

Membership report – October 2019

We have a couple of new members on the Committee. Welcome to:

- Debra Isaac, Greater Auckland,
- Valerie Weir-Van Til, Top of the South, and
- Ram Kumar, Te Tai Tokerau.

We said a fond farewell to Karnel Singh from Greater Auckland Region and thanked him for all his hard work over the last couple of years.

Engagement with members:

One thing the Committee would like to do in the coming year is engage with Colleges and Sections more, as well as the overall NZNO membership. Despite previous efforts at AGM and Regional Conventions the wider members still have little understanding of the role and function of the Membership Committee

Currently, there is one vacancy for Colleges and Sections on the Membership Committee, in addition the Greater Wellington region rep still being vacant.

There were also discussions about how Regional Councils can get engaged with their local members. Some areas include:

- extra funding in the budget to allow people to travel to meetings
- the new Travel Policy will impact how we provide travel support to delegates, and
- other options may include members attending virtually using Zoom.

Florence Nightingale Fund

The Committee currently has two members sitting on this group, along with two representatives from Te Poari. Application numbers are growing, with 150 in 2018, so the committee has had to cap the money given at \$800.

Environmental Reports

There were a number of themes running through the reports from around the country.

- Many DHBs are short staffed,
- impacts student placements - students take full patient loads, as are preceptors.
- students do not always speak up, as they are concerned they will not gain new graduate employment.

Other areas are losing senior staff, as they are

- Resigning to go overseas (to Australia), or
- in the case of Taranaki, there is ongoing restructure at senior management and senior RN levels.
- Large amounts of new grads have been employed to replace outgoing staff in Northland, but there is a shortage of senior staff to train them.

Reports also discussed Enrolled Nurses, with EIT and HBDHB having discussions about the use of ENs, however it is still to be scoped out. Northland is also starting an EN Programme in 2020 to replace HCAs with ENs.

Acuity tools were another focus, with:

- Northland getting TrendCare,
- Central using CCDM.
- these tools are not always accurate - some areas under staffed, leaving staff lacking trust in the process.
- in Northland, staff don't have time to attend the CCDM meetings due to short staffing.

There are several areas with issues around facilities.

- In Dunedin and Canterbury, the Mental Health Units are not fit for purpose.
- There are delays in the opening of the Christchurch Acute Services Building and
- the West Coast Greymouth building is over budget and over a year late.
- In Taranaki, the Government has given the go ahead for the new hospital which includes:
 - Maternity,
 - ED,
 - Outpatients,
 - Labs, and
 - other patient care areas.

Kaiwhakahaere report – Kerri Nuku

Our NZNO constitution refers to Te Poari being a group that is responsible for maintaining and articulating Tikanga Māori through systems and processes, not just a token effort. It's about changing behaviours and how we can fulfil our full aspirations.

Much of the focus over the last two years has been around the pay challenges for staff who work for Maori and Iwi providers. Te Poari have been working with a number of groups around this, such as:

- the Human Rights Commission,
- The United Nations, and
- Waitangi Tribunal.

The work of Te Poari has not just impacted on the Aotearoa workforce. New Zealand is seen as a country of fairness and equity and we help to set the expectations by challenging those countries that are not, for example: Australia. We help them by asking them how they can strengthen their commitment. They may see it as the opposite, but the intention is to:

- create and see the value of an indigenous workforce,
- discuss some of the issues that we have and how we work autonomously in primary healthcare, but
- we have a lot to take from some of those countries.

It's not yet determined how it will work but in approx. 12 months an International Indigenous Collaboration Group will come about, which means we'll partner for some:

- Indigenous training and workshops
- Study days, forums etc.
- Provide consultation and advice, and
- Have a seat at the world house

Work plan for the coming year see attached.