
<tr>
<td>Term Deposits</td>
<td>717,887</td>
<td>659,693</td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>290,758</td>
<td>206,506</td>
</tr>
<tr>
<td><strong>Available for Sale:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments Portfolio</td>
<td>7,653,110</td>
<td>8,022,138</td>
</tr>
<tr>
<td>Shares in Fifty-Seven Willis Street Limited</td>
<td>2,560,000</td>
<td>2,450,000</td>
</tr>
<tr>
<td><strong>Financial Liabilities measured at amortised cost:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>435,786</td>
<td>875,193</td>
</tr>
</tbody>
</table>
15 COLLEGES AND SECTIONS

<table>
<thead>
<tr>
<th>Colleges and Sections</th>
<th>Funds</th>
<th>Income from other sources</th>
<th>National Office Funding</th>
<th>Less Expenditure</th>
<th>Equals Surplus (Deficit)</th>
<th>Closing Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td>COASTN</td>
<td>15,783</td>
<td>27,461</td>
<td>10,092</td>
<td>34,168</td>
<td>3,385</td>
<td>19,168</td>
</tr>
<tr>
<td>Cancer</td>
<td>73,842</td>
<td>115,683</td>
<td>17,746</td>
<td>102,966</td>
<td>30,463</td>
<td>104,305</td>
</tr>
<tr>
<td>Child &amp; Youth</td>
<td>57,754</td>
<td>7,486</td>
<td>8,612</td>
<td>19,470</td>
<td>(3,372)</td>
<td>54,382</td>
</tr>
<tr>
<td>Critical Care</td>
<td>53,647</td>
<td>3,293</td>
<td>12,706</td>
<td>18,920</td>
<td>(2,921)</td>
<td>50,726</td>
</tr>
<tr>
<td>Diabetes</td>
<td>60,549</td>
<td>5,584</td>
<td>13,948</td>
<td>33,093</td>
<td>(13,561)</td>
<td>46,988</td>
</tr>
<tr>
<td>Emergency</td>
<td>175,083</td>
<td>175,266</td>
<td>4,682</td>
<td>179,279</td>
<td>669</td>
<td>175,752</td>
</tr>
<tr>
<td>Enrolled</td>
<td>107,750</td>
<td>55,142</td>
<td>13,294</td>
<td>65,057</td>
<td>3,379</td>
<td>111,129</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>85,410</td>
<td>35,135</td>
<td>9,391</td>
<td>42,328</td>
<td>2,198</td>
<td>87,608</td>
</tr>
<tr>
<td>Gerontology</td>
<td>97,426</td>
<td>10,871</td>
<td>8,878</td>
<td>18,439</td>
<td>1,310</td>
<td>98,736</td>
</tr>
<tr>
<td>Infection</td>
<td>138,822</td>
<td>241,981</td>
<td>3,557</td>
<td>247,754</td>
<td>(2,216)</td>
<td>136,606</td>
</tr>
<tr>
<td>Mental</td>
<td>21,931</td>
<td>3,810</td>
<td>11,928</td>
<td>19,526</td>
<td>(3,788)</td>
<td>18,143</td>
</tr>
<tr>
<td>Neonatal</td>
<td>115,262</td>
<td>124,553</td>
<td>11,981</td>
<td>103,850</td>
<td>32,684</td>
<td>147,946</td>
</tr>
<tr>
<td>Nurse Managers</td>
<td>58,409</td>
<td>37,414</td>
<td>14,990</td>
<td>48,821</td>
<td>3,583</td>
<td>61,992</td>
</tr>
<tr>
<td>Pacific</td>
<td>12,802</td>
<td>36</td>
<td>3,235</td>
<td>7,862</td>
<td>(4,591)</td>
<td>8,211</td>
</tr>
<tr>
<td>Perioperative</td>
<td>284,120</td>
<td>243,215</td>
<td>11,699</td>
<td>257,164</td>
<td>(2,250)</td>
<td>281,870</td>
</tr>
<tr>
<td>Primary Healthcare</td>
<td>84,281</td>
<td>15,219</td>
<td>19,537</td>
<td>43,663</td>
<td>(8,907)</td>
<td>75,374</td>
</tr>
<tr>
<td>Research</td>
<td>32,962</td>
<td>421</td>
<td>10,789</td>
<td>9,041</td>
<td>2,169</td>
<td>35,131</td>
</tr>
<tr>
<td>Respiratory</td>
<td>66,774</td>
<td>942</td>
<td>4,565</td>
<td>8,184</td>
<td>(2,677)</td>
<td>64,097</td>
</tr>
<tr>
<td>Stomal</td>
<td>68,902</td>
<td>17,956</td>
<td>4,401</td>
<td>20,581</td>
<td>1,776</td>
<td>70,678</td>
</tr>
<tr>
<td>Women's Health</td>
<td>37,692</td>
<td>64,123</td>
<td>11,272</td>
<td>75,402</td>
<td>(7)</td>
<td>37,685</td>
</tr>
</tbody>
</table>

| Total                        | 1,649,201 | 1,185,591 | 207,303 | 1,355,568 | 37,326 | 1,686,527 |

NZNO Colleges and Sections represent the special interests of members.

16 OPERATING LEASES

New Zealand Nurses Organisation has operating lease commitments, which are lease agreements for office accommodation, motor vehicles and photocopiers.

The value of Commitments are:

<table>
<thead>
<tr>
<th></th>
<th>Actual</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1 year</td>
<td>$1,300,299</td>
<td>$1,173,740</td>
</tr>
<tr>
<td>Later than 1 year and less than 5 years</td>
<td>$3,095,213</td>
<td>$2,939,591</td>
</tr>
<tr>
<td>Later than 5 years</td>
<td>$745,561</td>
<td>$1,168,258</td>
</tr>
</tbody>
</table>

| Total Commitment          | $5,141,073 | $5,281,589 |

17 SUBSEQUENT EVENTS

There were no material events subsequent to balance date. (2017: $nil)
Statement of Responsibility
for the year ended 31 March 2018

The Board and Management of New Zealand Nurses Organisation acknowledge responsibility for the preparation of the Financial Statements and the judgements made therein.

In the opinion of the Board and Management of New Zealand Nurses Organisation:

- The Internal control procedures are considered to be sufficient to provide a reasonable assurance as to the integrity and reliability of the Financial Statements; and
- The Financial Statements have been prepared in accordance with New Zealand Equivalents to International Financial Reporting Public Benefit Standards reduced disclosure regime and fairly reflect the financial position, results of operations and cash flows of New Zealand Nurses Organisation for the year ended 31 March 2018.

The financial statements were authorised for issue on 5 July 2018.

Rosemary Minto
Vice President

Kerri Nuku
Kaiwhakahaere

Memo Musa
Chief Executive