

# Kai Tiaki Nursing NZ Summary

July 2020 issue

Anne Brinkman, PNA



July 21st, 2020

Summary points for your reference – more details in the issue itself, of course!

## NZNO dates to remember:

- **Nominations** closed on Friday, July 17<sup>th</sup> at 12 noon for:
  - o NZNO President,
  - o Vice President, and
  - o three BOD members
- **Voting opens:** Wednesday, 5 August 2020
- **Voting closes:** Friday, 11 September 2020 at noon
- **NZNO Conference (online):** Wednesday, 16 September 2020, and
- **NZNO AGM (online):** Thursday, 17 September 2020

**P6:** Recent Ex-Directors of the **NZNO Board of Directors (BOD)** are reluctant to break confidentiality as signatories to a confidentiality agreement they were given before the first BOD meeting they were to attend. Anne Daniels, Sela Ikavuka and Katrina Hopkinson said in a short statement that “events following [Brookes’ resignation] were the catalyst for our resignation.” They would not specify those events but said they remained “traumatised” by their experiences. Three confidential BOD meetings were held after Brookes’ resignation, with another BOD meeting held after these three directors resigned. Those four meetings were “in committee” and the minutes are confidential.

**P7:** Wellington NZNO delegate, Erin Kennedy, has resigned as a Capital & Coast DHB delegate, and quit **NZNO’s greater Wellington Regional Council (GWRC)**, amid bullying and racism complaints. In the past, GWRC generally made decisions by consensus, Kennedy said. But after a “heated” meeting in September, where, according to Kennedy, eventually 17 voted to support Grant Brookes, and three voted against. Several complaints of bullying and racism were lodged against Kennedy and council members. Kennedy attended the GWRC meeting on 10 June and a NZNO Membership Committee and Te Rununga member facilitated in place of GWRC Chair, Rerehau Bakker, who was not present. Kennedy said that a Te Rununga member from outside the Wellington region ended up being elected Chair. “It was farcical. Members of Te Rununga who are not regional councillors were allowed to vote for the Rununga member who was also not a regional councillor.” Under the NZNO Constitution, Te Rununga within the region can decide their own representation at regional councils.

**P8: Primary Health Care nurses** to take national action throughout the country walking off the job for two hours on Thursday, 23 July as they ramp up their efforts to squeeze money out of the Government for pay parity. The 3,400 nurses and other workers covered by the PHC multi-employer agreement (PHC MECA) are taking this unprecedented action. The current pay gap between an experienced PHC nurse and their DHB counterpart is 10.6% or around \$7,500 a year. Chris Wilson, the NZNO lead advocate states, “Resolving this really comes down to political will, and our members’ patience has just about run out. Budget 2020 put an extra \$3.92 billion into DHBs over the next four years, whereas pay parity for PHC nurses would cost a mere \$15 million.”

NZNO presents its **MECA claims to the DHB negotiating team**. Meetings run by the organisers and delegates for members to hear about progress to date and to provide guidance to the

bargaining team will be held throughout the country from July 29 to August 12. NZNO's pay claim is 17% over two years. Other major claims are for more sick leave and better access to it (see p35 of this issue), and more and better professional development leave, along with the time to undertake it.

**P9: the Aged Residential Care (ARC) Review** of the sector's response to COVID-19 (commissioned by Ashley Bloomfield, MoH) had NZNO representatives stating that NZNO must be involved in any changes to ARC. Marg Bigsby, PNA, said that nurses employed in ARC and those helping from the DHBs "were not adequately heard". NZNO advocated that the focus must be on the whole sector, not just 12 ARC facilities. [FYI - TVNZ's Sunday programme on Sunday, July 26<sup>th</sup> is focusing on the Rosewood Rest home facility in Chch].

**P10: NZNO's 2020 election manifesto** highlights health issues for NZNO members and other health professionals to consider, including COVID-19. The manifesto, *Nursing Matters* – even more in 2020, will focus on the importance of equity in health, and primary health care services, both of which are addressed by the *Health and Disability System Review (HDSR)*.

**P10: The NZNO-led Pay equity process**, led by Glenda Alexander, believes "we are on track" to have the analysis required to establish the undervaluation completed by the end of August. Once that has been established, negotiations on how the pay equity settlement is applied will begin. Alexander stressed that the pay equity process and implementation of its outcomes are separate from DHB multi-employer collective agreement negotiations.

**P11: Auckland Coroner Morag McDowell** has been appointed the **new Health and Disability Commissioner (HDC)**, taking over from Anthony Hill. McDowell has been a coroner since 2007. She will be the country's fourth HDC, and takes up her new role on 7 September.

**P11: Former Health minister David Clark** announced last month the appointments to the inaugural **Paramedic Council** which will oversee regulation of NZ's more than 1,000 paramedics. The council's first task will be to establish new standards and processes required before all paramedics have to be registered.

**P12: The Health and Disability System Review (HDSR)** recommends significant structural changes to the health system, while focusing on people for whom the current system is not working. The report characterises the health workforce as a key enabler of health services. A health workforce plan that aligns with the NZ Health Plan will draw on data from across the sector, and work on a 10-15 year timeframe. Key points include:

- Collaboration with the new NZ Institute of Skills and Technology (NZIST) to develop a greater variety of courses with leadership development and specific support for Maori, Pacific and disabled students,
- A reinvigorated tripartite accord (ie working with sector and workers' representatives),
- Strategies to build a workforce that represents Maori, Pacific and disabled communities they serve, and
- Best-practice recruitment, on-boarding, professional development and retention practices by employers in the system.

**Pp13-14: Maori nurses are feeling heard** through the Wai 2575, stage 1 Hauora report by the *Health and Disability Services Review* process. NZNO Policy Advisor, Leanne Manson states that, "Power – in terms of funding and control – needs to be shared equally between Maori and the Crown." The review report proposes such 50:50 power sharing in the governance structures for:

- the (proposed) Health NZ body,
- the DHBs,
- independent commissions and
- other entities across the health and disability system.

Manson states, “I believe this proposed 50:50 governance must reach further to include all:

- crown entities,
- regulatory bodies and
- committees.

She then states that, “One glaring omission from the review is the lack of any provision of anti-racism training for all health-care workers so they are culturally safe to work with tangata whenua.”

**P14-15: Philippa Jones, Director of Nursing and Workforce** at Western Bay of Plenty **Primary Health Organisation**, comments on the *HDSR*. She writes that, “Integration and collaboration appear to be more readily embraced by nurses, perhaps because of less conflict of interest and fewer business imperatives to consider. However, nurses’ holistic approach to care cannot succeed in isolation. Collaborating will bring greater patient benefits more quickly. Nurses know this, but have not been able to easily collaborate, despite increased responsibilities and autonomy. Growing numbers of nurse practitioners, designated nurse prescribers, and more recently, registered nurse prescribing in community health, are helping transform the health system and allowing nurses to work to the top of their scope. The erosion of professional hierarchies is likely to benefit patients, as these hierarchies sometimes service the need of the profession rather than the patient.

**Pp16- 18:** details around nurses working across the Midlands region banding together to provide the **best support possible for patients with diabetes** during the COVID-19 response. They hope that lessons learnt can continue beyond the pandemic.

**P19:** the lockdown challenges of nurses delivering **immunisation services** adopt a range of flexible and creative ways of working are detailed.

**Pp20-24:** The topic of ***Self-management of long-term conditions*** with the reasons behind positive and negative changes made is explored. The range of key points made by the 297 people answering the survey questions over three years were:

- **BEHAVIOURS** included:
  - developing better understanding of self,
  - conditions and associated limitations,
  - increased exercise,
  - better diet,
  - attending classes/education,
  - weight loss,
  - having counselling,
  - accepting help,
  - using mobility aids,
  - maintaining independence, and
  - knowing when to stop doing things.
- **NEGATIVE CHANGES** to self-care, such as:
  - less exercise or a less healthy diet, were described often and suggested a specific trigger,
  - limited finances,
  - a specific event/experience,
  - exacerbation of existing symptoms, or
  - general deterioration due to disease progression or ageing.
- The role of caring for others and putting others’ needs first was also seen as having a negative impact on people’s ability to look after themselves.

**Pp26-27:** Because of COVID-19, **Nurse Educators at Waitemata DHB** were forced to find new ways to deliver essential study days to new grad nurses within the **NEtP programme**. Learning modules were decided upon with three Zoom ‘study days’ sessions being successfully scheduled. Future deliver options are being explored.

**Pp28-29: Victory Community Centre in Nelson** serves an ethnically diverse community, including those living in a nearby hostel and refugees from South East Asia. Navigating health needs in Nelson's heard-to-reach communities is described.

**Pp30-31:** The background to the **health benefits of community gardening** are described. There are a number of benefits:

- improved health literacy and nutrition,
- physical exercise, and
- social connection.

Primary health care nurses are well placed to champion such initiatives.

**Pp32-33:** Louisa Ingham and Bridget Marshall provide an overview of **The End of Life Choice Act**, the subject of a **referendum** in this year's election. They state this Act could fundamentally change nursing practice, so it is important to know what you are voting for.

**P34:** Kate Weston, acting associate professional services manager writes about **nurses' voice being essential in COVID-19 reviews**. Weston quotes, "Nursing has barely been included in relevant strategy documents, and nurses largely absent from such expert advisory committees. The prominence of such 'expert-based' policy making may accentuate the invisibility of nurses.' NZNO was not explicitly included in the COVID-19 review of Aged Residential Care facilities, despite providing the primary response when significant, ultimately fatal, clusters emerged. We were only able to respond once the draft report had been circulated.

**P35:** Glenda Alexander provides a short history of **sick leave provisions** for public sector nurses to counter inaccuracies oft repeated on social media.

**P36:** The Mental Health Nurses' Section (MHNS), and the Cancer Nurses' College (CNC) have jointly requested by **remit to the NZNO AGM, an independent review of the NZNO Constitution**. Improved access to electronic voting should improve member engagement and independent review will reassure members that NZNO is a robust and transparent organisation moving forward," CNC vice-chair Kirstin Wagteveld said.

**P37:** Nurse Helen Ashton of the Aotearoa College of Diabetes shares her **reflection** on the COVID-19 experience.

**P38: Ngati Hine Health Trust (NHHT), the largest Maori health provider in Tai Tokerau** and one of the largest in the country, last month celebrated signing a site collective agreement (CA). The CA was agreed late last year, delivered pay scales for the trust's approximately 30 tapuhi/registered nurses and one nurse practitioner, which reflect those of DHB nurses.

**P40:** If NZNO is not invited to be part of any **Ministry of Health-led review of the response to COVID-19**, NZNO will approach other health unions to seek their support on establishing a "no-holds barred" review of planning and response to the pandemic.

**P40: NZNO membership has declined** by 0.09% from 52,093 to 51,643 over the year to 31 March 2020. The decline meant \$515,000 less income over the full year than the budgeted levels based on a membership of 52,288. In the last two months to 31 May, there was a net membership decrease of 693, including 680 new members and 1,033 resignations.

**P40:** Former Council of Trade Unions (CTU) president Ross Wilson last September recommended a **reconciliation process for NZNO staff** "with the objective of restoring respect, communication and cooperation" after the tensions of 2017/18's DHB MECA campaign. Kerri Nuku, Kaiwhakahaere told the BOD meeting in June she would prefer a "mana-restoration" process to reconciliation, after NZNO elections for a new President and three BOD members were completed. Mana restoration could follow governance training, then be followed by team building, she suggested.

**P41:** After NZNO’s lawyers found a gap in its indemnity insurance **NZNO has agreed to cover costs of up to \$175,000** if an individual member is liable, and found guilty of criminal misconduct. There have been no such cases to date (criminal charges) where a member had to repay their legal costs (if they lost the case) but since 2017, there had been 11 involving criminal investigations and prosecutions, including five current cases. Often in these cases involving criminal investigations, complainants were mentally unwell, suffered from dementia or were experiencing side effects from prescribed medicine. The BOD agreed NZNO would meet any such costs.

**P41:** The Accident Compensation Corporation (ACC) is looking into NZNO claims that **ACC has an inconsistent approach to nurses** with workplace injuries affecting their return to work.

**P41: Legal spending** ‘miscommunicated’ – Kaiwhakahaere, Kerri Nuku said there was a “huge misunderstanding” about the BOD’s spending decisions following a special general meeting (SGM) last December. A petition to support Brookes was voted down by member groups. Nuku said the BOD never took legal action, but was seeking advice due to a “lack of clarity” about the SGM results. This had been “miscommunicated,” she said.

**P41:** Te Poari o Te Rununga o Aotearoa NZNO is reviewing **NZNO’s 2021-2025 Strategic Plan** before it is finalised, after Kaiwhakahaere Kerri Nuku expressed concerned its equity focus was “gone.”