



NEW ZEALAND
NURSES
ORGANISATION

TŌPŪTANGA
TAPUHI
KAITIAKI O AOTEAROA

Annual Report

2021-22

Vision

Freed to care, proud to nurse

Mission

NZNO Tōpūtanga Tapuhi Kaitiaki o Aotearoa is committed to the representation of its members and the promotion of nursing and midwifery. NZNO Tōpūtanga Tapuhi Kaitiaki o Aotearoa 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.

Contents

About us	3
Our strategic outcomes and objectives	4
Our members	8
Financial overview	11
Year in review	13
Reports	27
Board of Directors' report	28
Kaiwhakahaere's report	29
Chief Executive's report	30
Te Poari o Te Rūnanga o Aotearoa annual report	33
Membership Committee report	34
National Student Unit report	36
Regional Councils	37
Colleges & Sections	45
Governance	63
Our staff	66
NZNO directory	68
Financials	69

Welcome

E ngā mana

E ngā reo

Rau rangatira ma

Tēnā koutou, Tēnā koutou,
Tēnā koutou katoa

It is my privilege to write this introduction to the 2021-2022 Annual Report as it was also my privilege to have been Acting Chief Executive of NZNO Tōpūtanga Tapuhi Kaitiaki o Aotearoa during much of the year it covers.

Being in that position for 12 months really gave me a bird's eye view of the incredible and varied mahi carried out by our organisation. I was in awe of much of that work and truly appreciative of all that is done by staff and officers working alongside members.

Through this process I was able to better understand what we do achieve as an organisation and the absolute honour it is to work in the service of members and to further their professional interests.

Some of the year's highlights for me were: the campaigning work, especially for the DHB MECA and the massive amount of work behind running successful strikes; Pay Equity at least getting to the point where the backpay issue could be referred to the courts; Kaitiaki appropriately renamed and moved to an online-only platform; and the securing of our new Chief Executive Paul Goulter.

I want also to acknowledge Kaiwhakahaere Kerri Nuku and Acting President Tracey Morgan who worked alongside me during the year keeping seats warm for a couple of significant Board vacancies.



**Kua tawhiti kē tō haerenga
mai, kia kore e haere tonu.
He nui rawa o mahi, kia kore
e mahi tonu**

**You have come too far not to
go further, you have done
too much not to do more**

Ta James Henare
Ngāti Hine

I guess the beauty of an annual report is that it also provides the reader with an overview of one year in the organisation's work.

While I'm sure most of you will not read the annual report from cover to cover, I do encourage you to have a browse through its pages and read a few pieces about initiatives you weren't aware of or didn't know much about.

Thank you to all those who contributed material for this document and for the work done by the 55,000+ people who make up this organisation. We do not do this in isolation and we cannot achieve anything significant without each other.

Whano, whano, haramai te toki, haumi e, hui e, taiki e.

Mairi Lucas

Manager, Nursing and Professional Services
NZNO Tōpūtanga Tapuhi Kaitiaki o Aotearoa

About us

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

NZNO represents over 55,000 nurses, midwives, student kaimahi hauora and health workers on professional and employment-related matters. NZNO is affiliated to the International Council of Nurses (ICN) and the New Zealand Council of Trade Unions (NZCTU).

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

Volunteer support is the backbone of any member-based organisation and NZNO is no exception. We are fortunate to enjoy a high level of volunteer support from our committed membership.

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.

Our strategic outcomes and objectives

NZNO's Strategic Plan 2021–2025 outlines the strategic outcomes and objective:

Effective and sustainable organisation

We will ensure we are well-organised, equipped and connected whilst being fiscally prudent, flexible and future focused so we can best represent the interests of our members in an ever changing health sector. We want to actively demonstrate and implement a bi cultural partnership under te Tiriti o Waitangi.

Late in 2021 the 'Gift a Room' project involved working with the Hotels Council of Aotearoa to gift 309 one-night hotel stays to NZNO members. This was in recognition of nursing as a profession that worked hard to keep New Zealanders safe during COVID-19.

– Communications and Media

Kaitiaki now has extensive te reo Māori skills and a te ao Māori perspective. Working to rebuild relationships, and provide oversight on the voice and representation of Māori in *Kaitiaki*.

- Registered users grew from 4,000 (December 2021) 7,000+ by end March, 2022.
- Advertising statistics showed 31,615 views over the 30 days to 23 March, 2022 – up from 3,665 views over the month of January – a 10-fold increase.
- By late March 2022, email alerts were being opened by 50 to 60 percent of members, with around five percent clicking through to articles.
- With regular posts linking to articles, *Kaitiaki*'s Facebook page now has 4,000+ followers with some news posts reaching more than 11,000 by the end of March.

– Kaitiaki

During this short period, nearly 1,300 calls were made to non-financial members, which led to 400 conversations, and resulted in just under 150 members reinstating their subscriptions. It is hoped the outbound trial can restart once the current volumes return to normal.

– Membership Support Centre

Membership numbers have significantly increased – as at 31 March 2021 NZNO had 50,900 members. Membership as at 31 March 2022 was 55,202. This also shows a significant increase in the number of Registered nurses from 39,593 to 43,196

– CE Report

- Three education grants approved – a previous recipient attended RC as a guest speaker to share her student nursing experiences.
- Guidance from new leadership of NZNO will result in a positive functioning union that members feel a part of.

After this year, we actually want to give ourselves a hug because we're still standing.

– Bay of Plenty/Tairāwhiti Regional Council

MHNS committee members Brent Doncliff and Jennie Rae representing the MHNS Section on the Constitutional Review Advisory Group following the successful passing of our constitutional review remit in September 2020.

– Mental Health Nurses Section

Skilled strong workforce

NZNO needs to be strategically involved in planning for and supporting a sustainable health workforce that can meet the needs of all in Aotearoa New Zealand.

We organised and carried out one national strike, which included determining the Life Preserving Services (LPS) arrangements. We subsequently won an Employment Relations Authority case on the determination of the unions role to ensure cover was available for the work of striking members. A formal facilitation process was also a first for not only NZNO but the Authority members, and was facilitated online. The outcome of this process assisted the parties to reach a settlement that was ratified by members in October 2021.

– Collective Agreement Bargaining

CNC advocated and achieved a fee-for-service payment for nurses' expertise and time for those invited to work on Te Aho o Te Kahu's Systemic Anti-Cancer Treatment (SACT) regimes national project.

– Cancer Nurses College

Concluded Research project commissioned to explore: How might we provide expert care to an ageing and changing population in Aotearoa New Zealand?; This research was undertaken by two master's students at Centre for Health and Social Practice, within Design Factory at Wintec. Interesting data was collated which ended up pursuing creation of a model of care for older people in the community. Further analysis of the data could be useful to address issues for the Aged Residential Care workforce.

– College of Gerontology Nursing

Funding was secured to continue with the IPC Fundamental's programme and we have trained over 60 new practitioners from all types of health care organisations.

– Infection Prevention and Control Nurses College

Committee is in early stages of developing a guideline booklet on common Stomal therapy nurse practises to influence best practise, achieve specialty nursing skill and lead professional development.

– College of Stomal Therapy Nursing

- Committee members worked hard to finalise the Nurse Hysteroscopy Standards and Training Guidelines, with Ara Institute of Canterbury working alongside this group to develop a university course to cover the academic requirements.
- Committee is currently working on their submission to the Midwifery Council of New Zealand on the proposed revised Midwifery Scope of Practice.

– Women's Health College

- Consulting with NZ Nursing Council re: Registration Pathway for Pacific Trained Nurses.
- Collaborating and Supporting the Aniva Pacific Nurse Leadership programme.
- Consulting and contributing to the discussion and planning of the Bachelor of Nursing Pacific Programme under Te Pukenga.

– Pacific Nursing Section

Our strategic outcomes and objectives continued

Influencing improved health outcomes

NZNO is committed to lobbying Government for a well-funded health system that ensures equity of access, culturally appropriate services and reduces health disparities.

- Organising and empowering members to take industrial action in support of collective bargaining, most notably the DHB MECA strike.
- Supporting delegates to negotiate Life Preserving Services agreements during industrial action.

– Industrial

Involved in phase 1 of the Ministry of Health/NASO restructuring and will continue with phase 2.

– College of Air and Surface Transport Nurses

Cancer nurses across the motu enabled feedback and escalated concerns in real-time, while all the time advocating for nurses, patient care, with the determination and clarity to tell it how it was.

– Cancer Nurses College

Experienced increased membership from Paediatric nurses working across New Zealand.

– College of Child and Youth Nurses

- Worked with Nursing Council and Ministry of Health to increase medications that designated prescribers are able to prescribe to reduce health inequities of patients; designated prescribers are now able to prescribe a greater list of diabetes medications.
- Will continue to work with Nursing Council to simplify and speed up the addition of new medications to the list able to be prescribed by designated prescribers.

– Aotearoa College of Diabetes Nurses

Contributed College comments about need for safe staffing in Aged Care to national media (NZ Herald 26/02/2022) and NZNO (published in Kaitiaki throughout the year).

– College of Gerontology Nursing

A new Urgent Care network established to provide a forum for primary health care nurses working in urgent care to have a voice and facilitate research and activities.

– College of Primary Health Care Nurses



Our members

2021–2022 at a glance



We support

55,202

members

Our membership is made up of



49,967

FEMALE



5,222

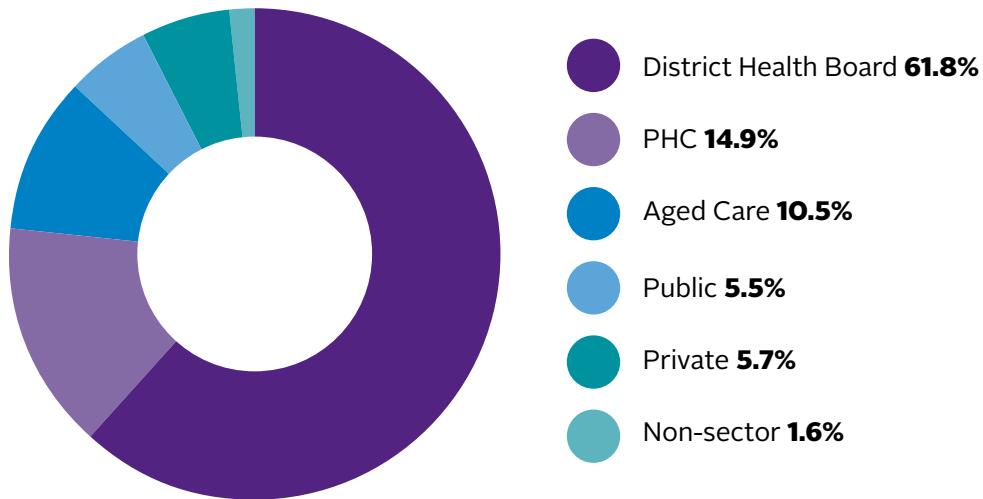
MALE



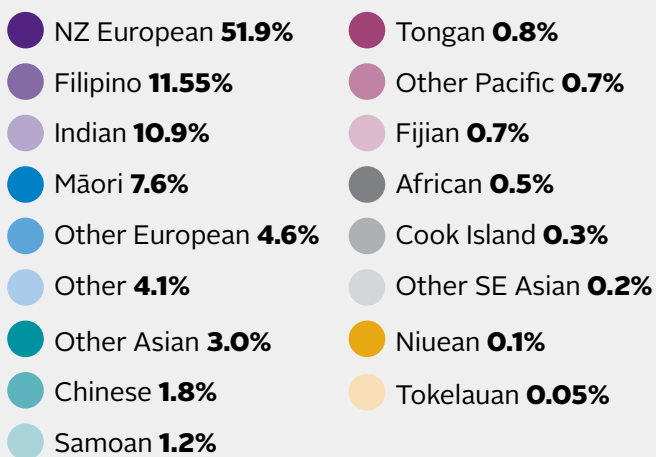
13

GENDER DIVERSE

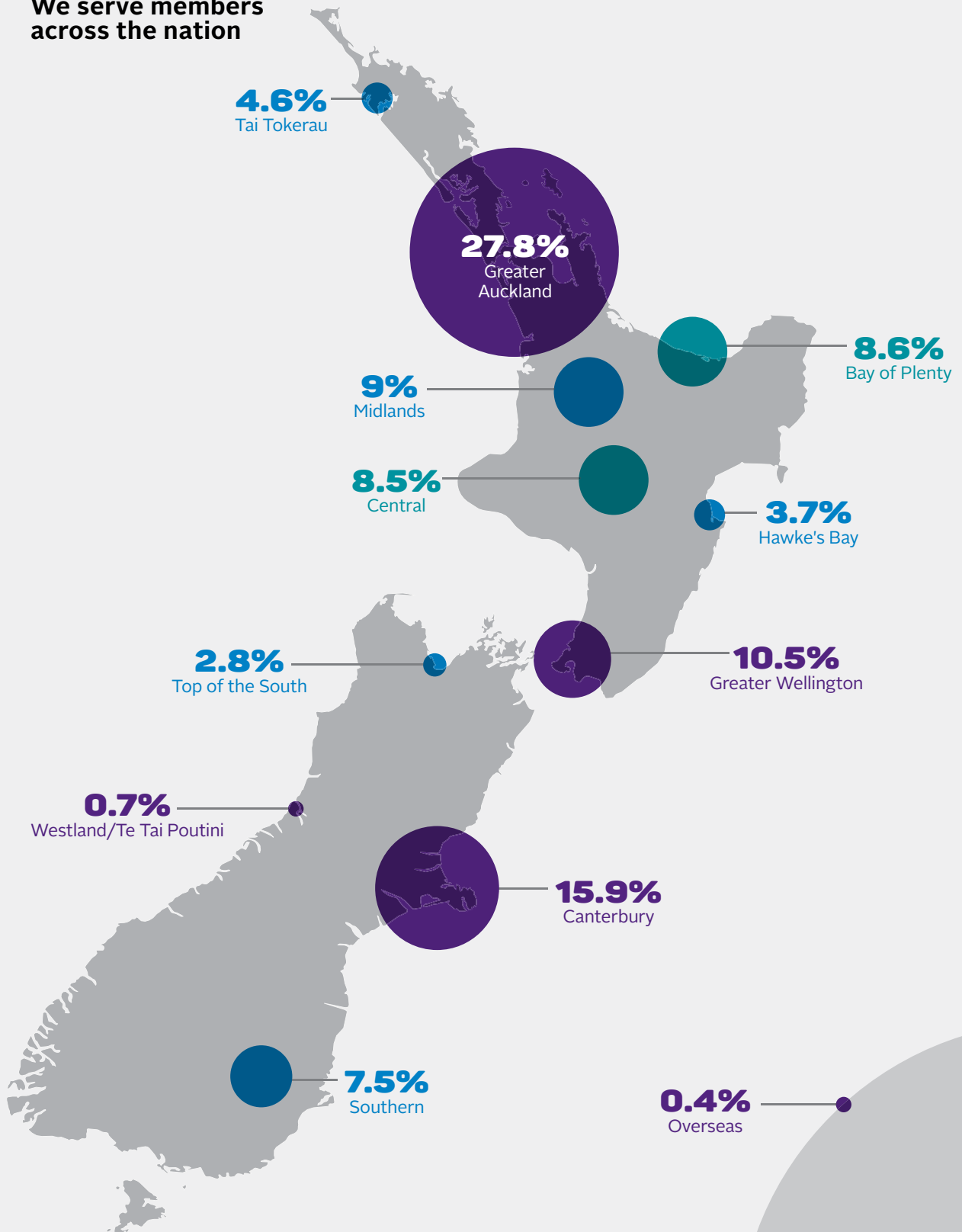
We represent a range of health sectors



Our members are from diverse ethnic backgrounds



**We serve members
across the nation**



Financial overview

\$24.2m

Our total income

\$22.6m

Our total expenditure

Where our income comes from



95%

Subscriptions



1%

Sponsorship
& registrations



1%

Bargaining
fees



3%

Other^{1,2}

Where your money goes



65%

Staff



5%

Travel &
vehicles



7%

Premises



4%

Communication



2%

Affiliations



2%

Governance



3%

Legal



12%

Other^{3,4}

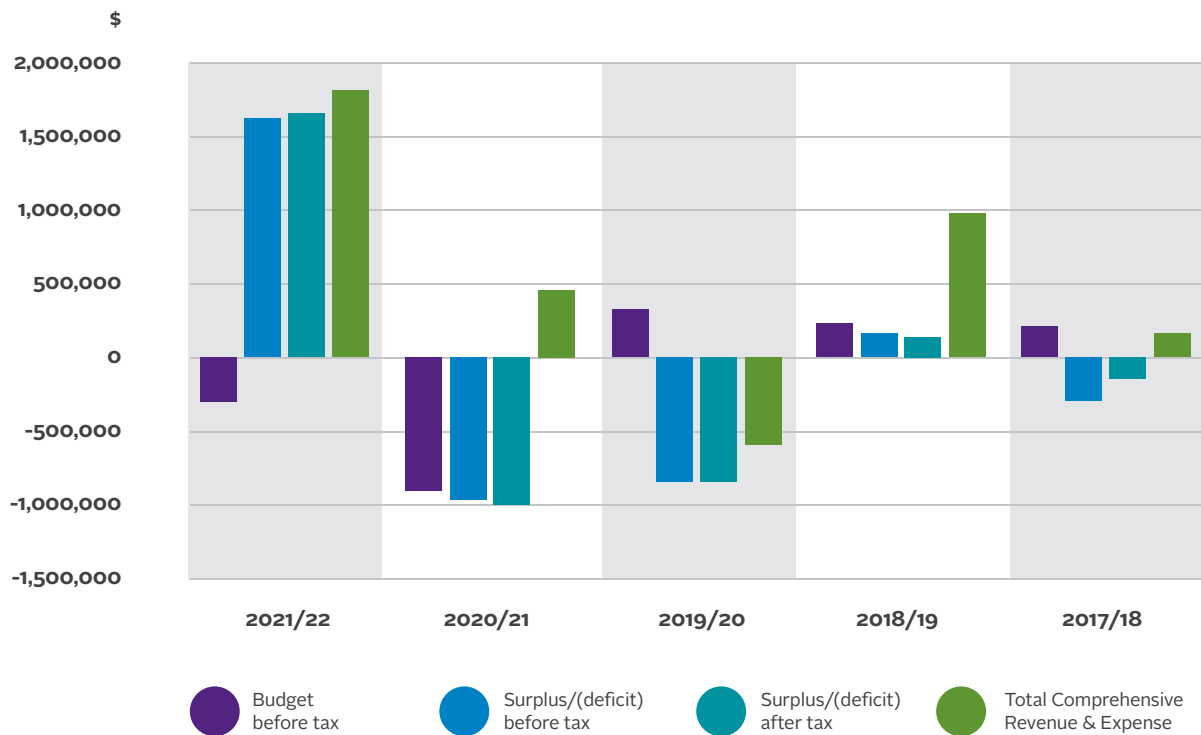
¹ Includes advertising, rent and other income.

² Interest and dividends, and Colleges and Sections income.

³ Includes advertising, consultancy, computer operations, depreciation, donations and grants, financial, general printing, stationery and publications.

⁴ College & section conference expenditure is below 1%.

Financial performance



Year	Budget before tax	Surplus/(deficit) before tax	Surplus/(deficit) after tax	Total Comprehensive Revenue & Expense
2021/22	(278,854)	1,646,852	1,676,086	1,840,715
2020/21	(891,442)	(952,432)	(1,006,363)	482,091
2019/20	356,144	(833,615)	(842,653)	(570,691)
2018/19	225,834	188,092	153,288	996,164
2017/18	227,791	(270,414)	(156,533)	182,419
2016/17	515,174	(82,825)	(266,697)	(370,178)
2015/16	203,522	1,250,334	1,174,493	1,792,004
2014/15	11,270	477,144	408,159	786,142



Year in review

Year in review

Highlights



Professional Nursing Advisers

COVID-19 significantly changed the way of working for the Professional Nursing Advisers (PNA) team. Engagement with members was largely via Zoom and other digital platforms. Education in particular had to be adapted, with new skills being acquired by the team to deliver online education.

Education topics delivered over the past 12 months included:

- Code of Conduct
- medication management
- communication
- end of life choice education in relation to the End of Life Choice Act 2019.

PNA explored alternative education platforms, however member preference was for a face-to-face approach where possible, as COVID-19 restrictions were lifted.

Student programmes

Student programmes were significantly disrupted by COVID-19, with many placements cancelled. This had a major impact on students, as in some cases it lengthened their time as a student and had a significant financial impact.

The National Student Unit (NSU) and Te Rūnanga Tauira (TRT) came together only once in 2021, when the findings of the Student Survey were presented by NZNO Principal Researcher Jinny Willis and NSU and TRT leadership to the national meeting of Heads of School. Of particular concern is the attrition of Māori and Pacifica students.

Some students found themselves integrated into COVID-19 response including vaccination programmes. NZNO Board of Directors (BOD) created a specific member category for student vaccinators to ensure they were indemnified appropriately, as this work was not covered by student indemnity alone. PNA education for students and engagement with advisory groups was digital.

There were particular challenges for PNA and members in the greater Auckland region, with multiple periods of lockdown and restrictions over the past 12 months.

Member Support Centre issues

PNA responded to a wide range of issues and key themes of contact were:

- professional boundary questions
- scope of practice issues
- clinical practice
- medication management issues
- infection prevention and control concerns including access to appropriate personal protective equipment (PPE)
- mandatory vaccination queries.

PNA continued to support members remotely via phone and digital means such as Zoom and Microsoft Teams meetings. Despite the challenges of COVID-19 and remote working, MSC cases were attended to in a timely manner with the expected level of professionalism. There were particular challenges for PNA and members in the greater Auckland region, with multiple periods of lockdown and restrictions over the past 12 months.

Colleges and Sections

College and Section work was significantly disrupted. Meetings were via digital means, however Zoom had its limitations. AGMs were postponed or cancelled. Conferences, symposiums and other education plans were deferred or cancelled. This impacted on available professional development for members. NZNO responded with efforts to engage members online. NZNO College and Section conferences and forums provide high quality cost effective, accessible education, so cancellations forced by COVID-19 restrictions and cancelled study leave, left many nurses in deficit with required education hours to maintain annual practicing certificates.

Professional development and education

The Annual Medico Legal Forum did not go ahead in 2022 due to COVID-19 and capacity issues – a forum at the end of 2022 is being considered. The format will be a hybrid model, offering the forums in person, as-well-as online.

PNA continues to investigate platforms and opportunities to diversify education for members. Members reported a lack of access to education and cancellation of planned study days impacted their ability to obtain the necessary education for maintenance of annual practicing certificates.

Care Capability Demand Management (CCDM)

CCDM programme continued in DHBs with FTE increases achieved in a number of DHB services. However, recruitment remains challenging. PNA was involved in DHB evaluations to assess implementation of CCDM programmes. PNA were invested alongside members in focus groups conducted by the Nursing Advisory Group. Ministerial enquiry Limitations in CCDM and failures in effectiveness of implementation were highlighted.

Medico-Legal

Core medico-legal work

Work primarily comes to the medico-legal lawyers through Member Support Centre (MSC).

Medico-legal lawyers' core work for members is providing advice and representation in relation to various types of assessment of, or investigation into, a member's practice or the care they provide. Some investigations require an in-person hearing or meeting and some are determined on the papers.

New cases acting for members

This year MSC received requests for medico-legal advice from 330 members, down by 74 requests in the previous year.⁵ Of these requests, some could not be assigned to the medico-legal lawyers as the requester was not a member at the time of the incident in question and therefore was not covered by the indemnity policy held by NZNO, on behalf of its members.

Files were opened for 270 members in relation to:

- 41 coronial matters – some of which will involve a full hearing inquest and others will be determined on the papers
- 82 Health and Disability Commissioner complaints by consumers
- 39 Nursing Council Professional Conduct Committee investigations, regarding conduct or criminal convictions
- 39 Nursing Council Health Committee matters
- 2 Nursing Council full council meetings, regarding suspension of a practising certificate for competency issues
- 11 Nursing Council assessments
- 4 Health Practitioners Disciplinary Tribunal hearings (charges brought by a PCC of the Nursing Council or the Director of Proceedings)
- 2 Human Rights Commission matters
- 2 criminal investigations by police of a member
- 24 criminal investigations by police requiring the member to provide a statement/give evidence as a witness or a victim
- 1 Midwifery Council matter
- 18 serious adverse event reviews or other employer led inquiries
- 2 ACC matters
- 1 District Inspector matter
- 2 witnesses in other types of court proceeding.

Of these, 38 were outsourced to external lawyers. External lawyers are required if:

- the matter relates to a criminal investigation of the member (criminal lawyers are used)
- there is a conflict of interest (this usually occurs when the medico-legal lawyers are already acting for other members whose evidence conflicts with that of the new member, hence the conflict of interest)
- none of the medico-legal lawyers have capacity to take the case.

⁵ These figures do not include cases that were assigned from an organiser or PNA to a medico-legal lawyer

Ongoing cases acting for members

In addition to the above new cases, the medico-legal lawyers had ongoing cases in relation to 315 members – those that commenced prior to the 2021–2022 year. These ongoing cases required varying amounts of work depending on where they were at in the lifespan of the case.

In terms of hearing or meeting times, the medico-legal lawyers attended either in person or by Zoom:

- 25 Nursing Council Health Committee meetings
- 8 Nursing Council PCC meetings
- 1 HPDT interlocutory hearing
- 3 HPDT substantive hearings
- 12 coronial inquests (including pre-inquest hearings)
- 1 police witness interview.

Success in litigation is often seen as winning a case at hearing, when the reality is that often the best outcome for a client is avoiding a hearing entirely, or otherwise mitigating litigation risk at hearing. This is especially so for NZNO members who the medico-legal lawyers act for as they are almost always defending allegations against their professional conduct. This is all to say, that days spent in hearing is only one metric of what NZNO's medico-legal lawyers do and the value they provide to members.

Relatedly, some processes have no hearing component but still make up a significant portion of the medico-legal lawyers' case load. The Health and Disability Commissioner investigative process is a primary example of this. Investigations regularly take years to complete and will involve significant bursts of work through that time.

Member education and legal advice to NZNO

As well as individual member case work, when time permits the medico-legal lawyers also provide education to members and external bodies as-well-as legal advice to NZNO itself.

This year, the medico-legal lawyers provided legal advice and/or education on:

- presentations at delegate training sessions
- presentations as organiser training sessions
- presentation at Regional Council convention
- presentation at Conferenz – Nursing and the Law

- presentation at Palliative Care Seminar
- presentation at Colorectal Conference
- presentation at Perioperative Meeting
- presentations at CRC Regional Conventions 'Staying Physically Safe'
- AVAN Strategic Planning Day.

Policy and submissions

Ka tō he rā, ka rere he rā. A sun sets, a day is born.

Despite COVID-19 impacting the day-to-day work of the policy team this year they had 158 submissions, which included consultation with members, Te Rūnanga, expert colleges and sections, and NZNO staff.

Key areas of interest included the Pae Ora Bill, End of Life Choices/Assisted Dying, COVID-19, racism, disability and PHARMAC's proposals on purchasing medicines and devices.

The team's work was supported by valid and reliable evidence, with the members' interest and health and safety at the centre, while continuing to advocate for a fairer, more equitable health system.

The policy team thanks NZNO members for their support when responding to requests for feedback.

NZNO COVID-19 response

NZNO has continued to maintain a strong presence advocating for members issues since the first outbreak of COVID-19 in 2020. The MSC responded, and referred member issues to NZNO staff, with many of these concerns being escalated and raised in national forums. The Union Leaders Employer Group (ULEG) created a specific group focused only on COVID-19 response issues. This group was initially set up in February 2020, was disbanded between the waves of variants, then set up again during Delta variant and subsequently Omicron – meeting with DHB leads (as funders and providers), MoH and MBIE.

NZNO maintained a strong media presence throughout the pandemic, giving voice to members' issues.

NZNO members have been the backbone of the national COVID-19 response in every aspect of care provision:

- MIQ
- testing
- vaccination

- care in both hospital, hospital in the home, and caring for community cases of COVID-19
- providing ongoing care in addition to COVID-19 across all sectors, including Māori and Iwi providers, aged care facilities and community, as-well-as in DHB services.

Key issues facing members

Access to appropriate Personal Protective Equipment (PPE) – in particular, access to properly fitted N5 masks. This caused significant concern for members across all sectors and required strong advocacy from NZNO e.g. community District Nursing, for the duration of the pandemic. In the latest outbreak, the most significant concerns were for staff in community and disability service providers as-well-as other primary care services – where many of the cases were being managed. Community and disability services which have multiple employers remain difficult, with variable providers of appropriate PPE for workers.

Vaccination mandates – initially, NZNO advocated for health professional access to vaccination and gained traction with frontline staff being offered vaccination ahead of the public campaign. As the outbreak progressed, this created discussion about legal mandate for all health care workers. NZNO took the position regarding support of mandated vaccination as a way to protect the health of the health workforce and the public, by limiting the likely admissions and pressure in an already failing and seriously under-resourced health care system. NZNO position aligned with the CTU and Nursing Council positions.

A small number of members were affected by non-compliance with mandate and as a result their employment was threatened. Those who remained unvaccinated did lose their jobs. NZNO stood by those members who were in this position and supported them through process with employers and in some cases right through to Nursing Council proceedings. NZNO advocated nationally through ULEG for retention of workers when multiple changes to mandated periods between vaccination and boosters occurred (182 days) and stand downs were again an issue, in an already under-resourced, poorly-staffed workplace.

MIQ – NZNO members were deployed to staff the MIQ when the first phase of *keep it out* began. MIQ was in place for over two years, with the nature of service provisions changing over time, from providing care



Members across the country set up testing and vaccination stations, in some cases at very short notice.

to returning travellers from overseas, to managing COVID-19 positive cases in the community who were unable to safely isolate in their own homes.

NZNO negotiated and achieved fair remuneration that was consistently applied through DHB MECA across the country – initially rates varied by region and employer. Regular liaison meetings were held with NZNO and MIQ leads as a means to ensure appropriate nursing models, skill mix and health of the workforce, and to understand the changing environment from the MIQ perspective.

Testing and vaccination stations – members across the country set up testing and vaccination stations, in some cases at very short notice. Key issues were lack of supplies including PPE (especially initially), and the nursing model of service provision given the introduction of unregulated vaccination workforce.

Members were subject to public abuse and threats at times, particularly as anti-mandate sentiments grew nationally, with members reporting aggression towards them. This was particularly evident when nurses and HCA were in the position of policing visitors and mask use. NZNO took these issues up with employers as a health and safety issue which gained media attention.

Surge workforce

NZNO advocated for and achieved payments and conditions to be met for staff relocated to other regions – including accommodation and daily living allowances and other expenses – particularly in the Greater/Metro Auckland DHBNS. NZNO colleges and sections (in particular College of Critical Care Nurses (CCN) and College of Emergency Nurse NZ (CENNZ)) lobbied the Government about capacity concerns with growing clinical demand, raising public awareness and concern about preparedness and capacity within the health sector to manage a pandemic surge in admissions, particularly in critical care.

The initial government response meant that vulnerable communities such as Māori and Pasifika were not considered in the planning for testing. This led to large numbers of Māori contracting COVID-19 and many hauora Māori and Pasifika health support centres were forced to create their own design to protect their populations. This continued into vaccination programmes, where a committed effort ensured Māori and Pasifika rates of vaccination increased significantly.

Students

Nursing students had major programme disruption over successive years of the programme. NZNO met with student leaders of NSU and TRT as well as heads of nursing schools, MoH Office of the Chief nurse, and Nursing Council about the impact of this disruption on completion and attrition. NZNO research presented in 2021 HOS and TRT/NSU, noted a major impact for Māori and Pacifica students in particular. NZNO continues to advocate for strategies to alleviate costs of nursing programmes, and to retain taura and support new graduate practice.

Students in some regions formed part of the COVID-19 response workforce, as outlined in the Public Health Order, some working as testers and vaccinators. A Board of Directors decision was needed to indemnify student vaccinators who were employed in this capacity, i.e., outside of work on clinical placement.

Other students were being asked to volunteer to provide care to patients during the surge, in an HCA-type capacity within the nursing teams. NZNO through ULEG, lobbied for and achieved that any health practitioner students working as part of the surge workforce should be remunerated at the correct rate on the relevant collective agreement – NZNO DHB MECA HCA rates.

All students who undertook a nursing programme across Aotearoa in the last two-to-three years had their resilience challenged to a greater or lesser degree. We are yet to realise the true impact on the nursing workforce in relation to this.

New COVID-19 specific roles

A multiplicity of new COVID-19 response roles are emerging which is prompting NZNO to review indemnity provisions. This includes for those students in the workforce, and a raft of new and emerging COVID-19 specific roles.

COVID-19 sick leave

NZNO through ULEG, negotiated leave provisions for COVID-19 that meant time taken off sick due to contracting COVID-19 did not affect sick leave for DHB employees. However similar provisions could not be extended to other employers.

In the latest outbreak of Omicron particularly, high admission numbers and people very unwell in the community and seeking primary care access, was very difficult for nurses and care and support workers. Aged care facilities endured multiple periods of lock down, with serious limitations, which caused distress to residents and families.

High numbers of workers were absent due to being unwell with COVID-19 themselves, or isolating due to whānau contact or caring for unwell whānau. NZNO worked through the provisions in the Public Health Order, that nurses and health care workers could return to the workplace if COVID-19 positive, but mildly unwell or asymptomatic. This was challenged by NZNO with employers, due to the research outlining the risks of developing long COVID-19 and ongoing symptoms when people do not take time to rest and recover fully, before returning to a stressful work environment.

NZNO responded to member issues and advocated for improving work conditions and health and safety amidst very trying and challenging times. Traditional models of nursing provision were challenged raising ethical, practice and clinical concerns, with NZNO staff supporting members to find solutions and/or resolution. Aotearoa went into a pandemic with a health system that was understaffed and under resourced to meet the challenges of the pandemic. The pressure to mount an ongoing response over several years across all health and disability sectors has taken its toll on the nursing and midwifery workforce. Many have experienced burnout and high degrees of stress, highlighted in the SUNDAY programme which aired in April 2022.

NZNO Maranga Mai campaign has given us a road map for addressing key issues exacerbated by COVID-19, but that are deeply rooted underlying problems across all sectors of healthcare.

NZNO Publications

Kaitiaki Nursing Research Journal

The 12th annual issue of NZNO's nursing research journal, Kaitiaki Nursing Research was published in November 2021. At 84 pages it was the largest edition in the journal's 12-year history. The journal operates as part of NZNO's professional services, supporting New Zealand nursing research, and encouraging new nurse researchers. Articles undergo double-blinded peer review.

Topics covered in this issue include:

- Nurses' experiences of practising with a disability.
- Sustaining kaupapa Māori leadership in nursing and midwifery.
- Anticipatory prescribing in palliative care.
- RNs' perceptions of working in decentralised nursing stations.
- How useful the Waterlow scale is, in acute care.

The issue also has two articles on research methodology, as-well-as an explanation of how international databases take Kaitiaki Nursing Research to the wider world.

The 2021 issue included six pages of full-colour, education-related advertising which went a large way to offsetting the printing costs. The journal, which is subscriber-only, has a small print run of 200, with complimentary copies going to authors and reviewers. Subscribers include the National Library, and a variety of educational and health institutions. It is also loaded onto a number of international nursing/health databases, making New Zealand nursing knowledge available to the world.

NZNO's library is now receiving usage data from the Ebsco – Cinahl Complete database, which shows via number of downloads, that Kaitiaki Nursing Research articles are proving popular in United States universities.

Thanks to the Kaitiaki Nursing Research team: Editor Patricia McClunie-Trust, production editor Kathy Stodart, administrator Fiona Palframan.

Library and Record Services

The library continues to provide information services to staff and NZNO members through a range of resources including books, journals, articles and databases. The regular awareness e-newsletter alerts subscribers to new books, journal articles and reports on hot topics. There are 16 online databases that NZNO members can search via the NZNO website, including Proquest Public Health and back issues of *Kaitiaki Nursing New Zealand* from 1999 onwards.

The NZNO library is the website administrator for **An Online Archive of Nursing Oral Histories in NZ – The Nursing Oral History Project** (nursinghistory.org.nz) and the **NZ Nursing Research Database – Home**, with new records added each year. The Online Archive of Nursing Oral Histories in New Zealand contains **59 oral histories** including abstracts, recordings, photos and other information. These histories have been collected from nurses who trained during the 1950s and 1960s. The NZ Nursing Research database includes research undertaken by New Zealand nurses related to the practice of nursing, nursing education, nursing policy or nursing management, from January 1999 to today and has **1,784 records** to date. The Nursing Education and Research Foundation (NERF) commissioned a series of oral history interviews over many years and these are deposited with the Alexander Turnbull Library. The NZNO Librarian gives permission for researchers, book authors and genealogists to listen to these interviews.

The records team provided records management services to staff. The team maintains the integrity of the taxonomy and security settings for the NZNO centralised e-records repository and provides records training and tips to staff. Assistance is also provided to Colleges and Sections, Nursing Education and Research Foundation (NERF) and other groups with regard to their record-keeping. Hard copy College and Section records are sent into national office where they are appraised and listed before being sent to a secure off-site storage facility. These records are kept as a permanent record of the activities of these member groups.

Kaitiaki Nursing Research

Despite the ongoing challenges of COVID-19, *Kaitiaki Nursing Research* maintained its annual publishing schedule and was published in November 2021. It was a bumper issue of 78 pages, containing 11 articles and an editorial. This journal has been published annually since its inception in 2010. It provides a forum to showcase original, full length research manuscripts from New Zealand-based nurse researchers – or other researchers where the research can be shown to have particular relevance to nursing in New Zealand. Bright Communications continues to sell advertisements for *Kaitiaki Nursing Research*, most of which relate to postgraduate education. The income from the advertising is estimated to cover most of the printing costs of the journal. Articles from each issue of the journal are supplied to international database providers such as Cengage Gale, Ebsco and Informit. Discussions are also underway with Proquest to add the content from this journal into the Nursing and Allied Health database. Modest royalties are received from each of these database hosts and it enhances the profile and reputation of NZNO and the authors. Usage data provided to NZNO from Ebsco confirms that the journal is well used by universities and state colleges in the United States such as Grand Canyon University, along with educational institutions in Australia, New Zealand, Asia, United Kingdom, Canada and even Sweden.

Communications and media

Communications

The Communications team enjoys the unique privilege of being involved to some extent in most aspects of the organisation's work, and this year was busy, varied, and rewarding.

Work supporting the 2020 DHB MECA negotiations was a focus for much of 2021, with members generally responding positively to communications around the campaign. Similar support was also given to the PHC MECA and Pay Equity campaigns and included member messaging, collateral design, website work and campaign planning.

The Communications Team also lends regular design support across the organisation producing posters, brochures, photography and layout work for various groups, including colleges and sections and some committees. Design work is also routinely done for our various social media pages.

Significant work was undertaken early in 2021, working with Electionz, to improve the Board elections process for both candidates and voting members by increasing access to information, simplifying procedures and explaining processes more clearly. This had limited results or effects on voting numbers, suggesting member voting apathy is dependent on factors other than systemic ones.

The Media and Communications Advisor met with management each week to discuss and progress top level communications projects and to ensure consistency of messaging across the organisation. He also assisted both the Board and the management team with internal and external messaging as required.

Late in 2021 the 'Gift a Room' project involved working with the Hotels Council of Aotearoa to gift 309 one-night hotel stays to NZNO members. This was in recognition of nursing as a profession that worked hard to keep New Zealanders safe during COVID-19.

A competition was held for the rooms which generated nearly 8,000 member entries. Entrants were given a second chance entry if they also subscribed to the digital version of Kaitiaki, and this served to increase digital subscriber numbers significantly. This project was logistically difficult and time-consuming, but was well-received by members, who appreciated the recognition.

In March 2022 NZNO also began its support for the International Council of Nurses #nursesforpeace social media campaign. This campaign encourages members to show their support for the nurses of Ukraine on their own social media pages and by sending messages of support and donating to the relief fund.

The Media and Communications Assistant assisted the Media and Communications Advisor with much of the above work and largely supported the day-to-day communications needs of the organisation's staff. He also provided specific support to Te Rūnanga, some colleges/sections and the Addressing Violence and Aggression Against Nurses project group.

Media

NZNO uses the Fuseworks media distribution and monitoring service which provides daily media reports of NZNO's appearance in the media along with many other topics of interest. On average, NZNO appeared in the media 167 times per month from April 2021 to March 2022. The highest number of media 'hits'

(333) occurred in June 2021 when NZNO rejected the DHBs' MECA offer and took strike action. This received widespread media attention, both nationally and on a local level.

Other than industrial action, the main areas of coverage centred on the different MECA negotiations, pay equity, internationally qualified nurses, the health authorities, the Wai 2750 Kaupapa Inquiry and COVID-19 related matters (MIQ nursing, PPE and the vaccine mandates).

The majority of news reports covering NZNO were from major outlets (including television appearances), principally RNZ, the New Zealand Herald, TVNZ, Newshub, Māori Television, Newstalk ZB and NZ Doctor.

Fifty media releases were issued during the year and several senior staff (and some members) were supported to have opinion pieces published in major news outlets such as Stuff, the New Zealand Herald, The Press and the Otago Daily Times. These opinion pieces were mainly around safe staffing and the DHB MECA negotiations.

Securing good media coverage is seen as a priority for NZNO because it gives the organisation credibility and influence. It reassures members that the organisation is active and helps make nursing issues familiar and important to the public.

For this reason significant resource is put into media work and strategy. Good relationships with key journalists are actively and successfully pursued, which has helped result in a high level of media sympathy for nursing causes. NZNO attempts to respond positively and quickly to media inquiries with spokespeople who are media-confident and well-prepared with key messaging. Our philosophy is to control the media narrative as much as possible, which sometimes means deliberately not responding to negative media or responding only with our own key messaging.

This year saw more active member-participation in the media with a team of ready delegates available to speak on MECA-related issues when called upon. These delegates were given key messaging and media training as required and were widely sought by journalists. We intend to continue this trend in the coming year.

When necessary due to issues of heightened media interest, a media team consisting of the co-leaders, the Media and Communications Advisor and various

managers met weekly to discuss and co-ordinate media approaches. Media training was also provided to the Kaiwhakahaere and new President early in 2022.

Social media

NZNO runs an organisational Facebook page that is well-supported and used by some members. The Communications team attempts to post there at least once each working day, informing members about events and informing them of media coverage. These posts are generally well-received and regularly lead to productive discussion. This page is free to visit and anyone can comment, which did not present any significant difficulties this year.

A hands-off approach is generally taken, leaving opportunity for members to educate other members as much as possible. Questions sent to the Communications team through Facebook messaging are generally answered by the Media and Communications Assistant or forwarded to the Member Support Centre.

We also run several private Facebook pages for DHB MECA members (understandably very active), PHC MECA members and DHB delegates. These are member-only groups and serve as a good place for members to discuss issues only with their peers. These pages are usually moderated by members, assisted by the Campaigns Advisor.

These pages are loosely monitored for member issues and feeling, but the Communications team is well aware that less than a quarter of NZNO's membership appear active on our social media pages and so represent only a portion of membership views.

Work has progressed on an Instagram page that we hope to publicise more widely in 2022 and there are still plans to make more use of Twitter.

NZNO has a policy not to make official comment on social media channels that are not maintained by NZNO.

Kaitiaki

There have been significant changes for *Kaitiaki Nursing New Zealand* over the year. After 113 years of printing, it was announced at the 2021 AGM that *Kaitiaki* would cease to print and become an online-only publication due to financial constraints.

Our final print publication was in December 2021 and featured a reflection on its history including contributions from former co-editors.

With the retirement of long-serving co-editor Teresa O'Connor in April 2021 after more than 30 years, it was a time of change.

In May 2021, senior Stuff journalist Joel Maxwell, Te Rarawa, joined Mary Longmore as a co-editor, bringing to *Kaitiaki* extensive te reo Māori skills and a te ao Māori perspective. Working to rebuild relationships, he provided oversight on the voice and representation of Māori in *Kaitiaki*.

Under his guidance, in February 2021 a long-standing error in the publication's title was corrected when *Kaitiaki* became one word rather than split as it had been for more than a century. Instead of *Kai Tiaki* (healthy/protective food) it became *Kaitiaki* (guardian).

Online progress

In March 2021, the co-editors took over the task of uploading content which had previously been outsourced. Taking over the role ourselves, with support from long-time *Kaitiaki* collaborator Andrew Empson of TBD design, has ensured we maintain full control of this aspect. As well as saving up to an estimated \$100,000 annually, this allowed us to load rolling content.

Since then, while not yet closing on the powerful reach of the printed magazine, delivered to 45,000 members each month, traffic has grown significantly.

- Registered users grew from 4,000 (December 2021) to 7,000+ by end March, 2022
- Advertising statistics showed 31,615 views over the 30 days to 23 March, 2022 – up from 3,665 views over the month of January – a 10-fold increase
- By late March 2022, email alerts were opened by 50 to 60 percent of members, with around five percent clicking through to articles
- With regular posts linking to articles, *Kaitiaki*'s Facebook page has 4,000+ followers with some news posts reaching 11,000+ people by the end of March
- We did not get Google analytics set up until April 2022, but it showed 20,000 website views for the month, including 15,000 'unique' views from different users.

Continuing professional development (CPD)

Kaitiaki continued its partnership with He Ako Hiringa. They supply quarterly CPD articles focused on improving access to medications for priority populations and long-term conditions such as gout, diabetes, asthma and cardiovascular disease.

We plan to expand this area online, working with NZNO's professional nursing advisors to develop our own CPD content for members.

Former co-editor Kathy Stodart has continued to provide invaluable editing support as a contractor, editing and loading the longer CPD and practice articles.

Subscriptions

Since *Kaitiaki* moved to an online only format the number of New Zealand and overseas institutional subscribers has dropped from 82 to 24. These are institutions that pay an annual subscription in order to access the journal content. This could be an area of potential growth.

Competency advisory services

Referrals since August 2021 have been related to medication errors, failure to adequately assess patients, communication, and documentation. It was challenging providing support to members with the full competency review process over Zoom as opposed to face-to-face. Two full competence reviews have been completed this year and there are two more planned by the regulators (NCNZ & MCNZ).

The table provides a summary of the current active and closed cases (previous five years). There is also one active case from 2013. Cases where nurses have not completed Orders put in place by NCNZ and Midwives by MCNZ are considered to still be potentially active.

Year	Currently active	Closed files
2022	3	-
2021	11	13
2020	3	8
2019	3	18
2018	1	37
Total	21	76

Membership Support Centre

Summarised statistics:

- Call volumes averaged 600 per week (533 previous year)
- Call advisers answered and triaged on average 455 calls per week (425 previous year)
- Email volumes averaged 200 per week (155 per week).

Breakdown of calls per category:

- 54% industrial (46% 2021-22)
- 37% membership (41% 2021-22)
- 6% professional (9% 2021-22)
- 2% administration (3% 2021-22)
- 1% miscellaneous (1% 2021-22).

Within the categories, the call advisers provided a complete response to:

- industrial 60% of total industrial calls (47% 2021-22)
- membership 28% of total membership calls (34% 2021-22)
- professional 28% of total professional calls (29% 2021-22)
- administration 47% of total administration calls (not included previously-now replacing miscellaneous category*).

**Miscellaneous will no longer be reported in this area as there are minimum calls and mostly relate to staff calls and reception calls.*

The MSC had a busy 12 months with significant increase in contact from our members. This is attributed to the DHB MECA negotiations.

April to June were dominated by enquiries related to the ratification and strike ballot and at the peak MSC received over 900 calls in a week, and emails often over 300 per week.

This trend continued through to March 2022 with significant spikes throughout this period when certain activity or outcomes were reached. For example, preparation for strike action in August which was subsequently called off; ratification of the DHB MECA in October; and lump sum payments as a result of the ratification. This also created an increase in issues related to Pay Equity and the subsequent lump sum payment. Calls in December were well over 1,000 per



Calls in December were well over 1,000 per week with additional emails in the range of 300–500 per week.

week with additional emails in the range of 300–500 per week. With this volume of enquiries, the MSC call advisers still managed to triage over 75 percent of all calls.

In addition to DHB MECA enquiries, COVID-19 enquiries continued, although significantly reduced compared to the previous year. The biggest increase in COVID-19 issues was seen from August, and related to the new health mandate issued by the Director General of Health. During this period a daily report was provided to management to keep them up-to-date with the types of issues received, and any documents or communications that needed to be developed to assist members.

Many questions were raised from our members around vaccine exemptions and those members who wanted to remain unvaccinated. Calls increased again in February and March 2022 around special leave for COVID-19, and the COVID-19 booster mandate.

Other significant issues throughout the year related to the legislated pay increase under the Support Workers (pay equity) Settlements Act and not being implemented (July and August); increase in the legislated minimum 10 days sick leave (July); and PHC MECA back pay (May).

There was also an increase in new members contacting MSC to join NZNO, including many re-joins over the September period. This area of work requires membership expertise as it has financial implications, so many of these calls were directed straight to membership and unable to be closed by MSC staff on first contact.

The trial for the outbound calling project continued for 12 weeks during May to early August, however was put on hold due to the increased workload in MSC. As such, the allocation of 1FTE was assigned to assist with incoming calls and emails.

During this short period, nearly 1,300 calls were made to non-financial members, which led to 400 conversations, and resulted in just under 150 members reinstating their subscriptions. It is hoped the outbound trial can restart once the current volumes return to normal.

Industrial

It was a challenging year for organising unions, particularly in the health sector, as the pandemic restrictions kept staff working from home and members focused on delivering care in extremely trying conditions.

Nevertheless, the NZNO organising team continued to work closely with delegates and members, empowering them to take action to achieve positive outcomes at all levels – individual, workplace and national.

Adaptability was the word of the year with much of our work moving online. Staff and members got used to communicating via Zoom and Microsoft Teams. Workplace Organising Committees, Bargaining, CCDM, Health and Safety meetings as-well-as individual case work, all moved to online. While there is no doubt that *kanohi ki te kanohi* remains the best way to conduct our organising work, much was achieved by using digital technology to overcome restrictions.

As we return to face-to-face engagement, there is opportunity to learn from our forced adoption of digital methods of communication. The future is likely to see a broader range of engagement methods being deployed to improve the strength of our union and empower our members.

Key activities included:

- Organising and empowering members to take industrial action in support of collective bargaining, most notably the DHB MECA strike
- Supporting delegates to negotiate Life Preserving Services agreements during industrial action
- Empowering Health and Safety Representatives to take action, in particular issuing Provisional Improvement Notices (PINs), to demand improvements to workplace health and safety with particular emphasis on safe staffing and violence in the workplace
- Providing advice and support to members covered by the COVID-19 Public Health Response (Vaccinations) Order 2021 (the vaccine mandate)

- Active participation alongside delegates and members to progress the full implementation of care capacity demand management (CCDM) processes
- Advancing our pay equity strategy towards ensuring that all members are paid for the true value of their work
- Identifying workplace leaders, empowering members to elect delegates and supporting delegates to be effective through our delegate education programme and ongoing organiser support
- Increasing the number of workplaces covered by a Health and Safety Worker Participation Agreement and empowering members to become trained Health and Safety Representatives
- Co-ordinating member-led collective bargaining to deliver improved pay, terms and conditions
- Providing advice and support to members on issues referred from the NZNO membership support centre
- Empowering members to have influence over change management processes in their workplaces.

Pay equity

In April 2021 the NZNO/DHB Nursing Pay Equity claim proceeded relatively quickly through the assessment phase of the process. This work was done concurrently with the DHB/NZNO MECA re-negotiation process and while separate processes, they were linked as both focused on achieving better rates of pay for NZNO members who work for DHBs.

An initial meeting was held with the Crown Negotiator in early September, then the formal start of the negotiations got underway in early October 2021. The bargaining phase of the pay equity process utilises the agreed findings and data collected through the assessment phase of the pay investigation.

The parties committed to ensuring the negotiations continued to honour the collaborative approach which included the sharing of information, and to explore options. This indeed occurred, with many challenging conversations and options considered, particularly those around remuneration and which model would be most advantageous for employees covered by the outcome. There were a number of difficult issues that the bargaining team faced which included the



We subsequently won an Employment Relations Authority case on the determination of the unions role to ensure cover was available for the work of striking members.

identification of comparators for all nursing roles, particularly senior nursing roles. The bargaining process was assisted by agreement by the parties to having a facilitator work with us which we believe kept the conversations moving and allowed lateral thinking.

Eventually on 22 December 2021 and agreement in principle was reached by the parties that required the agreement to be translated into the formal Pay Equity Template. This was checked by the parties lawyers then formally approved by the employer parties – this included a further six steps – before the employees covered by the Pay Equity Settlement could have their opportunity to approve or reject the proposal. The proposed pay equity settlement was to be put to members of the two unions, and the other employees of DHBs who were covered by the outcome, at the beginning of April 2022.

Collective agreement bargaining

The 2021–2022 bargaining period was challenging due the events of COVID-19 pandemic and our government's response to that. We had to develop new ways of working particularly having to engage in bargaining on online platforms. We had a number of successful bargaining outcomes not the least of which was the NZNO/DHB MECA. Member engagement was really important in the virtual context, as we held many meetings when decisions were made directing members to other online platforms. We organised and carried out one national strike, which included determining the Life Preserving Services (LPS) arrangements. We subsequently won an Employment

Relations Authority case on the determination of the unions role to ensure cover was available for the work of striking members. A formal facilitation process was also a first for not only NZNO but the Authority members, and was facilitated online. The outcome of this process assisted the parties to reach a settlement that was ratified by members in October 2021.

Other notable bargaining that took place was in Aged Care and Primary Health, with the National Hospice MECA being dismantled and new either Single Employer Collectives negotiated or smaller Multi-Employer Collectives. A recurring theme throughout the bargaining was the employers watching carefully for the outcome of the DHB Pay Equity Settlement which would become the benchmark rates across the health sector.

We encountered further challenges when trying to progress bargaining with and for our poorest paid members – those who work for Māori and Iwi providers which do not receive sufficient funding to even match parity rates let alone pay equity rates for the work. We continued to try and at least match conditions so that we have a starting point for the future.

Visibility of nursing – Real Campaign

In 2018 we started a project with the design creating company Curative, who was commissioned to develop a campaign aimed at enticing men, Māori and Pasifika people into nursing. The 'Real Campaign' was produced, using both actors and real nurses from different sectors of health.

Further development of the project was proving costly so we started to seek outside financial support to continue the campaign.

NZNO approached different nursing groups as well as the office of the Chief Nurse and the Minister of Health. The Ministry was very interested in the project and agreed to take it over as it sat well within their Mental Health recruitment drive.

MoH has engaged with TVNZ who are working with Curative to develop a plan for dissemination of the campaign. This will be fully visible shortly.

Implementation of policy remits 2020⁶

Remit: Full independent review of the NZNO Constitution

That the NZNO Constitution be independently reviewed in its entirety, with full member consultation / participation and with any changes or amendments subject to an all member 'one person, one vote' decision making process and that this is expedited in the next 12 months. The report should be completed, with a plan for implementation, to be reported back to members in time for voting at the NZNO AGM 2021. Voting systems within the revised document should also encompass the one person, one vote concept with vote occurring electronically and as necessary according to member by postal vote. The reviewer must be a person external to the organisation with strong knowledge of constitutional law, preferably within bicultural organisations, and no vested interest in NZNO.

The Mental Health Nurses Section (MHNS) and Cancer Nurses College (CNC) submitted through the Remit Committee a policy remit proposing a full independent review of the NZNO Constitution in 2020. A Constitution Advisory Review Group (CRAG) was set up, made up of members from MHNS, CNC, Te Poari, Membership Committee and Board members. The current members are:

- Diane McCulloch (chair)
- Anamaria Watene
- Andrew Cunningham
- Tracey Morgan
- Jennie Rae
- Kirstin Wagteveld
- Tracy Black
- Ram Kumar
- David Woltman (NZNO Internal Reviewer)

NZNO sent out an Expression of Interest which received interest from two respondents. After consideration, Morrison Kent were awarded the contract. Morrison Kent undertook a survey of Board, Management, some staff, and members, with specific questions for each group relating to the current

constitution – 5,500 members responded to the survey. Morrison Kent advised that there is plenty of data to work with as a result of the survey.

The CRAG determined that a vast number of members do not understand the Constitution.

Those members who have engaged want NZNO to be a good organisation and want a great outcome from the review. There are approximately 100 members who expressed interest to be part of the focus groups and would be open to further consultation, and Morrison Kent will progress this.

Morrison Kent carried initial consultation when they met with Te Poari in late April. There will be preliminary analysis of the survey and the report will be drafted. The report went to the Board by 30 June after review by the President and Kaiwhakahaere and went the AGM by 18 July.

Remit: Review of NZNO strategies for Safe Staffing

That NZNO shall, during the 2021–22 year:

Conduct an independent evaluation of its current Safe Staffing strategies, including CCDM, and publish any results showing significant outcomes for nursing workloads and patient safety at national level; and

Present options to campaign for additional Safe Staffing mechanisms, including legislated minimum nurse / patient ratios, for consideration and endorsement by NZNO members.

In 2020 a Safe Staffing evaluation advisory group was formed to address the remit presented to the 2020 AGM. In 2021 however, the MoH commissioned its own independent review of Nursing Safe Staffing that would address part of the remit. NZNO at this time decided that it would be beneficial for us to await the outcome of the review before going any further with appointing a review team. This decision was also based on financial constraints for NZNO at the time.

With the appointment and arrival of a new CEO NZNO has launched a new strategy for safe staffing in the way of our Maranga Mai campaign. The *Rise Up* campaign is a command for all of the people of Aotearoa to support every nurse everywhere, no matter where they chose to work. The campaign will lead all of NZNOs direction into the future and will require strong support from all of our members.

⁶ There were no remits received in 2021. However two policy remits from 2020 are still in progress, and this brief outline provides an update for these two policy remits.



Reports

Board of Director's report

Maranga Mai – Rise Up (Every Nurse, Everywhere)

Silos are the bane of the current healthcare system as they create and maintain division and barriers to communication and the development of disjointed work processes. This results in negative consequences for healthcare workers, patients, communities, and organisations. Kerri Nuku – Kaiwhakahaere, Anne Daniels – President, and NZNO Board members, Titihuia Pakeho, Nano Tunnicliff, Anamaria Watene, Margaret Hand, Noleen Dayal, Geraldine Kirkwood, Diane McCulloch, Andrew Cunningham and Simon Auty, are proactively working with our NZNO staff team to break down identified silos within our workplaces and within NZNO, to enable members to work cohesively together.

As a result, the Chief Executive Committee completed a major piece of work and employed our new CEO Paul Goulter. It took longer than expected as it was vital that we found the right person who could make a difference with the dynamics of our organisation, and also externally for our NZNO members. Alongside the NZNO staff team we have made it clear to members, government, and nurse employers, that these divisions will not continue, on our watch. We will do whatever is necessary to ensure all nurses, everywhere, are paid equitably and supported with equitable, safe, work conditions.

The 2021 CCDM report demonstrated the disconnect identified back in 2006, between members, nurse employers and healthcare government funders, DHBs and community/private healthcare providers. A tool, no matter how good, will not solve the nursing shortage crisis. There needs to be enough funding allocated to employ nurses (midwives, healthcare assistants, kaiawhina) with the experience, skills and knowledge required for specific work areas, and in numbers that meet the demand and needs of those we care for. Hoping that all those in positions of power make the real change happen and do right by nurses, is no longer enough.

The board supports the new campaign Maranga Mai for Every Nurse, Everywhere, which had its beginnings in March 2022. Maranga Mai challenges all 55,000 NZNO members to Rise Up together to demonstrate the power we have as a union, to gain mandated nurse patient ratios. This is particularly important as the campaign includes all healthcare sectors.

The campaign acknowledges the shortage of nurses worldwide, and the barriers International Qualified Nurses face. It focuses on a 'whole of industry' approach, to move us away from the siloed approach of the past that has not worked. Preferably, it will be led by NZNO in partnership with government, education and healthcare providers, and the Nursing Council of New Zealand.

Our member-led union is the mainstay of our NZNO strategy that is moving us all forward using new ways of working together. The Ross Wilson Report, now largely implemented, has enabled NZNO to form our own unique pathways. We as a board, acknowledge and thank Mairi Lucas for accepting the transitional acting CEO leadership role that saw the membership-led direction become a reality with our NZNO team over this time. Further, under Mairi's leadership, NZNO made substantial savings by reducing travel within the organisation, encouraging the use of Zoom technology, to underpin keeping NZNO staff and members safe and supported during the COVID-19 epidemic.

NZNO's new way of working together, as a membership-led team, is being noticed and our media presence has grown from relative silence to a small roar. Our voice is becoming louder every day, thanks to our members, delegates, and colleges and sections who are more readily standing up. They have been facing the cameras and doing radio interviews, telling our lived experiences, the way they need to be told. Our communications team is the powerhouse behind this change.

Like all new ways of working, there will be new beginnings and change moving forward. We encourage proactive engagement from our members, and we need all, not just a few, to be actively involved. Our union must be one that is inclusive, not exclusive, and must not be just the loudest voice but the many quiet voices joined together. This needs to happen both internally within our union, and externally, so our cohesive power and strength of will to fight and win, is not only recognised but is a force to be reckoned with.

We encourage you to work with us to develop our new Constitution that will support necessary infrastructure, processes and policy change that will empower us all to Rise Up and win.

President and Kaiwhakahaere

Co-leaders report

Tenā koutou katoa

Challenge and change are our one constant in both our work and personal lives. We must embrace them and always look for the silver lining, even if it is a long time coming.

It is important to look back to inform the way forward so that we continue to learn and grow. NZNO as an organisation has had many challenges internally over the last few years. In the 2019-2020 report the co-leaders wrote: “Part of our future planning and leadership must reflect on how we recover as the largest professional and industrial organisation of nurses.” COVID-19 has certainly challenged every nurse, everywhere.

COVID-19 has shone a light on the fragility of the health system and the extreme demands put on the nursing workforce including kaimahi, healthcare assistants and students/taura in a context of severe nurse shortages. The pandemic saw primary and community care stand up the first line of defence in screening, testing and then vaccinating, at times under fire from those who saw fit to abuse our members who were doing their job. Primary health care nurses who were trying to keep people out of hospital were further challenged when PPE supplies and mask fit-testing were poor and inconsistent, often not keeping pace with the changes in advice regarding droplet to airborne transmission of the virus.

Secondary and tertiary care prepared and then met the onslaught of caring for our most severely ill and vulnerable populations who had contracted COVID-19 – all this, while trying to maintain business as usual. Decades of government under-investment was exposed with the sustained pressure on nursing across all sectors of the health system, resulting in growing workforce shortages, burnout and moral injury that continues to impact on our NZNO members.

As the largest union and professional body in the country we need to do things differently. There will always be pandemics in the future; there will always be the need for nurses and we will need to be a strong and resilient organisation, now and in the future; a union that can stand together to create the change needed when challenges come. And it has come in spades in the last year.

Not only were our members fighting COVID-19 but also our own government and employers. First came the pay freeze in the midst of MECA negotiations, and ironically on the eve of International Nurses Day 2021. The theme for 2021 was ‘Nurses: a voice to lead – a vision for future health care’. We asked, “how can

nurses lead when they are so undervalued?” This devaluing continued in the language used by the Government when it referred to having sufficient beds available to meet COVID-19 demands, making nursing invisible by ignoring the fact that it is nurses who care for patients no matter where those patients were in the health system. As the lack of nurses became more problematic, the Government amended the Health Act to support nurse employers to get nurses back to work sooner rather than later. The wellbeing of nurses was completely dismissed.

The CCDD report, published early 2022, validated nurses’ voiced concerns regarding nurse shortages and nurses’ wellbeing. The report acknowledged that CCDD was not fit-for-purpose and could not work where there were nurse shortages. Shortages were exacerbated by lack of action on calls for changes to the immigration rules to support International Qualified Nurses and their partners entering into New Zealand. Emergency department nurses used the Health and Safety Act to try and get action on the increasing shortages of nurses, with limited success. Aged care facilities started closing due to the lack of nurses. A petition calling for mandated nurse patient ratios in Aged Care went unheeded. In a petition and open letter NZNO and E tū called on the government to mandate minimum staffing levels and skills mixes, and for government and providers to work with them on solutions to ensure a viable workforce is available and willing to care for an ever-increasing ageing population.

Recovery from the many challenges we have faced in the last year, will be by taking control of our own future. Members have made it clear that we will no longer wait or rely on the goodwill of others.

On 28 February 2022, our new CEO Paul Goulter was welcomed into NZNO. On the same day Kerri and I, and Mairi Lucas (acting CEO) joined Paul and got to work on shaping the beginnings of a campaign to turn the tide of nursing shortages. We are calling for everyone, everywhere in New Zealand to Maranga Mai (rise up).

Mandating nurse-patient ratios for every nurse, everywhere, is the foundation of this campaign, alongside pay equity and parity, and equitable work conditions. Going forward, te Tiriti o Waitangi will drive and guide all that we do, and how we do it. Board elections this year will bring more change and new perspectives to our leadership table. Transparency and accountability for both NZNO board and staff to our members, and vice versa, will be our cornerstones to support a safe learning organisation that is willing to talk about the problems, and work together to uncover and enable our silver linings.

Chief Executive report

Ka tangi te tītī
Ka tangi te kākā
Ka tangi hoki ko āu
Tihei Mauriora!

NZNO exists to support its members by promoting and standing for nursing and midwifery, and the extended team that supports those professions – that is Kaimahi hauora, health care assistants, and kaiāwhina.

NZNO is committed to te Tiriti o Waitangi and we stand beside Te Poari to enhance the wellbeing of all of our members. Yet, we need to pay special attention to restoring the balance of power and to influence in resetting the relationship between Māori and the Crown.

In 2021 I was seconded to the role of Acting Chief Executive (CE) while the Board of Directors looked to fill the vacancy left by the previous CE Memo Musa who left in January 2021. My short secondment of six weeks was extended to 12 months. This role has been both challenging and yet rewarding as many issues were addressed and many learnings had.

I wish to thank all NZNO staff for their support and continued mahi during this challenging year. COVID-19 has been the constant taniwha that has directed the way we have worked to ensure our members received the support they needed. Ngā mihi mahana kia koutou katoa.

Omicron

From 17 August the Government's management of COVID-19 was constantly changing to address new learnings and control the Omicron outbreak. This included changes from the four-tier alert level to the COVID-19 Protection Framework, or traffic light system as it is commonly known. Omicron increased the pressure on the whole health system with increased numbers of cases and hospital admissions. Primary care and Aged Residential Care faced many challenges with the surge in cases and the easy transmission of the virus from person-to-person.

Added to this was the Government vaccination mandates that forced those working in healthcare to be vaccinated to protect patients in their care. We understand how these mandates affected some of you and we acknowledge, and thank you, for your duty of care to the vulnerable groups whose wellbeing relies on your support and being vaccinated.

To all our members, your steadfast commitment to your patients and your communities has been remarkable. As front-liners for vaccination and testing you have faced the battle for health across the sector. You have gone beyond what is expected to ensure that while you support and treat those needing your help, you have also protected your own whānau to the best of your ability. We honour you all.

We also acknowledge the uphill battle all our members continue to face to gain recognition for your work, and to be valued for your contributions to the health and wellbeing of all people of Aotearoa New Zealand.

Performance overview

Collective agreement

Renegotiations and bargaining continued across all sectors – the largest being NZNO/DHB MECA.

Equal pay

Continues to create frustration and concerns regarding the slowness of movement. However NZNO continues to be a voice at the table and the Ministry of Business, Innovation and Employment's (MBIE) introductory guide on the Equal Pay Act was signed off late December. This involved discussions where some challenged MBIE's position and interpretations of the new Act.

Strategic goals

Safe staffing Care Capacity Demand Management (CCDM)

Unfortunately, CCDM did not progress to full implementation across all 20 DHBs by the expected date of 31 June 2021. An independent evaluation was commissioned by Minister of Health, Andrew Little.

The evaluation confirmed there were many problems with CCDM as a standalone tool. While it provided very good data of nursing hours and the number of nursing hours required, in many areas it failed to provide for the extra hours that were identified. Nurses continued to work in poorly staffed areas.

NZNO Safe Staffing/ CCDM project group is focused on gathering its own evidence on the data and implementation processes, and prioritising DHB calculations and progress towards the end goal.

Independent Evaluation of Safe Staffing Strategies

The independent evaluation of safe staffing strategies was developed following a policy remit submitted in 2020 by the BOD's. They proposed an independent evaluation of the current NZNO Safe Staffing Strategies including CCDM, and to publish any results showing significant outcomes for nursing workloads and patient safety.

Safe Staffing Strategies are no longer current, but work has commenced on a safe staffing campaign "*Maranga Mai*" Rise up. This campaign focuses on Five Fix's including increasing training, fixing pay and conditions, actualising te Tiriti o Waitangi, and increasing the Māori Pasifika workforce.

Independent review of our Constitution

The independent review also arose from a policy remit presented to the 2020 AGM proposing a full independent review of the NZNO Constitution. The policy remit was considered by members of NZNO and put to a one member one vote process. The majority of members (i.e. 84.54 percent of the 2,694 who voted) were in favour of the policy remit.

As a result of the vote, the Board initiated the process for a fully independent review of the NZNO Constitution, which will be carried out by legal firm Morrison Kent.

Membership numbers

Membership numbers have significantly increased – as at 31 March 2021 NZNO had 50,900 members. Membership as at 31 March 2022 was 55,202. This also shows a significant increase in the number of Registered nurses from 39,593 to 43,196

Māori member numbers have grown from 3,842 in March 2021 to 4,178 at the end of March 2022. Filipino nurses increased to 6,278 compared to 5,036 for the same period in 2021 and Indian nurses increased to 6,013 from 4,946. These are significant changes from the same time last year. While there is a noticeable increase in Fijian nurses for the third year running from 274 in March 2021 to 395, there was also an increase in Pacific Island numbers.

Member Support Centre (MSC)

MSC continues to provide advice and links to appropriate staff members for queries and concerns.

There have been a range of questions across all sectors, with the top enquiries being:

- public holiday entitlements
- COVID-19 vaccinations
- MECA updates
- professional/legal/pay/agreements interpretations/ industrial enquiries.

Te Runanga

Te Runanga under the leadership of **Te Poari** is responsible for leading Māori development for NZNO. Their role is to provide Manaaki to NZNO members and staff to ensure that tikanga is upheld and the mana of NZNO maintained.

Te Poari

Te Poari continue to lobby on important issues that affect Māori members and communities, including pay parity for nurses working in Māori and iwi providers. NZNO Kaiwhakahaere is engaged with Māori council and Māori members of parliament to promote important issues that affect Māori.

Membership group

The membership group supports the regional councils, colleges and sections, and national student unit. Their strategic aims are in line with NZNO's strategy that is focused on keeping members informed about the activities of NZNO.

This report shows a glimpse of the work that NZNO is doing. The activities of our Professional, Industrial and Corporate teams have been overwhelming at times and it must be acknowledged that their focus and commitment has been unwavering in spite of the difficulties faced over the past year and more. These teams continued to engage with our members to support their professional and workplace issues. We have continued to advocate and lobby across all sectors and with multiple agencies.

New Health Authorities

NZNO worked hard to increase our profile and to place ourselves at the right tables to be a voice for nurses and nursing. This was challenging at times.

We are cautiously excited to see the changes that are set to transform the health system for the future. We expect the Māori Health Authority to provide authentic Māori strategies and directives that will change the current situation that Māori experience in health.

Stakeholders

NZNO as an organisation has developed important relationships with external agencies to support the functions and operations of the Professional and Industrial service teams. Nationally, these include the Council of Trade Unions (CTU), Ministry of Health, Nursing Council, Pharmac, District Health Boards, WorkSafe and others. Immigration New Zealand, Health NZ, Māori Health Authority, Transition Unit and many more.

Internationally we are grateful to be affiliated with International Council of Nurses, South Pacific Nurses Forum, Global Nurses United and others.

NZNO is a strong, solid organisation committed to the improvement of health for all people of Aotearoa New Zealand. I am proud of the work we achieved over the past year and I am confident that our management team and their staff will continue to provide sound, reliable advocacy in the face of the many challenges that our members face.



COVID-19 has been the constant taniwha that has directed the way we have worked to ensure our members received the support they needed. Ngā mihi mahana kia koutou katoa.

Nāku te rourou, nau te rourou ka ora ai te iwi – with my food basket and your food basket the people with thrive.

This whakatauki encapsulates the notion that working together can take people beyond survival and on to prosperity.

No reira Tēnā koutou, Tēnā koutou, Tēnā koutou katoa

Mairi Lucas

Acting Chief Executive 2021–22

Te Poari o Te Rūnanga o Aotearoa annual report

E mihi ana ki a koutou katoa

We would like to start by honouring the members and the mahi that they continue to do amidst all the challenges that are happening at this time.

We would also like to acknowledge Tracey Morgan for her interim role as President during the period of vacancy and also supporting the lead as members marched to Parliament during the 2021 DHB strike action. The passion of the nurses and the public was electrifying. We also want to acknowledge our Te Poari and Runanga rangatira whose time, energy and efforts in what drives us to continue to do our mahi. To our Kaumatua Keelan Ransfield for his guidance and support, and to our Kahui Kaumatua roopu.

We know too well the impact that COVID-19 has had globally on nursing and the nursing profession, and it is no different in Aotearoa. We were already struggling with significant health and safety issues, lack of professional recognition and voice in policy planning, understaffing and pay disparities across our nursing sector. Since COVID-19 the situation is significantly worse and does not look like dissipating without concentrated investment in resourcing.

Remaining connected with our roopu and nursing colleagues has been a significant feature of our mahi whanaungatanga and is important when times are challenging. Having whānau, friends and colleagues around us, speaks volumes and costs nothing but time. Te Poari and Runanga have remained engaged with their members. With the nga hapū model introduced across the country, enables us to stay connected on a local, regional and national level.

Matariki provided the opportunity for us to connect with our international colleagues and we invited the nurses across the globe to share in our early morning karakia.

Te Poari was extremely fortunate that we were able to host our Indigenous Nurses Conference “Rise up”. This was held at Te Papa, Wellington from 13–15 August with over 200 Te Rūnanga Members in attendance.

”

We were already struggling with significant health and safety issues, lack of professional recognition and voice in policy planning, understaffing and pay disparities across our nursing sector.

Speakers included Hon Peeni Henare, Matthew Tukaki, Donna Awatere-Huata, Ripeka Evans, Hinewirangi Morgan, Hinemotu Douglas, Belinda Tuari-Toma, Hugo Robinson, Dr Moana Jackson, Rongoa Collective, Horomona Horo, Dr Rawiri Taonui and Dickie Farrar. Guests also included Minister Ayesha Verrall.

The hākari was held on Saturday 14 August at Parliament and celebrated Te Rūnanga regional awards and the PHARMAC Tapuhi Kaitiaki Awards. The guest speaker was Marie Noa, recipient of the Akenahi Hei Memorial Award.

Over 60 tauira attended a professional development day at Whitireia Community Polytechnic, Porirua on Thursday, 12 August. Presentations included Manny Down on Cultural Safety, Tracy Haddon on Determining the Value of Māori Nurses and a workshop from Hauora Kia Ora. The day also included the tauira hui-ā-tau which included the election of the two new leaders, Te Rūnanga Chairperson, Waiharakeke Biddle and Vice Chairperson, Tia Porima.

Nākū noa

Titihuia Pakeho

Membership Committee report

As with all nursing activities in Aotearoa, New Zealand, the Membership Committee (MC) has adjusted to new ways of connecting and working in this challenging COVID-19 environment.

Our small team initially struggled with the virtual meeting environment, and we continue to recruit for vacant regional appointments.

Our 2017-2018 Annual Report highlighted themes of over-work and understaffing – these themes continue nationally today, in addition to:

- COVID-19 workforce arrangements exacerbating the situation
- the flow-on effect reducing engagement and volunteer actions, making NZNO delegate communication and activity quiet and minimal in many regions and
- College and Sections (C&S) and Regional Committees (RC) struggling with quorums.

We awaited the 12 May Maranga Mai launch regarding the staffing crisis. CCDM seemed to have gone silent in many hospital sites. With the additional work nurses undertake over and above their usual roles, the safety of patients and the protection of nursing equilibrium has never been more under threat. We applaud the efforts of nurses across Aotearoa for their dedication.

Our student representatives highlighted the difficulties that came from COVID-19:

- online learning
- understaffed wards
- access to quality preceptorship and
- the difficulty getting practice hours for certification.

These issues were escalated to NZNO, and support was provided to the National Student Unit.

MECA negotiations last year were a magnificent expression of nursing solidarity, and member led meetings with CDHB management provided our nurses with pay before Christmas.

Keeping engaged with members was a focus of our AGM survey at the last face-to-face MDM. The wealth of feedback was collated and provided to the Board

(BOD) before the organisational arm picked up many themes and actioned suggestions that members provided. MC member, Ramkumar Nair authored a flow chart and form *Delegate Authority to Represent Members* in discussions with management on an individual level. This process currently sits with the BOD and NZNO for approval and inclusion in delegate resources.

The MC Workplan is regularly reviewed and updated as a living document. The committee worked on Honorary Membership in partnership with Te Poari and our Kaiwhakahaere, Kerri Nuku. This work is at completion. Notebooks bought by NZNO as gifts for graduation ceremonies and other activities recognising nursing achievements, were supplied to NZNO offices for RC to distribute.

With the Strategic Plan and Constitutional Reviews underway, there have been challenges undertaking environmental reporting and ensuring alignment of MC actions with NZNO organisational plan. Directions from the BOD to undertake projects were reduced in the last few years due to the BOD's own changes in leadership and members. We continue to have close collegial links with the BOD, President Anne Daniels, Kaiwhakahaere and NZNO. We would like to extend our thanks to the following NZNO employees who attended our meetings and provided information for RCs:

- Kate Weston, Associate Professional Services Manager
- Glenda Alexander, Industrial Services Team Manager
- David Woltman, Manager Corporate Services
- Iain Lees-Galloway, Associate Industrial Services Team Manager
- Suzanne Rolls, Professional Nursing Adviser
- Rob Zorn, Communications and Media Adviser and others.

We are also grateful for the support in learning about governance roles and responsibilities that strengthen our mahi as a MC.

The core group of MC members with long standing NZNO involvement at a higher level completed their terms. The remaining members are passionate and committed to supporting the strategic direction of NZNO. They eagerly await the Constitutional Review



Advisory Group (CRAG) report. A representative of this group is on the Aggression and Violence Against Nurses (AVAN) working group. The committee also contribute to the:

- Remit Committee
- Florence Nightingale Education Fund Committee
- Abstract committee and others as directed by the BOD.

Representation from all RCs would ensure that all mahi can be addressed.

As the outgoing Chair of the 2021–2022 committee, I would like to acknowledge the hard work and fantastic support received from Sandra Corbett (Chair 2017–2020). A passionate and learned nurse, advocate for community culture, considered expert nursing, as well as excellent NZNO advocate and member. I wish the

new Chair and the whole MC a long and active future in NZNO. We hope that face-to-face meetings resume, and national working relationships can be strengthened by the sharing and understanding that comes with everyone being in one room together.

Andrea Reilly

Former Chair

NZNO Membership Committee

National Student Unit report

COVID-19 continued to provide many challenges for the NSU. However, implementing Tuakana-Teina-based mentorship within NSU, it has helped significantly in creating a structured platform.

The NSU was able to navigate through the ongoing issues due to COVID-19, with support for NSU representatives from both old and current representatives. Many students/taura are still suffering from the impacts of COVID-19 since it arrived in New Zealand in 2020. We chose to focus on three working groups to aid in de-escalating and finding solutions for the stresses and issues raised by students across Aotearoa. This includes financial hardship, enhancing the preceptor/mentorship for students especially when on placement, and networking and consultation with other entities, including Te Pūkenga.

These working groups have been designed to highlight the ongoing issues experienced by taura daily. The NSU is hopeful that these working groups will have a positive impact for all nursing students, our future nurses.

*“Kō wai ngā Rangatira o apōpō?
Ko ngā uriwhakatipu”*

*“Who will be our leaders of tomorrow?
Our next generation”.*

Financial hardship

The NSU recognised that financial hardship has been a long standing challenge for nursing students across Aotearoa. Therefore, the NSU chose to advocate for free NZNO membership for all students as-well-as fees free for all Bachelor of Nursing Degrees. The NSU believes having free NZNO membership for all years will encourage students to engage more with NZNO and also retain NZNO members for the future. This will also benefit the NSU and allow for more students and representatives to engage within the committee creating an even better representation of taura. The NSU has been networking with other groups and NZNO colleges and sections to discuss fees free for all Bachelor of Nursing Degrees.

Preceptor/mentorship

The NSU acknowledged that students often need extra support not just from their preceptor. The main goal of this mentorship working group is to create networks that support and encourage students through their degree and into the workforce. The group is looking at the mentorship and supportive services already in place for students at their School of Nursing. They are also considering networking, workshops and current mentorship programmes that are in place at nursing schools across the country.

Networking and consultations

This year the NSU was passionate about being as involved with NZNO as possible particularly when it came to consultations. By having a working group who could focus on answering the consultations, this would ensure optimal engagement with these proposed changes and allow for feedback through NZNO. The NSU ensured that all taura who are directly impacted by the introduction of Te Pūkenga, are well aware of what this means for students and the impacts within their School of Nursing. The NSU is liaising with members working in Te Pūkenga to enhance our networks and communications. The merging of the District Health Boards is another aspect that this working group has been looking into. The mergers will be centred around receiving the same policy and procedures across all hospitals. The NSU found that from a student perspective the implications are still unclear, however if each hospital is working under the same policy and procedures, the scope of practice for all students across Aotearoa will be the same.

*“Kō wai ngā Rangatira o apōpō?
Ko ngā uriwhakatipu”*

*“Who will be our leaders of tomorrow
Our next generation”.*

Co-chairs

Jade Power

National Student Representative (NSR) Chairperson

Waiharakeke Biddle

Te Rūnanga Taura (TRT) Chairperson



Regional Councils

Regional Councils

Bay of Plenty/Tairāwhiti Regional Council

Chair: Sharon Powley

When you light another's candle – you lose nothing of your own. You just produce more light.

Improved outcomes

- Members continued to campaign for safe staffing in the workplace.
- Active delegate participation in CCDD within DHBs.

Skilled Nurses

- Ongoing workforce discussions in JAG (BOPDHB)
 - i. How to attract and retain skilled nurses.
 - ii. Supporting and nurturing new graduates into the workforce.

Strong workforce

- Improved focus on supporting students – improved communication links between NZNO and student reps with NZNO attending various onsite meetings and raising the NZNO profile.
- Successful mandated vaccine roll-out. Worksites prepared as best as possible for Omicron. Some loss of experienced staff due to the mandates which added pressure to a stretched system.

Effective organisation

- Support for members by acknowledging and thanking them for their continued hard work under stressful and pressured circumstances caused by COVID-19.
- Three education grants approved – a previous recipient attended RC as a guest speaker to share her student nursing experiences.
- Successful Regional Convention 2021. Excellent guest speakers which were well received. Seven award recipients for services to NZNO in our region.

Challenges

- Not being able to meet face-to-face for meetings, delegate trainings and professional forums.
- COVID-19 restrictions impacting face-to-face contact with organisers and the office administration.

Positives

- RC members have continued to engage despite the meeting restrictions.
- Guidance from new leadership of NZNO will result in a positive functioning union that members feel a part of.

After this year, we actually want to give ourselves a hug because we're still standing.

Canterbury/Waitaha Central Regional Council

Chair: Cheryl Hanham

This year continued to be one in which nurses across all sectors and regions were stretched at work and within our union NZNO work, as COVID-19 continued to shut down our borders and our cities.

Nurses across the Canterbury/Waitaha region again stepped up to ensure our healthcare centers and hospitals were staffed, with many members working extra shifts over the last year. Our nurses continued to fight hard for recognition for keeping our health system up and running.

NZNO delegates worked across the Canterbury region to ensure members' needs and contributions were recognised across the health sectors. This last year was difficult due to minimal face-to-face contact with each other which is vital to provide that support when needed. The need for Zoom meetings resulted in a decrease in delegates attending meetings over the last year.

Zoom meetings did help however, when the West Coast and Canterbury delegates needed extra support in late 2021 when the DHBs decided they were not going to pay out monies due to members, post MECA. Delegates on both sides of the South Island were able to apply significant pressure to the DHB management team to ensure they paid out all monies due before Christmas in 2021. Grateful to a great team of delegates, organisers and members for showing what strength in numbers can achieve. We are always better and stronger when we rise and stand together.

Improved health outcomes

- Nurses stood and collectively voiced their frustration and disappointment at the changes to CDHB management team and interference by MoH, instead of listening to the needs of health professionals across the sector.
- An increased number of nurses returned to work to help with COVID-19 swabs and MiQ centres, which led to the need for intervention to ensure safety re PPE and support.
- Fighting for safe staffing that ensures good patient outcomes has been ongoing since 2004 negotiations.

Skilled nurses

- Education has been a casualty of unsafe staffing over the last year.
- Quick Zoom meetings were set up for delegate education but this format doesn't suit everyone as it doesn't provide the right level of engagement.
- Education at work was put on hold, unless it was taken home to do online.
- This impacted on work-life balance, resulting in some members and delegates becoming even more tired and stretched.

Strong workforce

- Continued engagement with members to ensure they had up-to-date information regarding negotiations.
- Many members in the region felt let down when strikes were called off, putting a lot of strain on delegate/member relationships.
- We were lucky to have a great group of delegates who stepped up to show support to NZNO and members and continued to work hard on members' behalf.
- It was difficult to manage getting organisers and PNAs to regional council meetings – members and employees worked hard to maintain good working relationships, as you can't have one without the other.
- As a regional council we are ever grateful for the support offered and given to the council and our members over the last two years.



We are always better and stronger when we rise and stand together.

- Delegates in the DHB continued work to reduce bullying, using health and safety legislation to attain this.
- Improved communication and giving delegates confidence enabled them to push forward asking management to explain decisions and getting clearer guidelines that all management and delegates could work with.
- A new HCA working group was started, with the leadership of Co-chair Al Dietchin of Christchurch hospital WOC, looking into the needs of our hard working HCA group.
- Leadership and strength comes from us all.

Effective organisation

- As we were unable to meet in our regional office, meetings were held via Zoom but not as well attended as face-to-face which provides better engagement.
- Workplace organising committees also worked differently due to DHB's rules on numbers in a room resulting in smaller meeting attendance – some meetings used a combination of face-to-face and Zoom.
- Engagement continued via our emailed newsletter to all members in the region but the impact it has to support education is unclear; apart from Chairs time and staff support, this is cost neutral.

Ma te huruhuru ka rere te manu Adorn a bird with feathers so it can soar.

Central Regional Council

Acting Chair: Victoria Richards

Our region continued to meet throughout the year with a mix of Zoom and face-to-face engagement. We adapted well despite ongoing disruptions caused by COVID-19 and a nursing crisis.

Our 2022 convention was cancelled but instead we had an exciting new campaign launch announced, appropriately on International Nurses Day – Maranga Mai! Rise Up! And yes, we will!

Many members are starting get their spark back, despite feeling we've been backed into a corner for so long – we have come out fighting.

Highlights included:

- CR chair and vice chair completed their tenures; we are grateful that their wealth of knowledge is still around the table to guide the new chair and vice.
- Continue to grant funds via our scholarship allotment; however due to the lack of appropriate amount of funds available we were unable to assist all members.
- Graduation ceremonies took a different format due to COVID-19; Central Council continues to adapt and be visible where possible.
- We continue to be a collaborative discussion group for members concerns regarding PE, safe staffing and overall communication between regional delegates, local members and NZNO.
- Mid Central DHB has become the first DHB to introduce an awards programme to celebrate Kaiāwhina (Health Care Assistants).

Greater Auckland/Tamaki Makaurau Regional Council

Chair: Esther Linklater

- Updated our webpage along with a GAR logo used on Greater Auckland RC communication documents.
- Developed a quarterly Pānui with updates for members from the council, Te Rūnanga, students and Pasifika.
- Held a successful professional forum in April 2022 Exploring Ethical Issues using the NZNO Ethical Guidelines.
- GAR meetings continued monthly by Zoom, and for the foreseeable future.
- Elected co-vice chairs Geraldine Kirkwood and Debra Isaac.
- Two members are on BOD and one on the Membership Committee.

Greater Wellington Regional Council

Chair: Rerehau Bakker

- Welcomed new CEO Paul Goulter, who was introduced at RC hui earlier this year.
- Congratulates RC member Nano Tunickliff in her Vice-presidency role for NZNO and newly appointed Vice-chair for GWRC Lizzy Kepa-Henry.
- Continued positive engagement with members at bi-monthly hui via Zoom.
- Continuously supports, upholds and retains a positive relationship working in partnership with Te Runanga Te Ūpoko o te Ika a Māui.
- Maranga mai campaign launch on 12 May International Nurses day; GWRC attended and contributed on the day.
- Farewelled RC administrator Sarah Kapila, as she takes up her new role within NZNO.
- GWRC struggled to fulfil the role of Membership Committee representative over the last three years.

Hawke's Bay/Te Matau a Māui Regional Council

Co-Chairs: Sandra Corbett and Liz Banks

Despite a decline in activities TMMRC held our Regional Convention at the War Memorial Convention Centre in Napier on 25 May with a mix of live and pre-recorded presentations. The day ended with a powerful and emotional presentation from the Acting CEO Mairi Lucas, Vice President Tracey Morgan and Kaiwhakahaere Keri Nuku. Our objective remains, to attract and involve more members from all sectors for future Conventions.

Highlights included:

- Kerri Nuku was awarded the International Humanitarian Nursing award from Exeter University UK, with the official ceremony to be held via international Zoom; a local celebration with those unable to attend in person, to attend via Zoom from across Aotearoa and around the globe.
- Of special note was the late Moana Jackson and Jane Leng, Exeter University; this celebration was organised by NZNO, TMMRC, our local kaumatua, supported by Eastern Institute of Technology Hawke's Bay and the HBDHB.
- TMMRC held two face-to-face meetings then the majority via Zoom. While Zoom meetings allow better accessibility it does not always translate to the goal of increasing the number of members to attend or join TMMRC. Zoom meetings tend to dampen momentum for ongoing forums and ideas planned for the year. As in all DHBs and other sectors our life and staffing work pressures affect all members, at every level.
- TMMRC met in Waipukurau to Zoom into the 2021 AGM and Conference; social distancing was observed with six RC members attending each day; this was a valuable opportunity to discuss and reflect on the presentation and content of the conference.
- TMMRC Facebook page provided regular updates for those who follow this platform.
- Co-chairs indicated they would like to step down in the coming year so succession planning is underway. The co-governance model has been positive and strengthened links between RC and Te Poari, and enabled a relationship that has benefits for us as individuals, and as a Regional Council.



The co-governance model has been positive and strengthened links between Regional Council and Te Poari, and enabled a relationship that has benefits for us as individuals, and as a Regional Council.

Midlands Regional Council

Chair: Diane Dixon

Highlights included:

- Struggled to get members to attend meetings; lost a lot of our members to retirement or new working positions.
- Continued to have education forums, although unable to commit to the usual three a year due to COVID-19; these will continue with a preference for face-to-face meetings when possible to encourage participation.
- Continued to hold regular meetings by Zoom which has allowed more delegates to attend.
- Focus for the next year is to encourage new delegates, work with new and existing delegates to continue to support members and to enhance the work of NZNO for the good of nurses.

Te Tai Tokerau Regional Council

Chair: Sacha Young

Te Tai Tokerau continues to use digital communications tools and this past year has felt very much like the new normal, though we would prefer our hui be kanohi ki te kanohi!

Highlights included:

- A successful well attended Regional Convention in 2021 with special recognition of Marie Noa as the deserving recipient of the prestigious Te Akenahi Hei Memorial Award.
- International Nurses Day posters promoting regional nurses and their workplaces continue to be well supported and appreciated, with poster nurses also speaking at the Regional Convention.
- A topical and informative Professional Forum was held via Zoom to discuss the End of Life Choice Act 2019.
- New student delegates took over the mantle from their predecessors and secured a prime spot in the NorthTec library to display the Regional Council Student Taonga and Te Rūnanga Student Taonga.
- NZNO members from within the region were invited to share their workplace roles with the RC at the beginning of each hui to promote connectedness and engagement.
- RC is looking forward to celebrating the outstanding and impressive work performed by NZNO member and delegate Melinda Jordan over the years as she nears retirement. Melinda has held multiple roles such as previous RC chair, NZNO Vice President, and NZNO BOD.

Te Tai Tonga/Southern Regional Council

Chair: Linda Smillie

As with all sectors COVID-19 severely impacted a number of Te Tai Tonga/Southern Regional Council events, including having to cancel a planned Professional Issues Study day. However the pandemic also brought new ways of doing things.

Highlights included:

- Regional Convention on 15 April 2021 at the Otago Golf Club, with the Scott Weatherall presentation being a highlight.
- Celebrated International Nurses Day on 12 May with a dinner at Equinox Restaurant which included a presentation by Barbara Turnbull of NZ Red Cross and a recipient of the Florence Nightingale Medal.
- Te Tai Tonga/Southern Regional Council started its own Facebook page.
- Increased the use of Zoom access to meetings which enabled connection with many members across the region, especially our student representatives.
- Held a face-to-face hui to participate in NZNOs AGM and conference.
- Continued to administer the Ngaio Fulton fund.
- Awarded Regional Awards for services to NZNO at our Christmas and acknowledged the commitment given by our administrator.
- Presented note books for BN and EN graduations at Otago and Southland Polytechnic.



Top of the South Regional Council

Chair: Carolyn Hannah

It was a challenging year with many limitations for Top of the South Regional Council membership, participation, and ability to deliver to plan. Workload has fallen onto two/three members for much of the year.

Highlights included:

- Carolyn Hannah elected as Chair, and Joan Knight supporting as Vice Chair. While there is no Te Rūnunga representation, Maria Briggs provides guidance on tikanga and Te Tiriti o Waitangi. Hamish Duncan represents NMIT students. Jackie Nixey was elected as New Membership Committee representative, after position being vacant for some time. Regional Council has a permanent agenda item on the Workplace Committee NMDHB.
- Held Regional Convention in May focused on the outlook for healthcare in our region with an informative presentation from Detective Chris Roberts on methamphetamine.
- Annual Dinner forum was held night before convention. Highlights included Diabetes and Neonatal Nursing; a presentation from an internationally qualified RN speaking of her experiences coming to work in New Zealand and the difficult road to getting here; a hikoi for health presentation by our Kaiwhakahaere Kerri Nuku, and our then Acting President Tracey Morgan.
- Regional awards given to Chris Dennis previous DNM Delegate Wairau Hospital, and Jane Whitlow, previous paediatric delegate, Nelson Hospital. These were in recognition of service to NZNO regionally. No national award nominations forwarded this past year.
- Two forums held, in Nelson and Wairau with good attendance. Remaining forums were cancelled due to members workload and the uncertainty of COVID-19 levels.
- Delivered four newsletters, keeping members informed on regional and national activities.
- Three council members attended the NZNO Conference, and one member attended the AGM (both via Zoom).
- Provided catering support for the DHB strike action.

- Approved three education fund applications, including one giving seven RNs from SCBU (Special Care Baby Unit), Nelson Hospital, access/participation in an on-line learning seminar from Australia.
- Regional Chair and Organiser (joined by a local DHB delegate) met with NMIT first year nursing students during their orientation in February.

West Coast/Te Tai o Poutini Regional Council

Chair: Sara Mason

The NZNO continues to show visibility and voice within the West Coast which was evident with the extensive turnout during the strike action. COVID-19 continues to impact on the already struggling WCRC and national participation rates for our members in councils and meetings. NZNO Team Leader Southern and secretary continued to ensure the WCRC is well-organised, equipped and connected to best represent the interests of members.

Highlights included:

- Maintained an open atmosphere which actively demonstrates WCRC commitment to members and inclusion of members from other sectors.
- Te Nikau Hospital and Health Centre continued to have challenges and triumphs. NZNO provided assistance to ensure members have a voice and can contribute to improving health and working conditions within the West Coast.
- Award ceremony highlighted the commitment nurses have to the communities and on the wards they serve. Nurses from the region nominated members to recognise their contribution to nursing, health and the region.
- West Coast continued to be represented on the Membership Committee providing members with extensive coverage of current issues and campaigns.

A teal-tinted photograph showing a pregnant woman's belly. Several hands are gently touching the belly, and a medical professional is using a stethoscope to listen to the heart rate. The image is overlaid with a white rectangular box containing the text 'Colleges & Sections' in a bold, black, sans-serif font.

Colleges & Sections

Colleges

College of Air and Surface Transport Nurses

Chair: Lynette Will

Highlights included:

Effective and sustainable organisations

- COASTN held a mixture of virtual and face-to-face meetings including our AGM as it was scheduled at the height of a COVID-19 outbreak.
- Newsletter was published quarterly in fully electronic format.
- Committee continues to represent our membership on national matters relating to the transportation of patients.

Strong and Skilled workforce

- Continues to run the aeromedical transport course in relationship with AUT.
- 2021 course was interrupted with COVID-19 lockdowns and the lectures were moved to virtual, with the practical component rescheduled to July 2022.
- COASTN offers scholarship assistance to members which is reviewed annually.

Influencing improved health outcomes

- Members represented the college on several working groups including ambulance services review, national stroke clot retrieval transport group to formulate a set of guidelines based on data available across the network; several key performance indicators were identified and used to formulate the guidelines.
- Representation centred around promoting the clinical care nurses with IHT teams in an effort to ensure the patient received the optimum care during these transfers; while also acknowledging the delays the IHT teams can add in the transfer process.
- Involved in phase 1 of the Ministry of Health/NASO restructuring and will continue with phase 2.
- Flight team passport was uploaded to the NZNO website and is available for all members to access.

Measuring progress

- Members were encouraged to engage with the committee to ensure COASTN remains focused on representing our members in all aspects of our work.
- Members contribute to our electronic magazine.
- Reports from sub committees were fed back to COASTN members.

As with all services COASTN was impacted by COVID-19. With meetings predominantly virtual, there was less opportunity for informal discussions, brainstorming and problem solving. Members had to work in silos which is difficult for nurses who are used to crossing DHB and international boundaries, and interacting with health care professionals outside of their teams. Teams set up screening protocols, and facilitated tarmac transfers in order to reduce the risk of exposure from non-COVID-19 affected areas. COASTN had to adapt other DHB's protocols, procedures and rules during this time which was recognised by all who were involved in transporting and receiving patients.

Despite all of the challenges COASTN committee and members continued to progress items on the annual plan as well as continuing to support and be the voice for members.

Cancer Nurses College

Chair: Mary-Ann Hamilton

Highlights included:

Improved health outcomes

- Despite the many challenges CNC continued to work to promote cancer nursing nationally.
- Chair, Mary-Ann Hamilton is the nursing representative on the Clinical Assembly for Te Aho o Te Kahu (TAoTK), (the Cancer Agency); the value of her role cannot be overstated and highlighted the need for nursing to be represented and heard at all levels nationally.
- CNC members made significant contributions to Te Aho's COVID-19 and Cancer Treatment advisory efforts to support continued cancer services; all while the health system contended with staffing pressures, and service interruption brought on by COVID-19.

- CNC Nurse Representative participated in weekly online meetings during COVID-19 surge periods to ensure our nursing voice and collective expertise was heard.
- Cancer nurses across the motu enabled feedback and escalated concerns in real-time, while all the time advocating for nurses, patient care, with the determination and clarity to tell it how it was.
- Support was provided by other health professional groups who were aware of the impact of nursing shortages and the continuation of service delivery.
- An unprecedented growing awareness from other professional groups, of how integral and dependent on nursing services the health system is to deliver care.
- Cancer nurses were heard and seen, and definitely appreciated by clinical cancer care colleagues; this needs to be translated by health planners and funders into better resourcing for nursing workforce needs.
- COVID-19 will continue to be a disruptor as the Health NZ and Māori Health Authority transitions evolve.
- Cancer diagnosis and treatment needs to be prioritised in the context of health reform changes; Te Aho is building relationships and engaging with the Transition Unit.
- It is anticipated key cancer priorities will appear in the interim New Zealand health plan.

Skilled nurses

- CNC 25-year celebration poster demonstrates how the CNC, and the commitment of past committee members and cancer nurse members, has helped influence and shape Aotearoa/New Zealand cancer nursing today.
- CNC continues to be represented on the NZNO Constitutional Review Advisory Group (CRAG); the national Haematology Work Group; Medical Oncology Work Group; and Radiation Oncology Work Group.
- CNC advocated and achieved a fee-for-service payment for nurses' expertise and time for those invited to work on Te Aho o Te Kahu's Systemic Anti-Cancer Treatment (SACT) regimes national project.
- CNC distributed over \$3,000 to members in grants and conference costs in 2021; requests for CNC study or education grants fell considerably, as face-to-face course and conference deliveries changed, as did cancer nurses' priorities.
- CNC received ongoing support from Roche who sponsor the quarterly newsletter, Cancernet, and education grant funds.

Strong workforce

- Committee forged a highly valued connection with TAO TK, meeting with key TAO TK staff to represent nurses as a vital part of the cancer workforce and inform the workforce planning.
- Represented issues for cancer nursing including the formation of a national working party on monoclonal antibody handling by the Nursing Council NZ.
- This resulted from release of CNCs specific position statement which highlighted a gap and the need to address the administrative shortfalls for the protection of all nurses.
- TAO TK represented CNC on the working party alongside a CNC member who volunteered to be a representative.
- Te Aho o Te Kahu has workforce planning underway, linked to the cancer service planning work.
- All chapters of the Cancer Service Planning highlighted significant workforce issues including retaining and attracting nurses into cancer treatment as an area of focus.

Effective organisation

- Navigated the Pay Equity settlement and the NZNO Constitution review.
- CNC largely focuses on the professional arm within NZNO, however the two services – industrial and professional – are intrinsically linked.
- CNC BGM and nursing programme, in association with the New Zealand Society for Oncology conference, was cancelled.
- CNC endorsed the decision that safety for all clinicians, and implicitly patient care, took precedence and was a paramount consideration to the cancellations.
- Committee had unprecedented high turnover of members over several years, due to personal and whānau health, life, work, and other changing commitments.
- These roles are largely voluntary, by members who advocate for and strive to advance cancer nursing,

and continue to make significant contributions to cancer nursing and patient care in Aotearoa.

- National networking is one of the very rewarding aspects of being on the CNC committee.
- Important for cancer nurses to move into representative roles to ensure a collective voice related to improve patient health outcomes.

College of Child and Youth Nurses NZNO

Chair: Sarah Williams

Highlights included:

Influencing improved health outcomes

- CCYN continues to contribute to submissions; assigned two committee members to coordinate and submit feedback from committee and members of college; introduced new email address so submitted data is kept in one place.
- Continued to produce a regular newsletter (TimeOut – distributed three to four times a year receiving excellent feedback.
- Actively supported the NZNO *Strategy for Nursing* action points –addressed annually through work plan for the year.
- Experienced increased membership from Paediatric nurses working across New Zealand.

Strong skilled workforce

- CCYN and partner colleagues re-commenced a revision of Child Health Nursing Knowledge and Skills framework after a significant break due to COVID-19.
- Continued to alert members to paediatric study days facilitated by various organisations and DHB's to ensure members are given further education opportunities to build on current skillset – primarily through TimeOut and active Facebook page.
- Scholarships provided for nursing students to attend CCYN symposiums.

- Scholarships available for CCYN members to attend conferences around New Zealand.
- CCYN continues to seek and focus on developing strong professional and collegial relationships with other organisations such as:
 - Paediatric Society of New Zealand
 - New Zealand School Nurses group
 - Plunket
 - NZNO colleges
 - Neonatal Nurses College Aotearoa
 - New Zealand College of Primary Health Care Nurses

Effective and sustainable organisation

- Activity focused on developing, strengthening and reflecting a bicultural approach to supporting CCYN members.
- Significant progress made to secure a Māori name for the College and hope to share at AGM later this year.
- Committee selection focused on representatives who are clinically and geographically diverse to ensure a broad representation of child health nursing perspectives.
- Maintained an active online presence through CCYN division of the NZNO website, TimeOut, and Facebook page; had a significant increase in online followers on Facebook.
- Continue to seek feedback on how to engage with members to help extend our reach and explore alternative platforms for engagement.
- Invested in a small amount of promotional merchandise to promote CCYN to undergraduate and qualified child health nurses.

Measuring progress

- CCYM constantly monitors membership numbers and engagement/ followers on online platforms.
- Finances are actively monitored and compared against previous income and expenses to ensure the stability and sustainability of the college.
- Monitor uptake of CCYN scholarship to ensure success in promoting and helping secure education opportunities for child health nurses.

New Zealand College of Critical Care Nurses

Chair: Tania Mitchell

Highlights included:

Improved health outcomes

NZCCCN is the lead voice for critical care nursing and has represented nursing in:

- MoH critical care sector advisory committee including the nursing advisory subgroup.
- MoH National Service Planning Steering Group for Critical Care Infrastructure, planning for the next 1–15 years.
- Australia and New Zealand Intensive Care Society (ANZICS) Safety and Quality committee representation including co-authorship of Sustainability Toolkit for Intensive Care.
- Representation in the national ICU Clinical Directors and Charge Nurse Managers Group; NZCCCN opinion is frequently sought as active members.
- Raised profile of ICU nursing and ensured the nursing voice is represented in the media; responded to a significant number of media requests about critical care capability and critical care nursing workforce throughout COVID-19.
- Submissions to consultation documents to ensure critical care nursing voice and perspective is heard.

Skilled nurses

Education of members was impacted by COVID-19 and lockdowns again this year.

- Regional education session (including scholarships) in Dunedin cancelled due to COVID-19 – rescheduled for late 2022.
- Continued provision of web based education platform from World Continuing Education Alliance (WCEA); this provides free critical care and general nursing education; and thanks to Fisher and Paykel for continued sponsorship.



Facebook page provided an informal way for members to connect, share articles of interest, and highlight events relevant to critical care nursing community

Strong workforce

- NZCCCN membership April 2022 1,007 – an increase of about 40 over the last year.
- Representation on ANZICS Australasian minimum workforce standards for intensive care steering committee; this work is instrumental in future provision of ICU services in New Zealand and Australia.
- Developed relationships with the Chief Nurse and MoH; led to committee involvement in several projects and working groups as outlined above.

Effective organisation

- Critical comment newsletter published quarterly, encouraging members to write articles for publication.
- Facebook page provided an informal way for members to connect, share articles of interest, and highlight events relevant to critical care nursing community.
- ANZICS conference faces uncertainty due to the ongoing impact of the pandemic.
- Maintained good committee representation, including across the country, from large units and smaller hospitals.
- Attendance at NZNO AGM, Conference and board meetings to represent NZCCCN.
- Remits to allow student nurses to be college members, and include PAR/Outreach as an area that critical care members work.

Aotearoa College of Diabetes Nurses

Chair: Bobbie Milne

Highlights included:

- Committee meetings and AGM held mainly via Zoom with email contact between.
- Held virtual half-day study day with AGM.
- Maintained accreditation programme with approximately 53 accredited along with relatively stable membership 400+.
- Published *On Target* quarterly newsletter.
- Worked with Nursing Council and MoH to increase medications that designated prescribers are able to prescribe to reduce health inequities of patients; designated prescribers are now able to prescribe a greater list of diabetes medications.
- Will continue to work with Nursing Council to simplify and speed up the addition of new medications to the list able to be prescribed by designated prescribers.
- Long term Nursing Council and MoH will work with the college to identify a pathway for designated prescribers to increase their ability to prescribe from a longer list of medications, using recognition of prior learning as a potential mechanism.
- Nurse practitioners will now be able to supervise designated prescribers if they have the expertise.
- As part of health workforce working with diabetes, had opportunity to provide feedback to Waka Kotahi (NZTA), who are currently reviewing their *Medical Aspects of Fitness to Drive* document – still under review and to be finalised.

College of Emergency Nurses New Zealand

Chair: Sue Stebbeings

Highlights included:

Influencing improved health outcomes

- Increase in media advocacy in relation to staffing crisis by committee members during 2021.
- CENNZ national committee corresponded with Minister of Health and the Nursing Advisory

Group to highlight staffing crisis in Emergency Departments and advocate for implementation of effective safe staffing methodologies – this is ongoing.

- Specific recommendations on Care Capacity Demand Management in Emergency Departments included in the Nursing Advisory Group Report released February 2022.
- CENNZ is aware of small gains achieved in a few departments baseline staffing levels, but there is a long way to go to achieve long term solutions.
- CENNZ representative on the Acute Care Sector Advisory Group established by MoH to contribute to improving process flows and patient journeys in acute care.

Skilled nurses

- Increased number of triage courses provided to respond to demand during COVID-19 for this essential emergency nursing skill.
- Clinical Nurse Educator Network provided collaboration and support to facilitate the development of emergency nursing skills.
- CENNZ continues to offer Education and Post Graduate Grants to members.

Strong workforce

- Ongoing challenges and adaptations needed to respond to COVID-19 was helped by communication through the Clinical Nurse Manager Network.
- Sharing practice initiatives featured in the December issue of the Emergency Nurse Journal.

Effective organisation

- National committee met monthly via Zoom to ensure national and regional issues were captured.
- AGM held via Zoom due to deferment of national conference.
- Welcomed a Te Rūnanga representative back onto national committee.

Gastroenterology Nurses College

Chair: Merrilee Williams

GNZ had a strong focus on education and providing opportunities for gastroenterology nurses to access university courses and attend educational days and conferences, specific to our specialty. The college continues to offer educational grants for post-graduate studies and national/international conferences.

Highlights included:

- Contributed to planning of virtual three-day conference and facilitating the yearly leaders' day to support leaders in gastroenterology.
- Continued to develop the sub specialty groups, including inflammatory bowel disease specialty nurses, hepatology specialty nurses and nurse endoscopists – providing support and financial resource for workshops.
- Maintained a nursing presence on other committees and boards including GENCA (Gastroenterological Nurses College of Australasia), NZSG (New Zealand Society of Gastroenterology), EGGNZ (Endoscopy Guidance Group of New Zealand).
- Maintained an online presence with the gastroenterology webpage.
- Published *The Tube* – the gastroenterology journal for nurses.
- Survived COVID-19 – trying to provide consistent advice to endoscopy teams.

College of Gerontology Nursing

Chair: Natalie Seymour

Highlights included:

Influencing improved health outcomes

- Joined Industrial representatives at meetings with NZ Aged Care Association leaders to plan joint strategy for improving safe staffing in aged care.
- Contributed College comments about need for safe staffing in Aged Care to national media (NZ Herald 26/02/2022) and NZNO (published in Kaitiaki throughout the year).
- Contributed to submissions on ARC review (November 2021).

- Lobbying continues for College representation on appropriate working groups e.g. Nursing Pre-registration Pipeline working group.
- College representation on:
 - Ministry of Health Advisory network for supporting the implementation of the End-of-Life Choice Act prior to the establishment of the SCENZ Group.
 - HQSC working group for meetings held prior to EOLC Act implementation, to represent views of ARC nurses.
 - Health and Disability Review Transition Unit, Department of the Prime Minister and Cabinet for interim NZ Health Plan – Ōranga Kaumātua.
 - Ministry of Health Working group to develop National Pandemic Response policy and workbook for ARC.

Strong skilled workforce

- Biennial conference cancelled due to COVID-19 restrictions and acute workforce pressures; Significant time spent planning (speaker liaison, programme planning, etc) – rescheduled early 2023.
- Held online seminar presentation by conference's planned keynote speaker and other presenters alongside online BGM to contribute to members' professional development.
- Promoted relevant online and other professional development opportunities via social media and direct messages.
- Championed public image of nurses working within Aged Care (Kaitiaki articles profiling Nurse practitioner candidate; care and support workers during Caregivers week) especially in November edition with Aged care focus e.g. contributed to editorial and material for several articles.
- Concluded Research project commissioned to explore: How might we provide expert care to an ageing and changing population in Aotearoa New Zealand?; this research was undertaken by two master's students at Centre for Health and Social Practice, within Design Factory at Wintec. Interesting data was collated which ended up pursuing creation of a model of care for older people in the community. Further analysis of the data could be useful to address issues for the Aged Residential Care workforce.

Effective and sustainable organisation

- Frequent engagement with members through College page on social media.
- Remit prepared to change College rules to permit student nurses to be college members.
- Engagement with NZNO and E tū National Delegates for Aged Care Sector Group, through committee member participation in twice-yearly meetings.
- College Chair's active participation in NZNO governance activities.
- Approach made to NZNO Kaumātua to request te reo name for College.

Measuring progress

- Increase in College representative participation in external working groups.
- College membership is relatively static (significant achievement in view of exodus of nurses from sector).

Infection Prevention and Control Nurses College

Chair: Lisa Gilbert

COVID-19 continued to challenge our members along with the pressure to return to business as usual.

One of the benefits realised is that the IPC workforce in many organisations has received more resource in both FTE and governance. Our membership has consequently increased.

IPC conference rescheduled many times, and now scheduled for end of 2022.

Highlights included:

Improved health outcomes

- Members provided representation in Technical Advisory Groups for COVID-19 management and supporting the vaccination programme.

Skilled nurses

- Funding was secured to continue with the IPC Fundamental's programme and we have trained over 60 new practitioners from all types of health care organisations.

Strong workforce

- IPC supported members to keep up with constant changes in practice by holding a series of webinars with experts and IPC practitioners at the coalface of the COVID-19 epidemic.

Effective organisation

- Regular communications with members with regular e-newsletters and publications.
- New website launched and its functionality will increase over time; currently run a forum and provides general information.

Neonatal Nurses College Aotearoa

Chair: Merophy Brown

COVID-19 continued to impact the day-to-day planning of neonatal care. NICU's and SCBU's around the country continued to be over capacity with high acuity, while supporting whānau who are also impacted by COVID-19. Conversations continue with national neonatal services regarding the ongoing concern with over capacity.

NNCA strives to continue regular meetings to ensure core business is maintained.

Highlights included:

Improved health outcomes

- NNCA representative on panel for the development of Aotearoa New Zealand Clinical Practice Guideline for Neonatal Hypoglycaemia. This is an important piece of work, as Neonatal hypoglycaemia is common in the first few days after birth with 30 percent of Aotearoa New Zealand babies born at risk. Of those, half will develop hypoglycaemia, with a potential risk of brain damage.
- Emphasised developmental care, providing a co-ordinated, consistent approach nationally by delivering FINE training in multiple centres.
- Supported work to operationalise transitional care, which will reduce unnecessary admissions to SCBU/ NICU, reduces pressure on cot availability and supports mothers and babies to remain together.
- Representation on National Newborn Clinical Network.

Skilled workforce

- Planned symposium in Napier was postponed until November 2022.
- Scholarships to develop neonatal nursing practice further have been allocated. These scholarships can be crucial in removing barriers to professional development, and are often used for post-graduate study, thus advancing clinical practice:
 - Role specific professional meetings were held for:
 - Nurse Managers
 - Nurse Educators
 - Nurse Practitioners
 - ANZNN data collectors.

These provide a great forum for networking and information sharing.

- Continued participation in ANZNN.
- Presented neonatal nurse of the year, recognising ongoing contribution to neonatal nursing.

Strong workforce

- CCDM FTE calculations identified significant deficits in some areas, and data used to support recruitment. Unfortunately the global nursing shortfall and closed borders impacted significantly on ability to recruit, and many units needed to recruit less experienced staff and support them to develop the necessary skills.
- Theme of healthy workforce and wellbeing activities for staff evident across DHB's.
- Continued to work on:
 - improving national sharing of information
 - collegial networking
 - sharing of practices and experiences.

Perioperative Nurses College

Chair: Juliet Asbery

PNC postponed annual conference due to COVID-19 restrictions planning is underway to finally host our long-awaited Conference in Christchurch in late September 2022. This is a valuable opportunity for members to gather and share knowledge and experiences after a long hiatus.

Highlights included:

Improved health outcomes

- National Committee continues to be involved in national and Australasian discussions and forums on the Registered Nurse Anaesthetic Assistant and Safe Sedation (PS09).
- Started monthly Zoom professional development sessions for membership, designed to maintain perioperative knowledge and skills; to support nurses in an online capacity due to COVID-19 limiting the abilities of our regions to host their normal study days.
- Each region of PNC will host a session, ensuring that members across the country are well represented and able to share their examples of excellence in patient care delivery.

Skilled nurses

- PNC is involved in consulting with higher educational facilities around programme development and content.
- PNC educational platform and annual conference are both designed to support the development of perioperative nurses as skilled and informed professional nurses.

Strong workforce

- PNC suffering from a nursing shortage and struggles to recruit and retain nurses.
- Vital to recruitment and retention is to support professional development opportunities and career development.
- Dissector's Editorial Committee, National Committee and our Professional Practice Committee provide resources and opportunities for members to become more involved in the bigger world or perioperative nursing.
- Members have opportunity to join these committees and develop themselves as part of a team of experienced and dedicated perioperative nurses.

Effective organisation

- PNC developed ways to better engage with membership throughout the pandemic, building up our social media platform with increased engagement.
- Online educational platform well received and will hopefully become a strong draw card for more perioperative professionals to become part of in the future.

College of Primary Health Care Nurses

Acting Chair: Jill Clendon

The main professional issues affecting the specialty area over the past year included the COVID-19 vaccination programme. The subsequent COVID-19 in the community management process had a significant impact on members on the frontline of response across the country. The new normal is:

- screening
- testing
- case management
- vaccination management.

The College is committed to supporting members with the professional support and information they need:

- Funding, including access to professional development funds to improve the knowledge and skills of PHC nursing workforce.
- Potential impact of the Health Systems Review.

Highlights included:

- **A new Urgent Care network** established to provide a forum for primary health care nurses working in urgent care to have a voice and facilitate research and activities.
- **Collation of a Primary Healthcare Orientation programme:** work underway to collate PHC Nurses orientation programmes to share across the sector.
- **Exploring research opportunities:** discussions held with representatives from several universities regarding research opportunities focused on primary health care nursing.
- Wellington continues an active programme for members. There is work to do to reinvigorate other regions, and this will be a focus for the executive over the coming year.
- A range of online opportunities available for PHC nurses, advertised on website and Facebook.
- Met with an education platform to explore methods of promoting relevant educational material – executive committee member had a short educational video published.
- Developed process for endorsing learning opportunities and information is website.

- **Leadership dynamics:** increasing the voice of members and raising the profile of CPHCN to influence at national level – achieved through ongoing relationships with:
 - Chief Nursing Officer
 - DHB Directors of Nursing, including the PHC Nursing Directors.
- Members hold positions in a range of groups and forums where they actively
- advocate for PHC nursing including:
 - General Practice Leaders' Forum (GPLF)
 - National Cervical Screening programme
 - National Rural Health Advisory Group
 - PHARMAC
 - PHC National Delegates Committee
 - Prime
 - Ashley Bloomfield's Primary Care Reference Group
 - Royal New Zealand College of General Practitioners (RNZCGP)
 - Trendcare.
- The Executive also work closely with:
 - Arthritis New Zealand
 - Nursing Council
 - **Nurse Executives of New Zealand (NENZ)**
 - NZNO
 - Office of the Chief Nursing Officer
 - St John
 - College of Nurses Aotearoa
 - The Federation of Primary Health Care.
- The committee continues to actively communicate with our members via:
 - E-LOGIC Journal
 - Distributed three times a year and available to download or read online – new publisher is being trialled.
 - Journal is main source of PHC-focused information for PHC Nurses, and the committee works hard to ensure material is relevant and of interest. Members encouraged to contribute to the journal with articles, abstracts or reports on practice and research.

- Website and social media
 - Professional Practice Committee works hard to keep the website up-to-date with the latest news, upcoming events and professional documents.
 - Facebook page is active with good engagement.
- **Submissions and consultation** on documents, ensuring a PHC lens is taken and feedback given accordingly.
- No conference for 2021 but planning underway for next financial year.
- No AGM held in 2021/22 – next AGM scheduled September 2022.

Questions for future national analysis:

- How do we best advocate visibly for the professional contribution of primary health care nurses to improve health outcomes and equity in Aotearoa?
- With a membership stretching from very urban to very rural areas in New Zealand, how do we ensure we support our PHC workforce?
- What are the best strategies to recruit and engage new members?

College of Respiratory Nurses

Chair: Alan Shaw

The COVID-19 pandemic once again dominated the year and while its long term effects have yet to be felt, respiratory care is preparing to help those whose symptoms persist long term – respiratory care for all conditions goes on. CRN needs a local, regional and national approach to ensure specialty support is provided to patients, their whānau, and colleagues to manage all of this work.

The pandemic meant that progress to achieve many objectives was not successful. This included attempts to hold an in-person symposium in Whangarei in partnership with the Bronchiectasis Foundation, which will instead be held online. This has its own challenges but it also provides an opportunity to look at new ways of reaching colleagues who might otherwise be unable attend, and is an indicator of the future.

Members of the Colleges national committee, new, existing and ex, contributed to the effort to keep the committee and the symposium going during this time.

Committee members were often stretched to fulfil their voluntary commitments at the same time as doing their professional roles. Many colleagues supported others who have been, or are, absent due to COVID-19.

New members stepped up to help the committee to continue its work and to set new directions. Websites will be updated, along with better use of social media, used successfully by other colleges to improve connectivity with members. Research and guidelines will be updated to enable colleagues to keep up-to-date with current knowledge and skills in the respiratory field and *Airways* online magazine will be published to keep members informed.

College membership remained steady, reflecting colleague's ongoing enthusiasm for respiratory care during this tumultuous time. CRN members reflect a broad range of nursing areas, however there is always room to increase the appeal of the college to recruit new members. A cultural lens will be applied, in tandem with actively seeking new members from Māori and Pacific committee to ensure cultural representation of the Colleges members and the population that we serve. CRN will broaden the appeal of the college to non-nursing colleagues who may have an interest in respiratory care and to promote closer ties to other professional groups with a shared respiratory interest.

It is hoped the changes planned in Health NZ/Hauora Aotearoa restructure will provide a more people centered, equitable and accessible health system. CRN will seek to ensure a positive impact on respiratory communities, many of whom are some of the most vulnerable members of society. CRN will engage at a national level, with government and organisations such as Te Pūkenga to ensure respiratory education and provision are actively promoted at an undergraduate and postgraduate level. On a public health level CRN will ask Medsafe and Health Navigator to review their information to reflect best practice on promoting the use of spacer devices with metered dose inhaler.

CRN has a healthy budget but awaits the effect of the reorganisation and funding support from NZNO which may determine our way forward.

College of Stomal Therapy Nursing

Chair: Nicky Bates

Highlights included:

- Colorectal Tripartite Meeting held February 2022, with three virtual platforms over three days, and a plethora of expertise and innovation in colorectal cancer care showcased. There were over 500 attendees from 28 countries, including colorectal surgeons, Australian Association Stomal Nurses and New Zealand Stomal Nurses. The committee presented a half hour session on Stomal complications.
- Committee is in early stages of developing a guideline booklet on common Stomal therapy nurse practises to influence best practise, achieve specialty nursing skill and lead professional development.
- Committee continues to actively communicate and engage with our members via publication of *Outlet* journal (three annually); reporting on professional nursing issues encouraging members to contribute articles or case studies with problem solving strategies to celebrate the specialist skills of STNs; and biographies of scholarship winners.
- Continue to promote scholarships to all members to encourage nursing education and professional development.
- Actively trying to recruit new committee members, with membership stable at 189.

Women's Health College

Chair: Denise Braid

COVID-19 ruled WHC for the last two years, and staff shortages made a difficult situation challenging.

WHC Committee managed to meet once face-to-face during this past year. Often, members who live South of Waikato attended in person, and those in the north of the North Island used Zoom when their work commitments allowed.

Committee members worked hard to finalise the Nurse Hysteroscopy Standards and Training Guidelines, with Ara Institute of Canterbury working alongside this group to develop a university course to cover the academic requirements. These requirements are based on the Bradford University course in the UK, which has run successfully for many years. In its final stages it is hoped to present the completed work at the WHC AGM this year. WHC acknowledges the work done by committee members, working in collaboration with Ara to complete the work.

Committee is currently working on their submission to the Midwifery Council of New Zealand on the proposed revised Midwifery Scope of Practice.

WHC committee made changes to Education Fund applications:

- removed the need to be a member for two years before applying
- took away the limit to the number of times you can claim
- increased the Education Fund from \$5,000 to \$7,000 per annum
- increased the maximum to \$450 per applicant.

This decision will enable WHC to fully fund conference registration, ensuring college members are more supported in their professional development aspirations.

College rules allow WHC to have Life members. The committee discussed the purpose of life membership and decided to offer our two current Life Members the opportunity to have their conference registration funded, which they accepted.

It has been a privilege to be WHC's chair for the last six years and work alongside the amazing women who made up the committee over that time. I look forward to watching WHC continue to improve women's health outcomes in New Zealand.



Sections

Enrolled Nurse Section

Chair: Robyn Hewlett

Highlights included:

- The 43rd Annual Enrolled Nurse Section NZNO Conference postponed until 2023, due to uncertainty with COVID-19.
- Webinars being organised and hosted by the Enrolled Nurse Section National Committee to replace the 2022 Conference.
- National Enrolled Nurse Section NZNO Committee met several times with Nursing Council of New Zealand to discuss and progress a review of the current Enrolled Nurse Scope of Practice.
- Twenty Enrolled Nurses were successful in 2021 with the voluntary bonding for enrolled nurses in the specialities of Aged Care (aged residential care and older persons' health services), and Mental Health (hospital and community, including addiction services).
- Enrolled Nurse Supported into Practice Programme, (ENSIPP) commenced in July 2020 in some DHB's within New Zealand.
- Advanced Choice of Employment (ACE) is being offered alongside the new Enrolled Nurse Supported into Practice Programme (ENSIPP); new graduate enrolled nurses can now register for ACE prior to sitting the state examination, following lobbying by the Enrolled Nurse Section NZNO.
- Eight polytechnics in New Zealand now offer the New Zealand Diploma in Enrolled Nursing and applications have increased considerably, with two polytechnics providing two intakes per year.
- Fees Free under the Targeted Training and Apprenticeship Fund (TTAF) is available for Enrolled Nurses until December 2022. The National Committee is hoping this will be extended.
- Continued to raise the profile of enrolled nursing in New Zealand and to advocate for enrolled nurse membership and engage with stakeholders.
- Significant increase and continued advertising for Enrolled Nurse positions across New Zealand in most DHB's and in all health care settings – particularly for new enrolled nurse graduates.
- In 2019, \$5 million was allocated by the Government, for 40 enrolled nurse positions in Primary Health Care in the areas of mental health and addictions.

Work commenced in late 2020 to progress this great initiative with Enrolled Nurse Section a partner in this project. A considerable number of Enrolled Nurse applications from Northland to Invercargill, particularly from Enrolled Nurse students in Northland.

- Enrolled Nurses who took the opportunity to be Provisional Authorised Vaccinators, will from 31 May 2022 be able to achieve full scope of practice as an Authorised Vaccinator (AV) to administer vaccines on the National Immunisation Schedule (NIS), across the life span.
- Connections continue with international nursing groups, including the Registered Practical Nurses Association of Ontario.

Mental Health Nurses Section

Chair: Helen Garrick

Highlights included:

Improved health outcomes

- Consultations including feedback on the He Ara Āwhina framework produced by the Mental Health Commission.
- Members of the committee attended virtual small group consultations with MoH Mental Health Directorate on the repeal and replacement of the Mental Health Act.
- Committee submitted written feedback to the proposed legislation changes.
- This significant change to compulsory assessment and treatment provisions will have a major impact on mental health and other areas of nursing such as emergency and primary care.
- MHNS remains concerned about the lack of priority service provision for people with acute mental health issues and high and complex needs.

Skilled nurses

- MHNS National Forum for August 2021 in Dunedin was cancelled due to COVID-19 – planning to provide key content in a webinar.

Strong workforce

- MHNS committee member Brent Doncliff represents the committee on AVAN.

- MHNS Chair was part of the MoH working group on the Mental Health and Addiction Nursing Recruitment Campaign which commenced in March 2022.
- MHNS Chair continued to meet with President of the College of Mental Health Nurses and MH DON representatives, to co-develop publication on moving Mental Health, Addiction and Disability Nursing into the future. The document *Destination 2030 Mental Health, Addiction and Disability Nursing* will outline 12 discussion papers which aim to provide a future direction for MHAD nursing education, leadership and practice in Aotearoa.
- Proposed changes to the mental health system have implications for the role of mental health and addiction nurses with replacements of nurses with other occupational groups. The committee will continue to contribute to all discussions on the workforce composition.

Effective organisation

- MHNS Committee also affected being unable to meet face-to-face over the last year. Most meetings were virtual, and some a combination of virtual and face-to-face due to Auckland lockdown.
- Committee lost four members and gained one, during the year but it is proving challenging to recruit more committee members.
- MHNS committee members Brent Doncliff and Jennie Rae have contributed to the wider organisation through the Membership committee. They are representing the MHNS Section on the Constitutional Review Advisory Group following the successful passing of our constitutional review remit in September 2020.
- Mental health nursing newsletter revitalised with a new section covering current, informative journal articles and Facebook page has over 600 members.

Nurse Leadership Section/Tapuhi Mana Whakatipu

Chair: Debbie O'Donoghue

Highlights and achievements included:

- Continued to be affected by COVID-19 with a number of our plans and the ability to connect disrupted, however nurses once again demonstrated that as a profession the commitment to people is often selfless and generous.
- Committee felt it of upmost importance to try to continue to connect with members in a time where nursing leadership is in the spotlight; a strong professional voice is needed in discussions at a national level that affect nursing management and leadership.
- Committee continued to use virtual technology to connect as a group and to grow our membership and support study/professional grant requests. Established of a sub interest group for Nurse Practitioners/RN prescribers.
- Unable to host annual conference and AGM in 2021; planning for a virtual AGM in 2022.
- Remain committed to offering coaching and mentoring workshops for members with a national/regional spread, scheduled for 2023.

Improved health outcomes

- Dedicated to sound nursing management and leadership with a mission to *Guide and support the development of resourceful nursing leaders, encouraging nurses to become innovative and sustainable in the delivery of equitable healthcare.* Will achieve this through supporting and providing resources for nursing leaders so they become effective and skilled leaders within healthcare in New Zealand.

Skilled nurses

- Vision to be professional providers of clinical management and to be integral members of the nursing workforce and the health service leadership team.

- Establishing a nursing leadership section will encourage nurses in leadership roles who may not be managers to benefit from the support, networking and resources available to section members; to provide them with continuing education opportunities, leadership and professional development resources and collegial networking and mentoring support.



Actively mentoring newer committee members into the office bearing roles for effective transitioning to ensure sustainability.

Strong workforce

- Renaming in 2020 to include *nursing leaders* has broadened and continued to grow our membership, strengthening and developing skilled nursing leaders of the future.
- Continue to foster support for specialised sub groups such as Nurse Practitioners/RN prescribers.

Effective organisation

- Fully appointed representative committee will ensure ability to plan, implement and deliver on agreed goals.
- Actively mentoring newer committee members into the office bearing roles for effective transitioning to ensure sustainability.
- Continue to be fiscally responsible and able to re-invest back into the membership which includes supported workshops, resources, and grants and scholarships.

Nursing Research Section Te Wāhanga Rangahau Tapuhi

Chair: Louise Chan

*Ko koe kei tēnā kīwai, ko au kei tēnei
kīwai o te kete*

*You at that handle and I at this handle
of the basket*

Highlights included:

- Last 12 months saw our profession once again come together to meet the needs of our communities.
- Also saw profession stretched, increasingly burnt out and working above and beyond – but always putting patients and clients first and delivering a service people deserve.
- Te Wāhanga Rangahau Tapuhi/ Nursing Research Section continues to work on behalf of its membership with a philosophy to support and grow research in the nursing community.
- NRS membership is steady with 330 members.
- Following some resignations the NRS committee is back at full capacity with three new secondments and looking forward to working alongside the membership in the year ahead.

Improved health outcomes

- Annual Research Forum postponed and biannual conference scheduled in 2021 cancelled due to COVID-19. Forum rescheduled for February 2023 at Tangatarua Marae at Toi Ohomai Institute of Technology in Rotorua.
- Forum will highlight both research and culture.
- Emerging and experienced researchers will have opportunity to showcase their work and stand side-by-side with renowned researchers from across Aotearoa.
- Forum acts as a platform for nurses from every area of healthcare – clinical and/or academic – to promote evidence-based practice while supporting better patient outcomes.

- Continues partnership with Linda Stopforth to produce bi-monthly NRS *SNIPs* newsletter. *SNIPs* takes a structured approach focused on different areas of research e.g.:
 - Research Methodology
 - Ethics
 - Kaupapa Māori
 - Nursing Education Research
 - Literature Review, to name a few.

Skilled nurses

NRS is focused on supporting nurses to undertake quality research and review projects so they can in turn enhance their skills, knowledge, and practice, having a direct influence on their whānau and communities.

- **NRS annual research forum** provides professional development opportunities for members, growing a rich and diverse network of contacts within the nursing research space.
- Relationships support nurses to develop the confidence to help start their own clinical project, continued postgraduate learning, audit and/or service review.
- Forums help empower participants to develop relationships that may form the foundation of new ideas/ projects/ research that ignites a passion towards achieving better outcomes for patients/ clients/ whānau.
- Presenting provides further opportunity to enhance public speaking skills whilst disseminating valuable information.
- **NRS provides members** with opportunity to apply for grants to attend or participate in events related to nursing research to further their knowledge within their field.
- Grants are presented to NRS members who show evidence of scholarship as defined by Boyer (2000), and is a demonstration of academic excellence in the areas of:
 - discovery
 - teaching
 - learning
 - application
 - integration.



Committee represents several tertiary institutions throughout Aotearoa, using its position to strengthen not only the voice of research within the nursing profession, but also the voice of members at every opportunity.

- NRS has increased the number of grants offered to four \$500 grants per year.
- NRS is working towards offering rewards/ koha/ gifts for members who want to present research at annual forums to recognise good research practice and encourage the dissemination of knowledge.

Strong workforce

Connectivity and collaboration

- NRS is proud of its networks and the mahi with all internal and external stakeholders.
- Committee represents several tertiary institutions throughout Aotearoa, using its position to strengthen not only the voice of research within the nursing profession, but also the voice of members at every opportunity.
- Several committee members actively participating on other national and international committees, providing further opportunity to highlight the NRS philosophy and work within a number of different platforms.
- Explored new ways to engage with our whānau (members) using social media actively promoting research-related information and discussion, in addition to expanding our connectivity and collaboration through our growing social media presence.

Equity focus

- Honoured to announce appointment of a representative from Te Rūnanga to Te Wāhanga Rangahau Tapuhi to support with our mahi. Maria's kaupapa will be aligned with Te Wāhanga Rangahau Tapuhi affirming our partnership with te Tiriti o Waitangi and work to ensure that our mahi is equitable. This relationship will support and guide us, and walk alongside us on our te ao Māori hiko.
- A varied programme runs parallel to the organisation of the annual forum – focused on how members will benefit from the opportunities provided.
- Committee members represent a myriad of academic institutions, as well as clinical areas across the country from within the DHBs, PHOs, NGOs and community sectors.
- NRS uses its voice to drive the kōrero for nursing sustainability through clinical and academic research.

Effective organisation

Promoting the professional arm of NZNO

- Proud to be one of the college and section representatives of the professional arm of the NZNO, with an obligation to promote the work of NZNO in conjunction with individual mahi within NRS.
- NRS website has been updated to align with the NZNO's website and provide links between both sites where appropriate.

Efficiency within the committee

- Developed a clear vision that underpins NRS roopu.
- Reviewed and revised the role structure within the committee, resulting in a more efficient working structure.
- NRS continues to have robust kōrero using many different strategies to ensure committee members give their voice to the mahi at hand, which ensures a healthy and holistic space.

Pacific Nursing Section

Chair: Eseta Finau

Malo e lelei and warm greetings from the Pacific languages spoken in Aotearoa! Kia Ora, Talofa lava, Kia Orana, Fakaalofa atu ki a mutolu oti, Ni sa bula Vinaka, Namaste, Ta-loha ni, Kam na mauri, Halo olketa, Aloha mai, Iorana, Alofa atu, Noa ia e mauri, Koe kia, Malo le kataki, Kulo malulo, Kaoha nui, Alii, Dada namona, Kaselhia Maign, Bonjour and Hello!

Highlights included:

- Consulting with NZ Nursing Council re: Registration Pathway for Pacific Trained Nurses.
- Collaborating and Supporting the Aniva Pacific Nurse Leadership programme.
- Consulting and contributing to the discussion and planning of the Bachelor of Nursing Pacific Programme under Te Pukenga.

Achievements included:

- Secured sponsorship from PMA for 2021–2022 Annual Symposium.
- Collaborating with MoH and Whitireia Polytechnic re: Bridging Programme for Pacific Trained Nurses
- Pacific Nursing Section representation at>NNLG 2021 and 2022.

Issues included:

- Registration of Pacific Trained Nurses in New Zealand.
- Absence of Pacific Nursing representation at the transition Unit Health NZ.
- Recruitment and retention of PNS members.

Thank you to all the nurses, healthcare workers, colleagues, families and friends for their continued support, greatly appreciated.



Governance

Governance

Board Members

- Anne Daniels, President (from 17 September 2021)
- Tracey Morgan, Acting President (to 16 September 2021)
- Kerri Nuku, Kaiwhakahaere
- Titihuia Pakeho, Tumu Whakarae
- Nano Tunnicliff, Vice President (from 17 September 2021)
- Simon Auty
- Andrew Cunningham
- Noleen Dayal
- Margaret Hand
- Geraldine Kirkwood
- Diane McCulloch
- Anamaria Watene

Board Committees

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 Leaders Employment Committee and a Chief Executive Employment Committee.

Audit and Risk Committee

- Titihuia Pakeho, Tumu Whakarae (Chair)
- Anne Daniels, President (ex officio)
- Geraldine Kirkwood
- Diane McCulloch
- Kerri Nuku, Kaiwhakahaere (ex officio)
- Nano Tunnicliff (Vice President)
- Anamaria Watene

Governance Committee

- Andrew Cunningham (Chair)
- Sandra Corbett
- Anne Daniels, President (ex officio) (from 17 September 2021)
- Margaret Hand
- Tracey Morgan
- Kerri Nuku, Kaiwhakahaere (ex officio)

Chief Executive Employment Committee

- Simon Auty (Chair)
- Noleen Dayal
- Kerri Nuku, Kaiwhakahaere
- Anamaria Watene

Board Committee Functions

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

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 employer professional development as part of our efforts to ensure that we have an effective organisation.

At NZNO we have approximately 132 employees and over the last financial year NZNO has invested \$46,166 in employee development which can be broken down as follows:

- Staff Professional Development Fund (PDF) \$19,361.
- Staff personal development/training outside of PDF \$12,267.
- Professional memberships \$14,538.

The return on investment in professional development is more effective and better trained employees, a more loyal workforce leading to less turnover and higher staff engagement.

Equal pay

(Comparison of salary costs by gender for the same roles) NZNO uses 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 is \$50.01 per hour pay rates.

Our staff

Gender breakdown (binary)



Median hourly rate



\$50.01

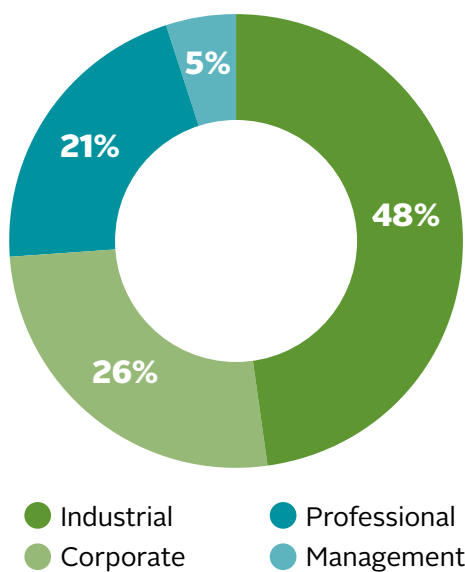
(Male and female)

Gender pay gap



ZERO

Staff makeup

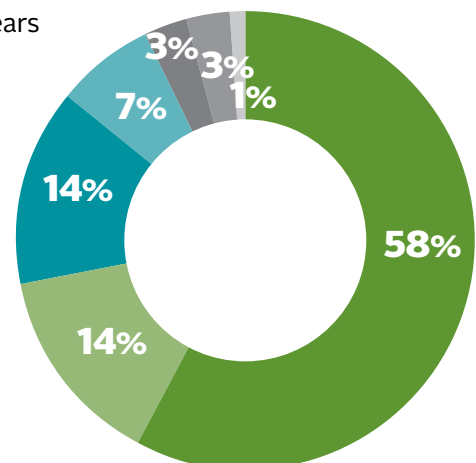


● Industrial ● Professional
● Corporate ● Management

Service

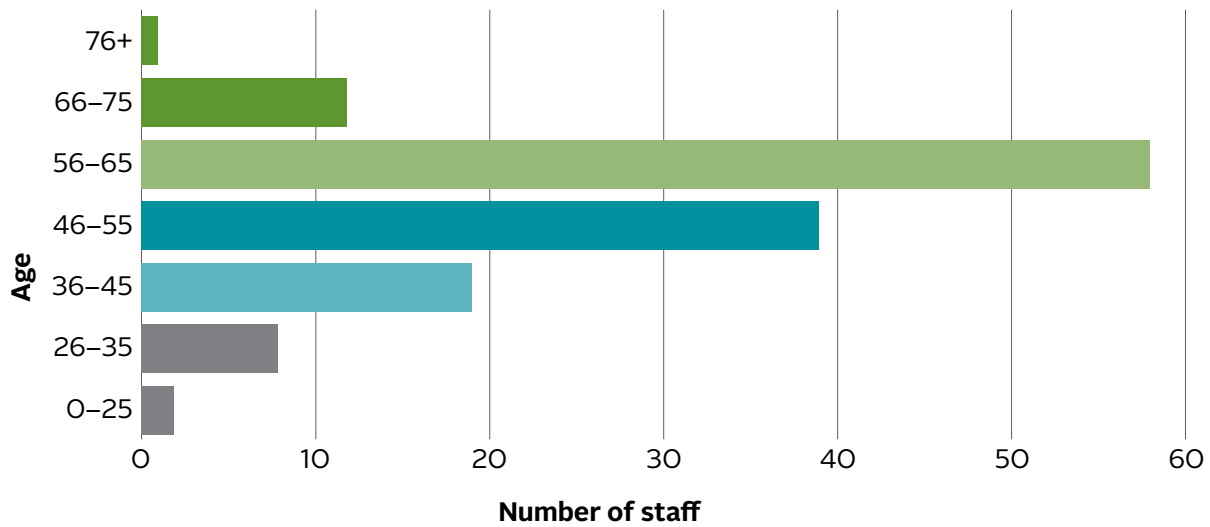
NZNO enjoys a stable staff complement, with 48% of staff employed for longer than five years and with 35% of staff employed for longer than 10 years:

- 0–5 years
- 6–10 years
- 11–15 years
- 16–20 years
- 21–25 years
- 26–30 years
- 31+ years



Age profile

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



Remuneration ranges

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:

REMUNERATION RANGES	2020/21	2021/22
\$50,000 to \$59,999	10	5
\$60,000 to \$69,999	9	8
\$70,000 to \$79,999	23	19
\$80,000 to \$89,999	16	18
\$90,000 to \$99,999	15	17
\$100,000 to \$109,999	29	29
\$110,000 to \$119,999	7	8
\$120,000 to \$129,999	12	17
\$130,000 to \$139,999	10	2
\$140,000 to \$149,999	0	1
\$150,000 to \$159,999	1	0
\$160,000 to \$169,999	0	2
\$170,000 to \$179,999	2	1
\$180,000 to \$189,999	0	1
\$190,000 to \$199,999	1	0
\$200,000 to \$209,999	0	0
\$210,000 to \$219,999	0	0
\$220,000 to \$229,999	0	0
\$230,000 to \$239,000	0	0
\$240,000 to \$249,000	1	0
Total	136	128

NZNO Directory

Board Members

Anne Daniels	President
Kerri Nuku	Kaiwhakahaere
Titihuia Pakeho	Tumu Whakarae
Nano Tunnicliff	Vice President
Simon Auty	
Andrew Cunningham	
Noleen Dayal	
Margaret Hand	
Geraldine Kirkwood	
Diane McCulloch	
Anamaria Watene	

Registered Office

National Office	Level 3, 57 Willis Street, Wellington 6011
Postal Address	PO Box 2128, Wellington 6140

Auditor

Deloitte Limited

Bankers

ANZ Wellington

Management Team

Paul Goulter	Chief Executive (from 28 February 2022)
Mairi Lucas	Acting Chief Executive (to 27 February 2022)
	Manager Nursing and Professional Services (from 28 February 2022)
Kate Weston	Acting Manager Nursing and Professional Services (to 27 February 2022)
	Associate Manager, Nursing and Professional Services (from 28 February 2022)
David Woltman	Manager Corporate Services
Glenda Alexander	Industrial Services Manager
Iain Lees-Galloway	Associate Industrial Services Manager
Leisanne Fraser	Senior Advisor Human Resources (to 27 January 2022)



Financials

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 2022, 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 72 to 93, present fairly, in all material respects, the financial position of the Organisation as at 31 March 2022, 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 Company in accordance with Professional and Ethical Standard 1 International Code of Ethics for Assurance Practitioners (including International Independence Standards) (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board and the International Ethics Standards Board for Accountants' International Code of Ethics for Professional Accountants (including International Independence Standards), 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 Organisation. These services have not impaired our independence as auditor of the Organisation.

Other information

The Board of Directors are responsible on behalf of the Organisation 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 obtained prior to the date of our audit report, 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 Director's responsibilities for the financial statements

The Board of Directors are responsible on behalf of the Organisation 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 are responsible for assessing the Organisation'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 Organisation or to cease operations, or have 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:

<https://www.xrb.govt.nz/standards-for-assurance-practitioners/auditors-responsibilities/audit-report-8>

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
31 August 2022

Statement of Comprehensive Revenue and Expense

For the year ended 31 March 2022

Previous Year 2021 \$	Notes	Actual 2022 \$	Budget 2022 \$
REVENUE			
21,277,365	Member Subscriptions	22,880,118	21,785,917
87,507	Bargaining Fees	278,586	174,000
141,537	Magazine Advertising & Subscriptions	146,563	158,700
72,896	Sponsorship	95,430	262,950
128,610	Registrations	173,213	266,231
78,401	Interest Received	38,019	63,546
85,870	Dividends Received	82,091	100,000
33,768	Rent Received	33,342	33,862
28,051	Colleges & Sections Conference Income	88,526	620,700
483,245	Other Income	407,216	443,340
22,417,250	Total Revenue	24,223,104	23,909,246
EXPENDITURE			
80,813	Advertising & Marketing	116,268	149,050
541,881	Affiliations & Subscriptions	530,355	575,960
66,338	Colleges & Sections Conference Expenses	114,021	731,330
844,204	Communications	803,392	671,287
611,019	Computer Operations	637,688	604,265
465,985	Consultancy	355,138	441,500
274,119	Depreciation & Amortisation	233,783	193,734
-	Write Down of Assets	49,248	-
80,443	Donations & Grants	122,836	185,344
189,843	Other Expenses	167,639	172,952
301,267	General	340,403	642,395
755,679	Legal	738,727	542,125
496,585	Members	580,593	581,964
564,386	Motor Vehicles	491,380	526,380
1,796,658	Premises	1,524,433	1,448,711
429,590	Printing & Stationery	384,899	358,900
120,670	Publications & Books	115,310	142,393
15,011,619	Staff	14,657,232	14,809,735
738,563	Travel & Accommodation	613,324	1,410,075
23,369,682	Total Expenditure	22,576,252	24,188,100
(952,432)	Surplus/(Deficit) from Operations before Taxation	1,646,852	(278,854)
53,931	Income Tax	(29,234)	52,393
(1,006,363)	Surplus/(deficit) from Operations after Taxation	1,676,086	(331,247)
Other Comprehensive Revenue and Expense			
958,454	(Loss)/Gain on revaluation of available-for-sale financial assets	(115,371)	500,000
530,000	Gain on revaluation of shares in Fifty-Seven Willis Street Limited	280,000	-
1,488,454	Total Other Comprehensive Revenue and Expense	164,629	500,000
482,091	Total Comprehensive Revenue and Expense	1,840,715	168,753

These financial statements should be read in conjunction with the notes on pages 82 to 93

Commentary on Surplus for the year

The surplus from operations after taxation is \$1,676,086; this is greater than the budgeted loss of \$331,247 due to a number of factors:

- Membership growth of 8.45% outpaced budgeted growth of 1% on the back of settlement of the DHB Multi Employer Collective Agreement.
- College and Section Conference revenue including sponsorship and expenditure decreased from conferences being cancelled due to government lockdown and travel restrictions.
- Registration income down due to reduced Medico legal forums and Emergency triage courses.
- Legal expenses associated with member representation, governance and commercial contracts is higher than budgeted mainly due to increased legal representation for members outsourced due to volume and conflicts.
- Savings in general expenses and costs associated with travel as planned kanohi to kanohi were replaced with online meetings and travel restrictions and targeted savings in travel spend were put in place.
- Communication costs up as Kaitiaki magazine ran longer than budgeted.

In addition a loss on revaluation of available for sale financial assets occurred for the year and a gain in value for 57 Willis Street.

Statement of Changes in Members' Funds

For the year ended 31 March 2022

Previous Year 2021 \$	Notes	Actual 2022 \$	Budget 2022 \$
12,641,475	Balance as at 1 April	13,123,566	13,109,676
	Total Comprehensive Revenue and Expense for the year		
(1,006,363)	Surplus/(Deficit) from Operations after Tax	1,676,086	(331,247)
	Other Comprehensive Revenue and Expense		
958,454	Gain on revaluation of available-for-sale financial assets	(115,371)	500,000
530,000	Gain on revaluation of shares in Fifty-Seven Willis Street Limited	280,000	-
1,488,454	Total Other Comprehensive Revenue and Expense	164,629	500,000
482,091	Total Comprehensive Revenue and Expense	1,840,715	168,753
13,123,566	Balance as at 31 March	14,964,281	13,278,429

Represented by:

Statement of Changes in Accumulated Fund

For the year ended 31 March 2022

Previous Year 2021 \$	Notes	Actual 2022 \$	Budget 2022 \$
8,126,920	Balance as at 1 April	7,015,385	7,686,515
(1,006,363)	Surplus/(Deficit) from Operations after Tax	1,676,086	(331,247)
(109,355)	Transfer to Colleges & Sections Funds	(158,585)	260,606
4,183	Transfer from Hardship Fund	5,704	-
-	Transfer to Insurance Fund Reserve	(50,000)	-
7,015,385	Balance as at 31 March	8,488,590	7,615,874

These financial statements should be read in conjunction with the notes on pages 82 to 93

Statement of Changes in Colleges and Sections Fund

For the year ended 31 March 2022

Previous Year 2021		Notes	Actual 2022	Budget 2022
\$			\$	\$
1,692,422	Balance as at 1 April		1,801,777	1,730,028
109,355	Transfer from Accumulated Fund		158,585	(260,606)
1,801,777	Balance as at 31 March	19	1,960,362	1,469,422

Statement of Changes in Hardship Fund

For the year ended 31 March 2022

Previous Year 2021		Notes	Actual 2022	Budget 2022
\$			\$	\$
102,930	Balance as at 1 April		98,747	97,930
-	Donations and external contributions		-	-
(4,183)	Hardship fund payments		(5,704)	-
98,747	Balance as at 31 March	13	93,043	97,930

Statement of Changes in Asset Revaluation Reserve

For the year ended 31 March 2022

Previous Year 2021		Notes	Actual 2022	Budget 2022
\$			\$	\$
2,719,203	Balance as at 1 April		4,207,657	3,595,203
958,454	(Loss)/Gain on revaluation of available-for-sale financial assets		(115,371)	500,000
530,000	Gain on revaluation of shares in Fifty-Seven Willis St Ltd		280,000	-
4,207,657	Balance as at 31 March	14	4,372,286	4,095,203

These financial statements should be read in conjunction with the notes on pages 82 to 93

Statement of Financial Position

As at 31 March 2022

Previous Year 2021 \$		Notes	Actual 2022 \$	Budget 2022 \$
MEMBERS' FUNDS				
7,015,385	Accumulated Fund		8,488,590	7,615,874
-	Insurance Reserve Fund		50,000	-
1,801,777	Colleges & Sections Fund		1,960,362	1,469,422
98,747	Hardship Fund		93,043	97,930
4,207,657	Asset Revaluation Reserve		4,372,286	4,095,203
13,123,566	TOTAL MEMBERS' FUNDS		14,964,281	13,278,429
CURRENT ASSETS				
3,090,266	Cash & Cash Equivalents	5	5,002,894	2,067,373
659,703	Term Deposits		1,055,776	1,200,000
436,119	Accounts Receivable & Prepayments	6	281,372	380,000
28,391	Taxation Receivable	3	43,717	25,000
4,214,479	Total Current Assets		6,383,759	3,672,373
Less				
CURRENT LIABILITIES				
503,766	Income in advance		561,279	300,000
19,547	Monies held in trust		20,958	19,547
93,760	Bequests		93,760	93,760
1,414,822	Accounts Payable	7	1,233,635	1,200,000
1,618,792	Employee Entitlements	8	1,682,490	1,443,729
60,000	Current portion of Term Loan	12	153,314	60,000
3,710,687	Total Current Liabilities		3,745,436	3,117,036
503,792	NET CURRENT ASSETS		2,638,323	555,337
NON-CURRENT ASSETS				
8,823,106	Investments Portfolio	9	8,207,973	8,898,256
3,350,000	Shares in Fifty-Seven Willis Street Limited	9	3,630,000	2,820,000
18,000	Loan Receivable	16	13,500	18,000
-	Deferred Tax Asset	3	27,679	-
834,524	Property, Plant & Equipment	10	689,084	2,050,735
185,139	Intangible Assets	11	89,333	26,866
13,210,768	Total Non-Current Assets		12,657,569	13,813,857
Less				
NON-CURRENT LIABILITIES				
439,212	Employee Entitlements	8	331,611	495,000
151,782	Term Loan	12	-	595,765
590,994	Total Non-Current Liabilities		331,611	1,090,765
12,619,774	NET NON-CURRENT ASSETS		12,325,958	12,723,092
13,123,566	NET FUNDS EMPLOYED		14,964,281	13,278,429

These financial statements should be read in conjunction with the notes on pages 82 to 93

Statement of Cash Flows

For the year ended 31 March 2022

Previous Year 2021 \$	Notes	Actual 2022 \$	Budget 2022 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Cash was provided from:			
21,320,237	Member subscriptions	22,937,397	21,959,917
942,714	Receipts from customers	1,344,161	1,751,921
80,707	Interest received	38,977	63,546
85,870	Dividends received	85,091	100,000
33,768	Rent received	33,342	33,862
71,407	Net GST received	52,554	-
23,621	Income tax received	-	-
22,558,324	Total cash inflows from operating activities	24,491,522	23,909,246
Cash was disbursed to:			
14,499,803	Payments to Employees	14,701,131	14,809,735
8,528,876	Payments to Suppliers	7,875,273	9,172,079
11,599	Interest Paid	8,862	12,552
41,323	Income Tax Paid	14,162	52,393
23,081,601	Total cash outflows from operating activities	22,599,428	24,046,759
(523,277)	Net Cash Flows (to)/from Operating Activities	1,892,094	(137,513)
CASH FLOWS FROM INVESTING ACTIVITIES			
Cash was provided from:			
-	Receipts from Loans Receivable	4,500	-
3,297,372	Sales/Maturities of Investments Portfolio	3,261,414	1,700,000
3,297,372	Total cash inflows from investing activities	3,265,914	1,700,000
Cash was disbursed to:			
331,571	Purchase of Property, Plant and Equipment	40,347	962,700
2,718,491	Purchase of Investments Portfolio	2,749,174	1,200,000
192,085	Purchase of Intangibles	1,100	5,000
3,242,147	Total cash outflows from investing activities	2,790,621	2,167,700
55,225	Net Cash Flows (to)/from Investing Activities	475,293	(467,700)

These financial statements should be read in conjunction with the notes on pages 82 to 93

Statement of Cash Flows continued

For the year ended 31 March 2022

Previous Year 2021 \$	Notes	Actual 2022 \$	Budget 2022 \$
CASH FLOWS FROM FINANCING ACTIVITIES			
Cash was provided from:			
-	Bank Borrowings	-	500,000
-	Total cash inflows from financing activities	-	500,000
Cash was disbursed to:			
55,750	Loan repayments	58,686	56,766
55,750	Total cash outflows from financing activities	58,686	56,766
(55,750)	Net Cash Flows (to)/from Financing Activities	(58,686)	443,234
(523,802)	Net (Decrease)/Increase in cash	2,308,701	(161,979)
4,273,771	Add Opening Cash Brought Forward	3,749,969	3,429,352
3,749,969	Ending Cash Carried Forward	6,058,670	3,267,373
Ending Cash is represented by:			
3,090,266	Cash and Cash equivalents	5,002,894	2,067,373
659,703	Term Deposits	1,055,776	1,200,000
3,749,969		6,058,670	3,267,373

These financial statements should be read in conjunction with the notes on pages 82 to 93

Statement of Accounting Policies

For the year ended 31 March 2022

REPORTING ENTITY

The New Zealand Nurses Organisation Incorporated (NZNO) is a nursing union incorporated under the Incorporated Societies Act 1908.

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

The principal activities of NZNO are to provide professional support and representation of its members.

The national office of NZNO 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 31 August 2022.

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 Standards Reduced Disclosure Regime ("PBE Standards RDR") issued by the External Reporting Board for Not-For-Profit entities.

For financial reporting purposes of complying with NZ GAAP, NZNO is a public benefit not-for-profit entity and is eligible to apply PBE Standards RDR on the basis that it does not have public accountability and it is not defined as large.

NZNO has elected to report in accordance with Tier 2 Not-For-profit PBE Accounting Standards and in doing so has taken advantage of all applicable Reduced Disclosure Regime ("RDR") disclosure concessions.

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 NZNO, except 57 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 NZNO 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 RECEIVED

Interest 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.

Statement of Accounting Policies continued

For the year ended 31 March 2022

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:

Asset	Depreciation rates
Leasehold Improvements	4% – 13.5%
Equipment	13.5% – 40%
Furniture	8.5% – 25%
Fixtures & Fittings	17.5% – 25%
Other	1%

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 NZNO's Staff 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.

Statement of Accounting Policies continued

For the year ended 31 March 2022

FINANCIAL INSTRUMENTS

NZNO is party to financial instruments as part of its normal operations. These financial instruments include bank accounts, accounts receivable, accounts payable 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 NZNO's contractual rights to the cash flows expire or if the organisation transfers the financial asset to another party without retaining control. Financial liabilities are derecognised if NZNO'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 NZNO invests as part of its day-to-day cash management.

Certain term deposits are designated as "Held to Maturity" and are subsequently recognised at amortised cost using the effective interest rate method, which closely approximates fair value.

NZNO has designated its Investments Portfolio as being investments "Available-for-Sale" on the basis that NZNO 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.

The investment in Fifty-Seven Willis Street Limited is recorded at fair value as determined by an independent registered valuer. Revaluation gains and losses are included in the Statement of Changes in Members' Funds.

IMPAIRMENT

The carrying amounts of NZNO'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 assets is the greater of their fair value less costs to sell and value in use. Value in use is determined by estimating future cash flows 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.

Statement of Accounting Policies continued

For the year ended 31 March 2022

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 disclosed in note 8.
 - 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 9.
- 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 CASH FLOWS

Operating Activities include cash received from all income sources of NZNO 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 2022

1 OTHER INCOME

Other income includes management fees for administrative services provided to Nurses Education and Research Fund, also of royalties from customers who have access to the Kaitiaki Magazine on their website, recoveries of legal costs, donations and realised gains on the Investments Portfolio.

2 KEY MANAGEMENT PERSONNEL REMUNERATION

NZNO's key management personnel are:

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

The Chief Executive and Senior Management Team are employed as employees of NZNO on normal employment terms.

Remuneration paid to and number of persons or full-time equivalents of key management personnel is presented below:

	Actual 2022	
	Remuneration \$	Full-time equivalents
Board of Directors including President and Kaiwhakahaere	194,171	11*
Chief Executive	204,270	1
Senior Management Team	805,768	5.18

	Previous Year 2021	
	Remuneration \$	Full-time equivalents
Board of Directors including President and Kaiwhakahaere	158,348	11*
Chief Executive	244,845	1
Senior Management Team	762,756	5

*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.

The President and Kaiwhakahaere are remunerated as per their contractual agreement with NZNO. Other Board Members are reimbursed for wages lost due to attendance at Board meetings as per the Member Leave Without Pay Policy.

Notes to the Financial Statements continued

For the year ended 31 March 2022

3 INCOME TAX

NZNO 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

	Actual 2022 \$	Previous Year 2021 \$
Deferred tax – in respect of current year	(27,679)	-
Current tax – in respect of current year	-	27,175
Current tax – in respect of prior years	(1,555)	26,756
	(29,234)	53,091

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

	Actual 2022 \$	Previous Year 2021 \$
Surplus/(Deficit) from Operations before Taxation	1,646,852	(952,432)
Tax calculated at 28%	461,119	(266,681)
Plus/(Less) tax effect of:		
Non assessable income	(6,497,838)	(6,062,392)
Non-deductible expenses	6,047,690	6,306,815
Imputation credits	(14,242)	(14,347)
FIF Income	2,357	1,437
PIE tax charge	(26,765)	62,343
Prior period adjustment	(1,555)	26,756
Tax expense	(29,234)	53,931

3.2 INCOME TAX RECOGNISED IN OTHER COMPREHENSIVE REVENUE AND EXPENSE

	Actual 2022 \$	Previous Year 2021 \$
Current tax – available-for-sale financial assets	-	(8,186)
Current tax – in respect of prior years	-	-
	-	8,186

Notes to the Financial Statements continued

For the year ended 31 March 2022

3.3 CURRENT INCOME TAX PAYABLE/(RECEIVABLE)

	Actual 2022	Previous Year 2021
	\$	\$
Opening Balance	(28,391)	(59,844)
Over/(Under) Provision from Prior Years	(1,555)	26,756
Current Taxation	-	19,010
Payments Made	(23,237)	(37,934)
Refund Received	9,466	23,621
Tax Receivable	(43,717)	(28,391)

3.4 DEFERRED TAX

	Opening Balance	Recognised in surplus/ (deficit) from operations	Recognised in other comprehensive revenue and expense	Closing balance
			\$	\$
Actual 2022 deferred tax assets / (liabilities) in relation to:				
Losses	-	27,679	-	27,679
Total actual 2022 deferred tax assets / (liabilities)	-	27,679	-	27,679

	Opening Balance	Recognised in surplus/ (deficit) from operations	Recognised in other comprehensive revenue and expense	Closing balance
			\$	\$
Actual 2021 deferred tax assets / (liabilities) in relation to:				
Losses	-	-	-	-
Total actual 2021 deferred tax assets / (liabilities)	-	-	-	-

Notes to the Financial Statements continued

For the year ended 31 March 2022

4 OTHER EXPENSES

Other expenses include the following:

	Actual 2022 \$	Previous Year 2021 \$
Auditor's remuneration - audit services	37,000	37,000
Professional services – GST review	-	20,805
Professional tax services	23,800	25,100
Loss on Disposal of assets	7,009	-
Other	99,830	106,938
	167,639	189,843

5 CASH AND CASH EQUIVALENTS

	Actual 2022 \$	Previous Year 2021 \$
Petty Cash	6,035	5,035
General	1,000	1,000
Subscriptions Trust	10,000	10,000
Call	2,697,057	874,653
Colleges & Sections Accounts	1,281,051	1,219,512
Portfolio Cash Account	1,007,751	980,066
	5,002,894	3,090,266

Notes to the Financial Statements continued

For the year ended 31 March 2022

6 ACCOUNTS RECEIVABLE & PREPAYMENTS

	Actual 2022 \$	Previous Year 2021 \$
Accounts Receivable comprises of:		
Sundry Receivables	154,355	101,094
Provision for doubtful debts	(7,816)	(7,816)
Interest Accrued	3,861	3,492
Prepayments	130,972	339,349
	281,372	436,119

	Actual 2022 \$	Previous Year 2021 \$
Movement in the provision for doubtful debts		
Balance as at 1 April 2021 and 31 March 2022	(7,816)	(7,816)

7 ACCOUNTS PAYABLE

	Actual 2022 \$	Previous Year 2021 \$
Accounts Payable comprises of:		
Trade Payables	258,848	518,799
Accrued Expenses	661,422	635,211
Goods and Services Tax	313,365	260,811
	1,233,635	1,414,821

Notes to the Financial Statements continued

For the year ended 31 March 2022

8 EMPLOYEE ENTITLEMENTS

	Actual 2022 \$	Previous Year 2021 \$
Balance as at 1 April	2,058,004	1,775,858
Additional provision	1,537,954	1,585,140
Amounts used	(1,581,857)	(1,302,994)
Balance as at 31 March	2,014,101	2,058,004
This is represented by:		
Current Liabilities:		
Annual Leave	1,356,133	1,226,951
Long Service Leave	204,151	157,128
Retirement Leave	122,206	234,713
Total current portion	1,682,490	1,618,792
Non-Current Liabilities:		
Long Service Leave	305,222	375,300
Retirement Leave	26,389	63,912
Total non-current portion	331,611	439,212
Total Employee Entitlements	2,014,101	2,058,004

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

Investment Portfolio

NZNO's investments portfolio is managed by ANZ Private Bank Limited. Its market value is \$8,207,973 (2021: \$8,823,106).

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.

Shares in Fifty-Seven Willis Street Limited

NZNO 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 NZNO owns.

At a Shareholders meeting of Fifty-Seven Willis Street Limited held on 28 February 2019 a motion was passed to capitalise the shareholder loans into equity. As a result, the shareholder advances and historic accrued interest were capitalised into 5,753,700 new shares. This was completed by special resolution on 12 June 2019. NZNO's number of shares increased from 791,900 to 1,484,500.

Levels 3 and 5 were valued at 31 March 2022 by Nathan Stokes & Associates (Independent Registered Valuers). This valuation indicates the value of the floors in 57 Willis Street, is \$3,630,000 (2021: \$3,350,000). The valuation is based on the net annual estimated income being capitalised at a risk rate of 10% (2021: 10%) established from an analysis of sales of similar properties.

Notes to the Financial Statements continued

For the year ended 31 March 2022

10 PROPERTY, PLANT AND EQUIPMENT

Assets Actual	Opening Cost	Additions	Disposals	Closing Cost	Accumulated Depreciation	Net Book Value
	\$	\$	\$	\$	\$	\$
Leasehold Improvements	789,806	-	-	789,806	(303,820)	485,986
Equipment	1,803,343	16,953	(47,309)	1,772,987	(1,670,454)	102,533
Furniture	365,908	4,013	-	369,921	(338,672)	31,249
Fixtures & Fittings	252,880	12,718	-	265,598	(205,427)	60,171
Other	7,111	-	-	7,111	(2,095)	5,016
Colleges & Sections	52,595	5,495	(1,883)	56,207	(52,078)	4,129
Total	3,271,643	39,179	(49,192)	3,261,630	(2,572,546)	689,084

Accumulated Depreciation

Assets Actual	Opening Balance	Depreciation Charged	Disposals	Closing Balance
	\$	\$	\$	\$
Leasehold Improvements	268,080	35,740	-	303,820
Equipment	1,594,877	122,886	(47,309)	1,670,454
Furniture	329,879	8,793	-	338,672
Fixtures & Fittings	190,280	15,147	-	205,427
Other	2,023	72	-	2,095
Colleges & Sections	51,980	1,981	(1,883)	52,078
Total	2,437,119	184,619	(49,192)	2,572,546

Assets Previous year	Opening Cost	Additions	Disposals	Closing Cost	Accumulated Depreciation	Net Book Value
	\$	\$	\$	\$	\$	\$
Leasehold Improvements	710,334	79,472	-	789,806	(268,080)	521,726
Equipment	1,624,125	179,218	-	1,803,343	(1,594,877)	208,466
Furniture	345,645	20,263	-	365,908	(329,879)	36,029
Fixtures & Fittings	200,262	52,618	-	252,880	(190,280)	62,600
Other	7,111	-	-	7,111	(2,023)	5,088
Colleges & Sections	52,595	-	-	52,595	(51,980)	615
Total	2,940,072	331,571	-	3,271,643	(2,437,119)	834,524

Accumulated Depreciation

Assets Previous year	Opening Balance	Depreciation Charged	Disposals	Closing Balance
	\$	\$	\$	\$
Leasehold Improvements	233,688	34,392	-	268,080
Equipment	1,412,232	182,645	-	1,594,877
Furniture	320,502	9,377	-	329,879
Fixtures & Fittings	175,936	14,344	-	190,280
Other	1,952	71	-	2,023
Colleges & Sections	49,762	2,218	-	51,980
Total	2,194,072	243,047	-	2,437,119

Notes to the Financial Statements continued

For the year ended 31 March 2022

11 INTANGIBLE ASSETS

Assets Actual	Opening Cost	Additions	Disposals	Closing Cost	Accumulated Amortisation	Net Book Value
	\$	\$	\$	\$	\$	\$
Computer Software	540,927	-	(57,165)	483,762	(408,853)	74,909
Trademark	16,700	1,100	-	17,800	(3,376)	14,424
Total	557,627	1,100	(57,165)	501,562	(412,229)	89,333

Accumulated Amortisation

Assets Actual	Opening Balance	Amortisation Charged	Disposals	Closing Balance
	\$	\$	\$	\$
Computer Software	370,791	47,557	(9,495)	408,853
Trademark	1,697	1,679	-	3,376
Total	372,488	49,236	(9,495)	412,229

Assets Previous year	Opening Cost	Additions	Disposals	Closing Cost	Accumulated Amortisation	Net Book Value
	\$	\$	\$	\$	\$	\$
Computer Software	360,543	180,385	-	540,927	(370,791)	170,136
Trademark	5,000	11,700	-	16,700	(1,697)	15,003
Total	365,543	192,085	-	557,627	(372,488)	185,139

Accumulated Amortisation

Assets Previous year	Opening Balance	Amortisation Charged	Disposals	Closing Balance
	\$	\$	\$	\$
Computer Software	341,000	29,791	-	370,791
Trademark	417	1,280	-	1,697
Total	341,417	31,071	-	372,488

Notes to the Financial Statements continued

For the year ended 31 March 2022

12 BORROWINGS

	Actual 2022 \$	Previous Year 2021 \$
Balance as at 1 April	211,782	267,531
New Loans raised	-	-
Amounts repaid	(58,468)	(55,749)
Balance as at 31 March	153,314	211,782
This is represented by:		
Current Portion of Term Loans	153,314	60,000
Non-Current portion of Term Loans	-	151,782
Total Loans	153,314	211,782
Loan Aging:		
0-1 years	153,314	60,000
1-2 years	-	60,000
2-3 years	-	60,000
3-5 years	-	31,782
Total Loans	153,314	211,782

The term of this Facility was for 60 months to end on 30 August 2024. The Business Plus Loan was repaid in full on 12 May 2022. This Business Plus Loan has a fixed interest rate is 5.17% (2021: 5.17%) for the term of the loan.

13 HARDSHIP FUND

An initial Hardship Fund contribution of \$100,000 was approved by the Board on 13 March 2018. The purpose of the fund is to provide support for members affected by hardship brought about by industrial action. 2022: The distribution of \$5,704 from the hardship fund this year for hardship related to District Health Board sector industrial action. (2021: Distribution from the hardship fund this year for hardship related to Primary Health Care Sector industrial action).

14 ASSET REVALUATION RESERVE

Asset Revaluation Reserve records movements in the fair value of the investments portfolio and shares held in 57 Willis Street Limited.

15 INSURANCE RESERVE FUND

The Insurance Reserve Fund is approved by the Board to fund liability of an NZNO member for criminal liability up to a maximum of \$250,000, where insurance company looks to recover from that member. An initial contribution to that fund of \$50,000 was made during the year.

Notes to the Financial Statements continued

For the year ended 31 March 2022

16 TRANSACTIONS WITH RELATED PARTIES

NZNO 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 basis and it is considered that these do not fall within the scope of related party disclosures.

NZNO 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 NZNO'S financial statements because it was set up solely to benefit the union's members and there are no benefits to NZNO. Upon winding up, the residual assets of Industry Retirement and Insurance Services Limited are allocated to the members.

The extent of the transactions between NZNO 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.

NZNO is one of the five unions which set up Workers Educational Trust (WET). 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 NZNO's financial statements because it was set up solely to benefit the union's members and there are no benefits to NZNO. Upon winding up, the residual assets of WET are allocated to the members.

There are no new loans to WET in 2021/22. (2021: An additional loan of \$10,000 was extended to WET in 2020). The loan is not guaranteed, and interest is payable at the rate (if any) specified by NZNO on 28 February in any year. No interest rate was specified by NZNO for the year ended 31 March 2022 (2021: No interest specified). The original loan is fully repayable by 18 December 2023 but will be repaid by 31 March 2023. The balance of the loan at year end \$13,500 (2021 \$18,000).

NZNO provides administrative services to Nurses Education and Research Foundation. The Foundation is a related party because the President and Kaiwhakahaere of NZNO are Trustees on this Trust. Nurses Education and Research Foundation paid \$40,000 including GST (2021: \$44,494) to NZNO and there was \$nil due to NZNO at year end (2021: nil).

NZNO provides administrative services to Nurses Trusts Management. This trust is a related party as the President, Kaiwhakahaere, Tumu Whakarae and NZNO Chief Executive are Trustees on this Trust Nurses Trusts Management paid \$nil including GST (2021: \$Nil) to NZNO and there were no balances outstanding at year-end (2021: \$Nil).

NZNO 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. NZNO has paid \$134,738 excluding GST (2021: \$129,522) 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.

17 CONTINGENT LIABILITIES

NZNO 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, NZNO itself indemnifies members for legal and professional fees in respect of such accusations or claims.

There are no outstanding staff claims. (2021: the claims from the previous year were settled.)

Notes to the Financial Statements continued

For the year ended 31 March 2022

18 FINANCIAL INSTRUMENTS

NZNO is party to financial instrument arrangements as part of its everyday operations. These financial instruments include Cash & Cash Equivalents, Term Deposits, Accounts Receivable, Loans Receivable, Investments Portfolio, shares in Fifty-Seven Willis Street Limited and Accounts Payable and Loan.

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

	Actual 2022 \$	Previous Year 2021 \$
Loans and Receivables:		
Cash & Cash Equivalents	5,002,894	3,090,266
Term Deposits	1,055,776	659,703
Accounts Receivable	281,372	96,770
Loan Receivable	13,500	18,000
Available for Sale:		
Investments Portfolio	8,207,973	8,823,106
Shares in Fifty-seven Willis Street Limited	3,630,000	2,820,000
Financial Liabilities measured at amortised cost:		
Accounts Payable	(1,233,635)	(1,414,821)
Loan	(153,314)	(211,782)

Notes to the Financial Statements continued

For the year ended 31 March 2022

19 COLLEGES AND SECTIONS

NZNO Colleges and Sections represent the special interests of members.

		Plus	Plus	Less	Equals	Equals
Colleges and Sections	Opening Funds	Income from other sources	National Office Funding	Expenditure	Surplus/ (Deficit)	Closing Equity
	\$	\$	\$	\$	\$	\$
COASTN	16,468	49	14,322	5,452	8,919	25,387
Cancer	81,939	32,543	14,779	13,770	33,552	115,491
Child & Youth	55,787	2,125	9,672	13,236	(1,439)	54,348
Critical Care	60,234	11,675	19,029	16,473	14,231	74,465
Diabetes	59,466	4,907	6,808	5,993	5,722	65,188
Emergency	234,804	174,549	5,585	136,936	43,198	278,002
Enrolled	94,825	49,336	12,126	66,095	(4,633)	90,192
Gastroenterology	124,550	29,351	8,140	21,889	15,602	140,152
Gerontology	78,022	58	10,624	6,090	4,592	82,614
Infection	217,654	7,230	4,702	41,874	(29,942)	187,712
Mental	15,082	252	13,746	8,474	5,524	20,606
Neonatal	119,219	497	9,122	7,397	2,222	121,441
Nursing Leadership	62,353	567	12,088	10,786	1,869	64,222
Pacific	11,354	5,021	5,884	2,726	8,179	19,533
Perioperative	260,403	12,786	18,548	36,269	(4,935)	255,468
Primary Healthcare	62,008	2,300	25,513	7,109	20,704	82,712
Research	42,067	234	11,754	6,481	5,507	47,574
Respiratory	73,035	353	12,192	6,864	5,681	78,716
Stomal	82,210	12,179	7,116	11,649	7,646	89,856
Women's Health	50,297	49,309	11,397	44,320	16,386	66,683
	1,801,777	395,321	233,147	469,883	158,585	1,960,362

20 OPERATING LEASES

NZNO has operating lease commitments, which are lease agreements for office accommodation, motor vehicles and photocopiers.

The value of lease commitments is:

	Actual 2022 \$	Previous Year 2021 \$
Less than 1 year	1,432,974	1,374,167
Later than 1 year and less than 5 years	2,796,709	2,563,255
Later than 5 years	559,660	712,813
	4,789,343	4,650,235

21 SUBSEQUENT EVENTS

There are no subsequent events for 2022.

Statement of Responsibility

For the year ended 31 March 2022

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

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

- 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 The New Zealand Nurses Organisation for the year ended 31 March 2022

The financial statements were authorised for issue on 31 August 2022.



Anne Daniels
President



Kerri Nuku
Kaiwhakahaere



Paul Goulter
Chief Executive





Me whakapapa
Immunisation is one way to protect your



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