ANNUAL REPORT

2025–26

Tōpūtanga Tapuhi
Kaitiaki o Aotearoa
NEW ZEALAND NURSES
ORGANISATION

NZNO.ORG.NZ

Whakataukī

"Me haere tahi tatou mō te hauora me te oranga o ngā iwi katoa o Aotearoa."
"Let us journey together for the health and wellbeing of the people of Aotearoa."
– Rev Leo Te Kira, 15 December 2005.

"Kaua e takahia te Mana o te Tangata."
"Do not trample over the mana of the people."
– Hone Te Ahu.

Vision

LEARNING FROM THE PAST, TO CHALLENGE OUR PRESENT, TO REIMAGINE A FUTURE.

Mission

Tōpūtanga Tapuhi Kaitiaki o Aotearoa will advance the freedom of its members and equitable health outcomes in Aotearoa, through industrial, professional and political activism and mana-enhancing advocacy. In pursuing this mission, NZNO will ensure a co-governance relationship with **Te Rūnanga**.

Contents


Good health needs valued midwives
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About Us

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

NZNO represents more than 63,000 nurses, midwives, health care assistants, kaimahi hauora, nursing tauira (students) 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/ National Executive.

Strategic Plan 2025–26

‘Maranga Mai!’– Every Nurse, Everywhere
It is a call for action – “Rise up”
It is a call for NZNO members wherever they work and the wider community to get behind the campaign!

Purpose

To win a quality public health system that is patient and whānau centred with the necessary political and resourcing commitments needed to address the crisis permanently across the whole health sector.

Goals

Outward facing

- Patient outcomes that are culturally safe and equitable across the whole health sector.
- Every nurse has the power and resources to do their job.
- Decisions on nurse resourcing are based on NZNO’s Charter of Demands.
- NZNO is the leading voice in health.

Inward facing

- Every member across the sector is engaged and actively participates.
- New ways of campaigning are utilised.
- Membership lifted.
- Member leadership driving change at all levels.

Context

- The health and disability system is under significant stress, increasing health complexities, worsening health determinants and demands, budget cuts, and privatisation, which means managing resources is becoming more difficult.
- Across the entire nursing workforce ongoing systemic failure has meant moral injury/distress, fatigue and burnout. Nurses are facing increasing demands and significant shortages in nursing supply.
- Reports such as the Wai 2575 (Kaupapa Māori Health Inquiries), Health and Disability System Review and the Health reforms all acknowledge the deficit in health equity for Māori as a representation of systemic racism and failures.
- NZNO has failed so far to create a sustained force for change that is built on collective member power that wins hauora for both users and workers.
- This campaign redesign must work offensively and defensively to collectively bring members together to use political, professional, and industrial power to address the nursing workforce issues and the attack on our public health system.

Maranga Mai!
RISE UP

Tōpūtanga Tapuhi Kaitiaki o Aotearoa
NEW ZEALAND NURSES ORGANISATION

Strategic directions

- Actualising Te Tiriti.
- Building political power.
- Organising on the ground wide spread action.
- Winning public support.
- Leveraging health and safety.
- Driving the NZNO vision of the health system of the future.

The fixes

- An evidence-based political commitment to a quality public health system.
- Ensure Te Tiriti is actualised within and across the health system.
- Fix the number of needed trained and qualified nurses across the health system – right now.
- Fix pay and conditions equitably across the health system to reflect nurses' values and expectations.
- Fix the number of people in nursing training to meet current and future needs.
- Fix the number of Māori and Pasifika nurses to meet the need.

Areas of focus

We identified 11 areas of focus to support us to actualise Te Tiriti o Waitangi; build political power; organise on-the-ground, widespread action; win public support; and leverage health and safety. These are our priorities over the next three years.

1. Tino rangatiratanga
2. Building member power
3. Workforce
4. Education
5. Registration
6. Health and safety
7. Bargaining
8. Political
9. Immigration
10. Allies
11. Te tai āo

Our operational plans contain more detail under each Area of focus.

Find out more about Maranga Mai! at:
maranga-mai.nzno.org.nz

NZNO's role is to represent the interests of all members, including nurses, midwives, students, kaimahi hauroa and health workers. We are a bicultural organisation committed to Te Tiriti o Waitangi.

The health and socio-political context within which NZNO and its members function is complex, ever changing and involves many stakeholders.

NZNO must be flexible and adapt to emerging challenges while continuing to provide leadership and advocacy services for members employed in a range of settings in the health sector.

The Strategic Plan will enact the objects of NZNO as set out in the Constitution.

Our Members

We support

63,375

members

Our membership is made up of

56,023

FEMALE

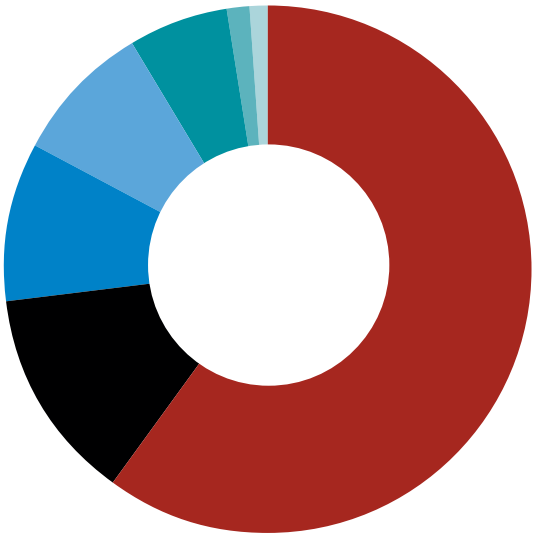
6,813

MALE

539

GENDER DIVERSE/ UNKNOWN

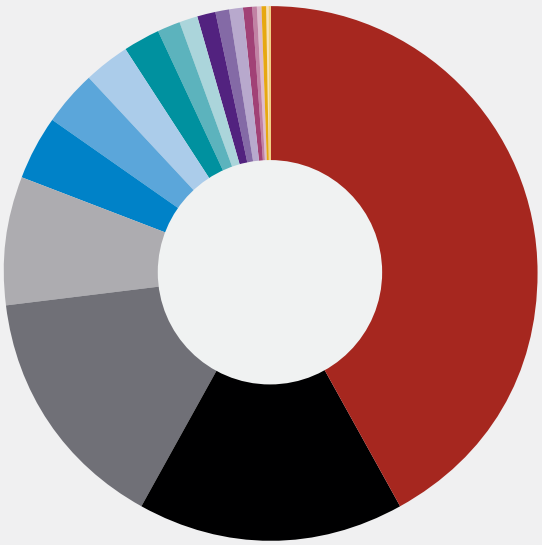
We represent a range of health sectors



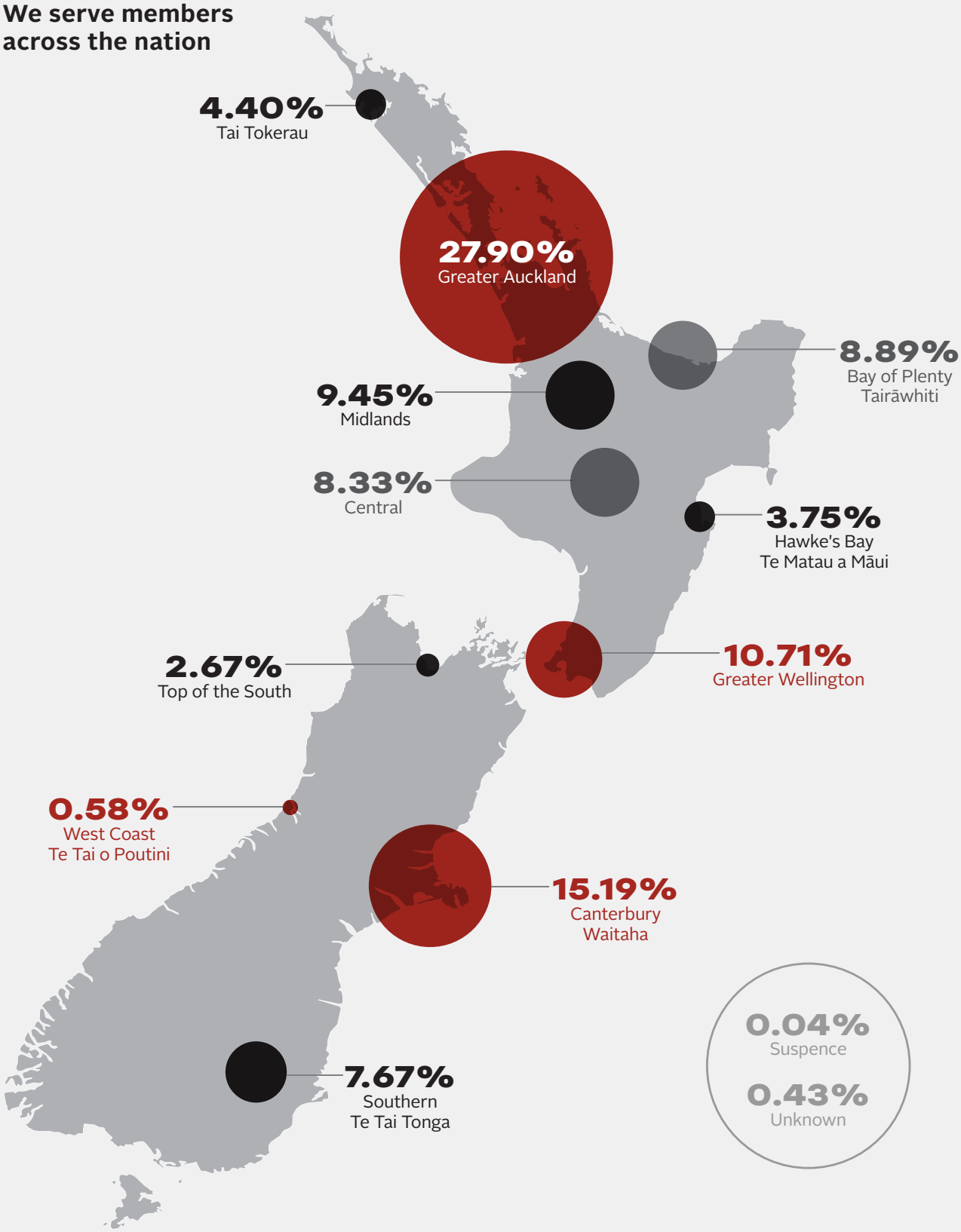
- Te Whatu Ora **60.04%**
- Primary Health Care **13.11%**
- Aged Care **9.84%**
- Education **8.55%**
- Private **6.02%**
- Non-sector **1.59%**
- Public **0.85%**

Our members are from diverse ethnic backgrounds

- NZ European **42.17%**
- Indian **16.13%**
- Filipino **14.88%**
- Māori **7.8%**
- Other European **3.88%**
- Other **3.38%**
- Other Asian **2.8%**
- Chinese **2.06%**
- Fijian **1.39%**
- Samoan **1.23%**
- African **0.98%**
- Tongan **0.83%**
- Unknown **0.83%**
- Other SE Asian **0.54%**
- Other Pacific **0.54%**
- Cook Island **0.29%**
- Niuean **0.16%**
- Tokelauan **0.08%**
- Australian **0.04%**



We serve members across the nation



Financial Overview – NZNO (Parent)

$30.7m
Our total income

$29m
Our total expenditure

Where our income comes from

94%
Subscriptions

1%
Sponsorship & registrations

5%
Other[1,2]

Where your money goes[3]

55%
Staff

9%
Travel & vehicles

7%
Premises

1%
Communication

3%
Affiliations

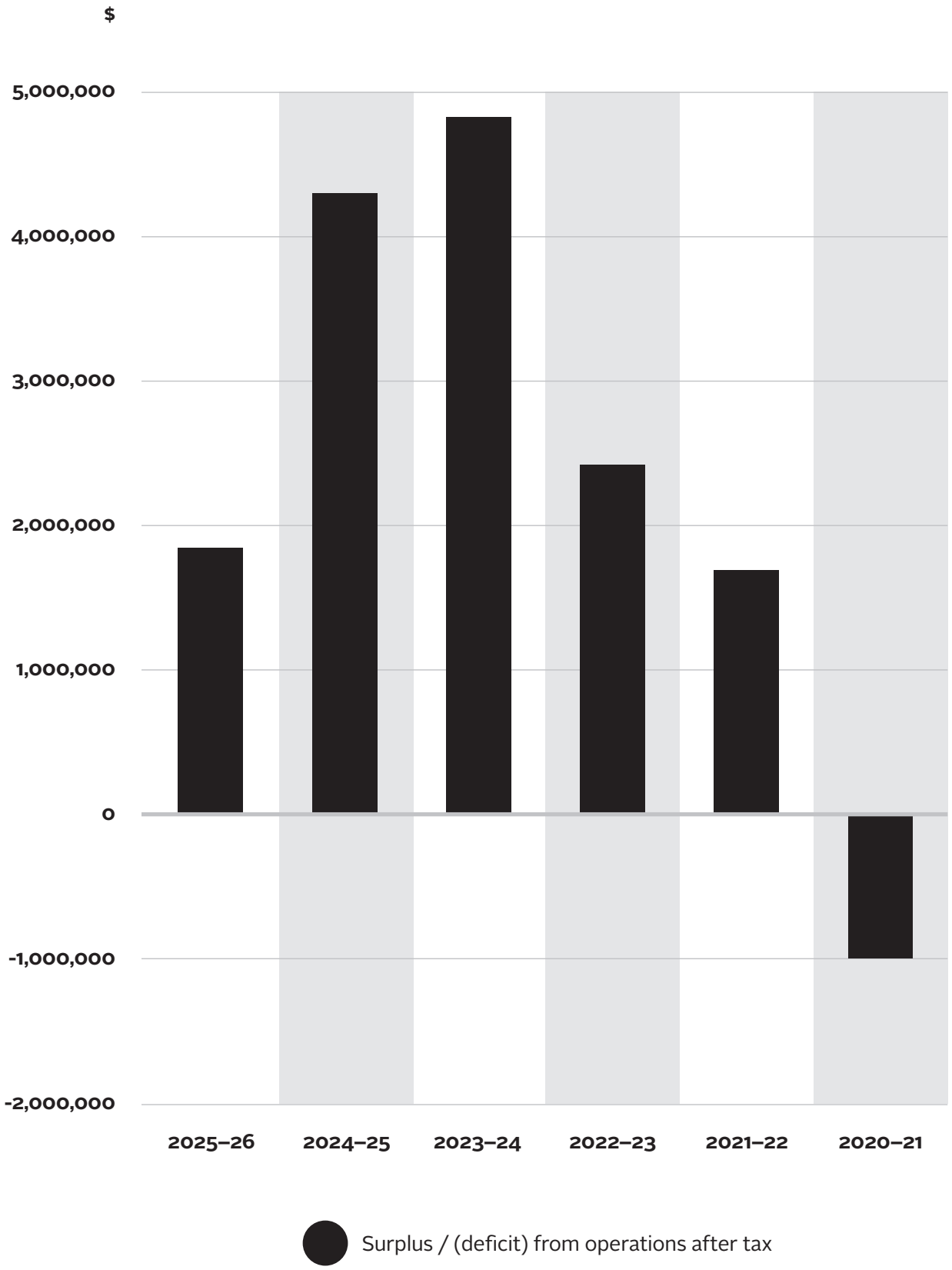
2%
Member expenses

4%
Legal

15%
Other[4,5]

1 *Includes advertising, rent and other income.*
2 *Interest and dividends, and Colleges and Sections' income.*
3 *As a percentage of total income.*
4 *Includes advertising, consultancy, information technology, depreciation, donations and grants, financial, general, printing, stationery and publications.*
5 *College & Section conference expenditure is 1%.*

Financial Performance



Section One

Te Arotake i te Tau nei

Year in Review

Year in Review

Area of focus: Building Member Power

Member power has been demonstrated throughout a challenging year, a year which has seen members take action on deeply felt issues relating to bargaining, safety at work and undervaluing of their work.

In May 2025, the Government unilaterally pulled the rug out from under the pay equity claims in progress. Thirty-three claims were cancelled overnight, a third of these being claims put forward by NZNO.

We saw our members and our communities, along with other workers and allies, rising up in huge numbers to protest the Government's unconstitutional actions. NZNO did not give in – instead we tested the rationale and processes of the new pay equity legislation by raising new claims as soon as it was possible. Many hurdles have been put in our way, but we persist, to ensure the members' voice is heard on an issue that is as much about human rights as equity.

Striking Wellington NZNO members rally outside Te Whatu Ora headquarters on 30 July 2025.

Area of Focus: Workforce

Role of the Nurse

NZNO has published its Role of the Nurse policy to inform and influence government, Ministry of Health policy settings, funding decisions and the delivery of health care and services across the health sector.

The Role of the Nurse policy has evolved over time, and has been defined through educational preparation, regulatory standards, scopes of practice, policy and public perception.

The policy has a future-focused perspective and considers the challenges and current political climate in which nursing exists.

Area of focus: Education

Education

The Nursing Council is conducting a review of nursing education: *'Educating the nurse of the future'.* NZNO's PNA and policy teams and the National Student Unit have contributed to this review, including being interviewed by council reviewers. The review report is expected in the first half of 2026.

A paid placements policy for NZNO is being developed as an outcome of the 2025 student survey, which repeated the findings of the 2023 survey. The surveys found that students experience significant financial hardship in their last year of study, when they spend more time in clinical placements to achieve the clinical hours needed for registration.

Significant changes are being rolled out across the tertiary education sector which will impact nursing education, especially diplomas in enrolled nursing and Bachelor of Nursing in the now disestablised Te Pūkenga. Workforce Development Councils (WDCs) and Regional Skills Leadership Groups (RSLGs) are being replaced by Industry Skills Boards (ISBs) and from January 1, 2027, NorthTec, WITT and Whitireia/Weltec, all with nursing programmes, will become stand-alone regional polytechnics.

HNZ has replaced the Nurse Entry to Practice (NETP) and Nurse Entry to Specialist Practice (NESP) programmes with a **Supported First Year of Practice (SFYP).**

Key differences include:

- Year-round new graduate nurse employment instead of two intakes per year into NETP.
- Minimum FTE reduces from 0.8 to 0.6.
- Reduction in clinical load sharing from 240 hrs to between 80 and 120 hrs.
- Study hours reduced from 96 to 80 hrs.
- Postgraduate study postponed until the new graduate year is complete.
- Decoupling of SFYP from Professional Development and Recognition Programmes (PDRP).

Plans for the 2027 survey of students extends recruitment to those in SFYP to begin to gather data on the efficacy of these changes.

Delegate/member education

Targeted education programmes have been delivered to members to increase their knowledge and skills and let them know the support they can access to enable them to represent and support their workmates on employment and professional issues. By offering courses to a broader range of members, including members of colleges and sections, national delegates committees and other activists, we are able to organise within our union and our communities, ensuring the union's role in influencing social change about workers' rights.

Area of focus: Health and safety

We have used the health and safety (H&S) legislation to organise around our unsafe staffing campaigns. H&S tools have been used to escalate and raise awareness of the unsafe conditions in which our members are working. The issuing of provisional improvement notices (PINs) led to 13 more nurses being employed in one case. The involvement of WorkSafe has also created pressure on employers to comply with the H&S process.

We now have more than 1000 trained H&S representatives, which is important given the rise of violence and aggression experienced by many members in the workplace. Understanding how to use the policies and procedures is key to keeping members safe, in particular knowing they have the right to refuse to provide treatment in unsafe environments.

Area of focus: Bargaining

Member power has also been evident in support of bargaining. The underfunding of health has led to unacceptable pay offers and denial of the impact that unsafe staffing has on members' ability to deliver quality patient care. Workloads are not safe for patients or nurses. Our claim for culturally appropriate nurse-to-patient ratios has been challenging to progress. It is viewed as a cost rather than a value that results in better patient outcomes.

Members have participated in industrial action including complete withdrawal of labour, visibility strikes, partial strikes and various other forms of protest to get their message across. We have had pushback from employers who have used the Code of Good Faith in Collective Bargaining to require higher staffing numbers than normal for Life Preserving Services (LPS) during industrial action. The onus is on the employer to provide for patient safety all the time, not just when we have to strike to get heard about the lack of safe staffing.

The issue of unsafe staffing is not confined to the public sector. We have the same issues across the health service, particularly in aged care and for members who work under a case management model. All members need reasonable workloads and this should not be a constant safety H&S issue.

Te Whatu Ora

At the end of the 2025–26 financial year, Te Whatu Ora-Health NZ members were still in bargaining for what would be the highest number of bargaining days for any previous district health board or Te Whatu Ora bargaining round. A variety of factors played into the extended bargaining, notably Te Whatu Ora changing its advocates and many of its bargaining team in June 2025.

Throughout the bargaining, members held firm to the core claims, taking multiple strike actions, including innovative strikes designed to maximise public attention on the core issues of patient safety and a cost-of-living increase. These actions tested the boundaries of conventional strike action and taught us valuable lessons for the future.

Although not settled in the 2025–26 financial year, key parts of the settlement had been agreed, including research to create the evidence base necessary to implement culturally appropriate staffing ratios and work groups associated with improving professional development for HCAs, the adaptation and implementation of a Tikanga Pūtea, and the development of a Kaupapa Māori dispute resolution process.

With the collective agreement expiring in October 2027, we will begin planning for the next round of bargaining late in 2026, with delegate nominations and claims collection starting early 2027.

Primary Health Care

We had a good result for the primary health care (PHC) MECA last year with a 5% increase quickly followed by a 3% increase that was ratified by members. We renegotiate again this year and have initiated bargaining with 582 practices across the country.

We settled the Corrections collectives late 2025, both the new Health Centre managers (HCMs) CA, which is a first-time document as HCMs were previously covered by the PSA-negotiated managers document, and the Pae Ora Health Services Corrections CA, which for a brief period meant nurses in Corrections were ahead of Te Whatu Ora nurses for the first time on pay rates. Both settlements came late in the year in the rush to complete things before the Christmas/New Year close downs for NZNO and the Corrections head office.

Bargaining this year included an early start to the year in mediation with Access Community Care. These nurses are the lowest paid in the sector, a position the employer stated they were very comfortable with. Members are due to vote on a two-year deal in April with two 3 per cent increases, but most importantly, nurses at Access will be able to access a PDRP scheme from the second year, long service leave, automatic salary progression within the scale and clarification on the payment of the on-call allowances, should the offer ratify. The delegates in the team were harangued and insulted in a very tense negotiation, as reported in *Kaitiaki* soon after completion of the negotiations.

Other bargaining included conclusion of Whakarongorau in three days of face-to-face negotiation on return from our Christmas/ New Year break, Plunket and New Zealand Blood Service also continue bargaining, and we are awaiting documentation to take an offer to our members at Sexual Wellbeing Aotearoa after three days of negotiations so far this year.

Membership growth in the sector has been constrained due to ongoing allocation of resources to support the Te Whatu Ora dispute. With that agreement now settled, we anticipate an increased organiser presence in the sector to re-engage with members and build some activism.

We have raised pay equity claims covering nurses, Karitane and kaiāwhina at Plunket. Progress is slow on these claims as we test the new legislative settings. The initial claim was rejected, and we have had to subsequently break the claim down into six individual claims, one for each job title.

Aged care

In 2025, bargaining in aged care remained shaped by chronic underfunding, which has led to a reduction in rostered hours across many providers in the sector. Most major providers did pass on the 4% bed-day rate uplift to employees, which was welcome but limited comfort given the loss of pay equity progress.

Bupa and Oceania both settled some improvements to consultation, coverage, education, and health and safety processes. Radius improved bereavement provisions, including recognition of hura kōhatu/ pōhatu. Metlifecare settled a short-term agreement with improved consultation wording, practising certificate reimbursement, a registered nurse pay relativities review, and a commitment to prioritise existing permanent employees for overtime where safe and cost-effective.

Summerset remained the key unresolved bargaining. NZNO continues to link bargaining to safe staffing, pay equity, and Maranga Mai! priorities.

Private hospitals and hospices

As part of NZNO's commitment to private hospitals and hospices, the union invested in a new dedicated industrial advisor role during 2025–26. This increased support for delegates and members and strengthened bargaining and organising across the sector.

It was a busy year, with negotiations taking place across private hospitals, community hospitals and hospices.

A key focus was improving parity with Te Whatu Ora-Health NZ. While registered nurses have often maintained stronger alignment with Te Whatu Ora rates, many lower-paid roles and senior nursing positions have fallen further behind. Bargaining focused on addressing these gaps, improving career progression, and creating fairer outcomes across the workforce.

Collective agreements were settled at Grace Hospital, Allevia Hospital, Mercy Hospital (Dunedin), Boulcott Hospital, Cranford Hospice and Southland Hospice.

At St George's Hospital, one of NZNO's major pattern-setting sites, members achieved pay rates at 107% of equivalent Te Whatu Ora rates for all members covered by the collective agreement. Members also successfully resisted attempts to create different relativities between occupational groups, resulting in significant gains for allied health workers represented by NZNO.

Grace Hospital completed its first major collective agreement review in many years, addressing differences that had developed between the NZNO collective agreement and another agreement operating on the site.

Members at Crest Hospital took industrial action over pay relativity and collective agreement coverage issues. The campaign highlighted concerns about lower-paid workers, senior nurses and staff outside collective agreement coverage, while also strengthening delegate organisation at the site.

The year also saw the establishment of the National Delegates Committee for private hospitals and hospices, with strong interest from delegates across the sector.

Many private hospitals and hospices look to Te Whatu Ora settlements when setting their own bargaining positions. Delays in Te Whatu Ora bargaining affected bargaining timelines across the sector, and a number of negotiations remained ongoing at the end of the reporting year.

Pay equity

As soon as it was possible, NZNO raised two of the previously cancelled pay equity claims. This required a new approach that complied with the requirements of the Equal Act Amendment Act 2025. The requirement to provide proof of undervaluation before a pay investigation could be progressed is illogical. However, we were able to provide evidence gathered previously that was sufficiently compelling to achieve the merit criteria threshold. The two claims raised were on behalf of Plunket and of members employed at 27 hospices. We will continue to test the legitimacy of the government changes, while campaigning for repeal, improvement and the funding of pay equity settlements for all our members, alongside maintaining the settlements we've already achieved.

The Government's 2025 changes to the Equal Pay Act 1972 significantly constrained access to pay equity. Existing claims were cancelled, thresholds raised, comparator options restricted and review mechanisms removed. Workforces including care and support and Te Whatu Ora nurses are now locked out of claims for years, despite clear evidence of undervaluation.

Members and workers mobilised immediately through workplace organising, public campaigning and national actions, including Working Women's Week and pay equity rallies. Through Maranga Mai – Rise Up!, pay equity is connected to the broader fight for a sustainable nursing workforce and properly funded healthcare services.

NZNO adopted a deliberate strategy for progressing claims under the amended framework, to test how the law operates in practice and to build pressure for change. Claims for hospice and Plunket staff have advanced over the past year, helping identify where progress remains possible, where employers will work constructively and where the legislation itself creates barriers to fair outcomes.

Alongside this, NZNO has contributed to wider efforts to challenge the new law, including the People's Select Committee on Pay Equity and a complaint to the UN Committee on the Elimination of Discrimination Against Women (CEDAW).

NZNO has also begun work on what better legislation could look like, grounded in member experience and the realities of care work. This will develop a clear picture of the pay equity settings that would genuinely deliver for members and the communities they serve.

The gender-based undervaluation of nursing and care work continues to drive shortages, burnout and retention problems across aged care, hospice, primary care, community, and Māori and iwi health services. As one of the clearest ways to collectively challenge that undervaluation, pay equity remains central to shaping the future of the health system.

As election year continues, NZNO is working alongside other unions, communities, iwi and employers to keep pay equity firmly on the political agenda. We are pushing for fair funding, stronger pay equity settings, and a healthcare workforce that is properly valued and supported.

Area of focus: Political

The past year saw NZNO strengthen its political advocacy as members increasingly spoke out about the future of healthcare in Aotearoa and the growing pressure facing patients, whānau, and healthcare workers.

Under Maranga Mai! Rise Up! NZNO's campaigning has focused on making visible what members see every day: a health system under strain from workforce shortages, underfunding, increasing demand, and growing inequity in access to care.

Too often, public debate about health has been framed narrowly around fiscal cost, missing the human and moral imperative at its centre – saving lives, supporting communities, and ensuring people can access care when they need it.

Throughout 2025–2026, members used their trusted voice within communities to advocate publicly for patients and the future of public healthcare. Constitutional changes adopted by NZNO strengthened this work, recognising that workforce issues cannot be separated from patient outcomes, and that advocating for safe staffing, equitable access, and sustainable services is central to nursing itself.

Several major moments brought these concerns into national focus. The October 2025 "Save Our Services" mobilisations and nationwide strike activity highlighted growing concern about the sustainability of essential public services and the risks posed by chronic understaffing and underinvestment.

Public campaigning around the Government's pay equity law changes opened a wider political discussion about how society values care work. The release of Manaaki i te raru – Care in crisis laid bare the reality of working in a critically underfunded aged-care sector.

NZNO's advocacy has consistently focused on practical solutions and long-term system change. Members are calling on all political parties to properly fund and staff health services, address the growing crisis in primary healthcare, stop the privatisation of public health services, and honour Te Tiriti o Waitangi across the health system.

Nurses and healthcare workers hold a unique position in society: they see firsthand how political and funding decisions affect people's lives. Members have used that credibility to advocate not only for themselves, but for patients, whānau, and communities who rely on a strong, equitable, publicly funded health system.

As election year approaches, NZNO members are helping shape the national conversation about the kind of society Aotearoa wants to be.

Area of focus: Immigration

While the initial challenges faced by internationally qualified nurses (IQNs) during COVID-19 and through to 2024 have largely eased, due to a significant decline in the number seeking employment in New Zealand, issues still remain. Some employers continue to provide inadequate support, and a number of IQNs are not employed in nursing roles but are instead being utilised in positions such as healthcare assistants or caregivers, leaving them vulnerable to exploitation.

Area of focus: Allies

The past year was one of significant campaign action for our union, with Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO members creating high levels of impact by taking powerful and visible action alongside our key allies, particularly other unions.

Historic Save our Services rallies were held across Aotearoa on October 23, 2025. This was the same day that more than 100,000 workers from essential services who were in collective bargaining took part in strikes calling on the Coalition Government to properly fund their mahi. Striking NZNO members from Te Whatu Ora and the Department of Corrections stood shoulder-to-shoulder with workers from NZEI, ASMS, PSA, NZPFU and PPTA who were also on strike.

Following the pay equity law changes in May 2025, NZNO members turned out for nationally coordinated rallies and actions the weekend after Suffrage Day 2025, and a Purple Day of Action in March 2026. Our goal is to overturn the law changes and NZNO members also worked alongside other unions on local campaign actions to support this.

The Government's 2025 changes to the Equal Pay Act significantly constrained access to pay equity.

The past year saw employers increasingly restructuring aged care worksites to reduce staff. NZNO members worked with our key aged care ally E tū to take public action to oppose changes which would have a negative impact on resident care.

Through the year, NZNO members turned up for other union members on strike, including other health workers, educators and firefighters.

NZNO members have actively supported campaigns which are focused on protecting and strengthening the public health system, including the national alliance Kaitiaki Hauora, Patient Voice Aotearoa and the Buller Declaration, and Te Ohu Whakawhanaunga Tāmaki Makaurau.

Through 2025–2026, NZNO members have continued to demonstrate their commitment to cross-union solidarity and to working alongside community allies to take action in support of our political and industrial objectives.

Area of focus: Te Tai Ao

NZNO is on track to have its first full carbon audit for the 2025–2026 financial year. Being the first audit, this will establish the organisation's carbon footprint and enable us to look at introducing carbon reduction targets.

During the year, we completed transitioning all of our electricity supply agreements to the company Ecotricity, Aotearoa's first and only Toitū climate-positive certified electricity supplier. We continued buying carbon offsets for the carbon we produce through airline and motor fleet travel, these being our two biggest carbon-producing activities. Our carbon credits are purchased through EKOS NZ and fund New Zealand native forestation projects.

In late 2025, our national office moved into newly fitted-out leased premises at 79 Boulcott Street, Wellington. We are now in the same building as the New Zealand Council of Trade Unions, unions E tū and NZEI, and UnionAID. The building had major structural upgrades in 2018 and operates modern heating and cooling systems. We also took the opportunity to shut down all of our on-site computer servers and move

them to shared, cloud-based servers, which led to a significant reduction in electricity consumption. The new premises also has many more meeting rooms equipped with modern audio-visual gear which means we are doing more online than ever before.

Operations

Major operational risks

Cyber security

Given the risk of cyber attacks on health and health-associated organisations, our work on cyber security continues and is now baked in as "business as usual". In partnership with Cyber365, we have adopted an internationally recognised framework to assess our cyber security against. We can then track our improvements over time against these benchmarks.

We are close to finalising a series of internal cyber security policies and protocols aimed at bringing intentional cyber-aware decision-making into our IT strategies and giving us processes and practices to follow in the event of a cyber security incident.

We have instituted regular and ongoing online staff training to build cyber awareness and scam-spotting skills and this training provides testing and feedback to participants.

Lastly, while artificial intelligence (AI) provides many beneficial opportunities for NZNO and members, it also opens many doors to cyber-security weaknesses that can be exploited. We are planning to do work in this area in the coming year, scoping and determining where and how AI may be useful and what we will need to do to minimise the associated cyber-security risks.

Staff health and safety

Our mahi in staff health and safety (H&S) continues and we are now reaching a good level of practice in reporting H&S events through our online system. The main training focus in 2025–26 has been ensuring organising staff have all had advanced driver training, which will be achieved shortly, and then ensuring all new staff in these positions get this training early on in their employment.

We have recently completed consultation on, and released, numerous H&S policies and guidelines to staff. These set out frameworks that detail both expectations and obligations for H&S and the processes to be used to deal with a wide variety of issues.

We have a draft 2026–27 plan for our H&S work which focuses on providing resources and training to staff and managing our two largest risks – psychosocial (well-being) risks and risks associated with driving.

Information technology (IT) infrastructure

We have completed shutting down on-site servers owned by NZNO and moving to cloud servers provided by either Microsoft or Amazon. This is a significant step in improving the security of our servers and systems.

Our new Customer Relations Management (CRM) software system is now implemented and is due to be upgraded in the 2026–2027 year to a cloud version. The CRM system manages all of our information about, and interactions with, members and potential members.

Over the last year we have also been working on implementing new finance software to enhance our financial reporting and tracking, and to digitise many of the processes that are still manual and paper-based. We are also implementing HR software to upgrade and digitise our staff management systems.

We have also recently purchased (but not yet implemented) software to allow the online application and processing of membership grants, scholarship and awards.

Medico-Legal

Files were opened for 295 members in relation to the following matters:

- 56 Coroner
- 38 HDC
- 1 HPDT
- 15 Internal Inquiry
- 5 Nursing Council – APC
- 7 Nursing Council – Conduct
- 9 Nursing Council – Conviction/PCC
- 34 Nursing Council – Health Committee
- 42 Nursing Council – Initial assessment
- 18 Nursing Council – PCC
- 1 Nursing Council – s64 referral to HDC
- 3 Other Authority
- 6 Other Witness
- 5 Police Inquiry
- 45 Police witness
- 9 SAE review / other inquiries
- 1 Nursing Council – s 39

Library and record services

Library and records management, both electronic and physical, were maintained through to December 2025. In response to evolving service needs, it has been agreed that the library manager role will transition to an information services manager position, providing broader scope to modernise and strengthen the service.

Member Support Centre

Summarised statistics are as follows:

331 calls

Call volumes averaged per week (447 in previous year)

233 calls

Call advisers answered and triaged, average calls per week (242 previous year)

333 emails

Email volumes averaged per week (335 per week previous year)

664 inwards contacts

Average total inwards contacts per week (emails and phone calls combined)

The breakdown of calls per category are as follows:

- 5% Administration/Misc (4%, 2024–2025)
- 54% Industrial (54%, 2024–2025)
- 31% Membership (29%, 2024–2025)
- 10% Professional (13%, 2024–2025)

Within the categories, the call advisors provided a complete response to the following:

- Administration/Misc, 67% of total administration calls
- Industrial, 67% of total industrial calls
- Membership, 28% of total membership calls
- Professional, 30% of total professional calls

Between April and July 2025, MSC triaged over 6000 calls and more than 5000 emails. During the busiest week within this period, the team handled over 600 calls and over 400 emails.

Key highlights for the MSC over the past year have related to the following large pieces of work:

- Te Whatu Ora Holiday Act Remediation Programme (HARP) for former employees
- Te Whatu Ora-HNZ CA negotiations
- Staffing
- Health and safety

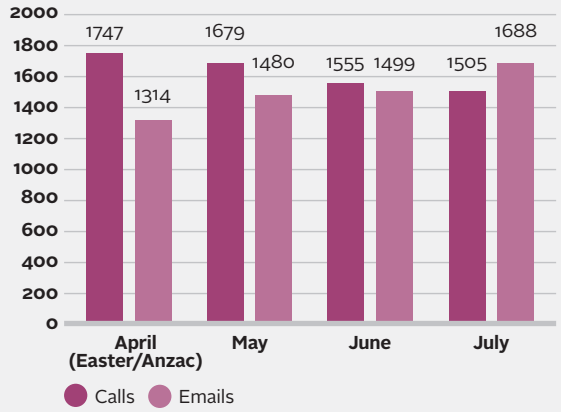
Following the completion of HARP payments to current employees, Te Whatu Ora began the process of making payments to former employees. However, there were delays in the employer meeting their own timeframes which resulted in an increased number of calls into MSC. To date, enquiries relating to HARP payments continue to be received on a weekly basis.

As with the previous year, the Te Whatu Ora CA negotiations remained a significant focus throughout the year. Several strikes were undertaken both nationally and locally, resulting in a substantial increase in enquiries to MSC. These enquiries ranged from requests for information about strike actions to seeking guidance on Life Preserving Services. In addition, several ballots were conducted throughout the year, further contributing to the volume of enquiries. The increased industrial activity also led to a high number of enquiries relating to the Hardship Fund.

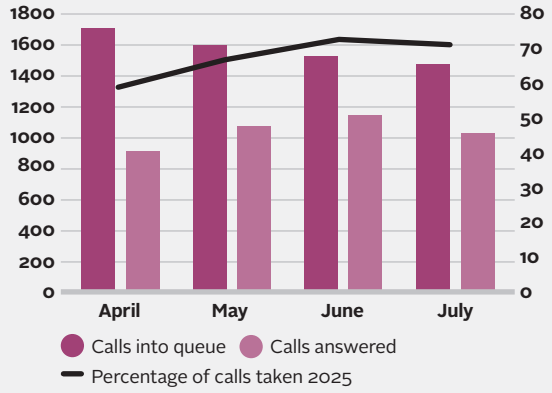
Health and safety and staffing enquiries are also prominent themes throughout the year. Key concerns raised include unsafe staffing levels, excessive workloads, burnout and stress. These enquiry trends are reflective of the broader challenges currently facing the sector.

- Members contacted us for assistance with 8277 employment matters.
- Members contacted us for assistance with 1529 professional matters.
- Members contacted us for assistance with 4855 membership matters.

MSC Incoming Calls and Emails 2025 – a snapshot of our busiest period



Call Queue Performance: during our busiest period April – July 2025



Call queue performance improved between April and July 2025 with the percentage of calls answered increasing steadily across the four months (April–July). While overall call volumes decreased slightly from approximately 1700 calls in April to 1450 calls in July, the percentage of calls answered improved over this period. The call answer rate increased from approximately 58% in April to a peak of around 73% in June and remaining relatively stable in July at approximately 71%, indicating improved efficiency in managing and responding to incoming calls/emails.

Competency Advisory services

The Nursing Council is reporting a large increase in notifications of concern about a nurse's competence, conduct or health over the past year, resulting in a significant increase in the number of members requiring support with the competency pathway.

The following is a breakdown of cases/members supported by the NZNO competency advisor in the 2025–2026 financial year:

- There were 40 new competency cases opened, and one older case reopened (total of 41 cases). This involved two enrolled nurses (ENs) and the remainder registered nurses (RNs).
- Twenty-eight cases were closed. A further two cases were temporarily closed – one nurse decided to retire, and one nurse left to work in Australia without completing Nursing Council requirements. These cases remain open at the Nursing Council but are currently inactive.
- There are four open cases from 2024 still in progress.
- Three nurses are currently being supported to work through orders under the Health Practitioners Competence Assurance Act (HPCA Act) 2003.
- Seven cases were transferred to the health pathway and one to a lawyer for other support.
- Seven nurses went to a full competency review, resulting in orders under the HPCA Act for six nurses. One nurse completed this with no further action.
- Of the cases in this financial period, 14 involved internationally qualified nurses (IQNs).
- There were no section 38 or 39 meetings during this period.

It is worth noting that for the 2024–2025 financial year there were 29 new notifications, and for 2025–2026 there have been 40 new notifications, of which 18 were IQNs and two were nurse practitioners (NPs). The Nursing Council has been developing a process for assessing NPs. The number of notifications for NPs is increasing as the numbers of NPs increase.

Policy

NZNO actively works for improved health outcomes for all people of Aotearoa New Zealand. One way we do this is by making and / or contributing to submissions on health and social policy issues.

Over the past 12 months, we have responded to a number of government consultations, many of which have been released under urgency.

A total of 48 submissions were made in 2025–2026 on diverse topics including: Health New Zealand – Patient and Whānau / Family Support Policy, Health and Safety at Work Amendment Bill 2026, Medical Council draft statements on cultural competence, cultural safety, and hauora Māori, and Nursing Council Code of Conduct for Nurses.

Communications

Communications and media

NZNO's presence in the media continues to grow year on year. In the year to 31 March, NZNO was directly mentioned in the media 2007 times, a 16% increase on the previous year and a 27% rise on 2023–24.

Two issues took the lion's share of NZNO's coverage: unprecedented industrial action by Te Whatu Ora members and the Coalition Government's axing of the pay equity scheme on 6 May, which resulted in 12 claims NZNO was progressing being scrapped overnight.

Chronic unsafe understaffing and dilapidated facilities were the theme of most of the rest of our local hospital coverage. Other well-covered issues included NZNO's report into the aged care sector, **Care in Crisis: Manaaki i te Raru**, our biennial nursing student survey, poor graduate hire rates by Te Whatu Ora, the October 23 mega strike by essential public service workers and the Infometrics report **How many more nurses does New Zealand need?** which found hospitals were short 587 nurses every shift, and a survey of our primary care members.

NZNO put out 73 media releases in the year to 31 March. We also ramped up our social media presence. This has seen NZNO become one of the most followed unions on social. Our main Facebook page has 37,000 followers, with 5,400 new followers this financial year. Content on that page garnered 7.9 million views over the year, up 346% on the same period the previous year, and 192,000 interactions. NZNO's new Instagram page has 4700 followers and had 4.9 million views and 77,300 interactions over the financial year.

Bargaining and industrial action, the gutting of pay equity and cross-union campaigning resulted in high levels of communication to members. Last year, NZNO sent 1765 emails to members and 25 fortnightly newsletters. The quarterly newsletter for colleges and sections has continued to grow, with increased participation from committees.

A new email platform, ActiveCampaign, which syncs to updated details in the new membership database, was launched at the end of the 2025–26 financial year.

In September, NZNO and Te Rūnanga rebranded with new tohu by Wellington designer Chloe Reweti.

Kaitiaki Nursing Research

In 2025, the 16th edition of NZNO's nursing research journal, *Kaitiaki Nursing Research (KNR)*, became an online publication. The digital edition was launched in November after several years of preparation and with a lot of support from *Kaitiaki Nursing New Zealand*, KNR's "sister" magazine. KNR's editorial advisory committee was delighted to endorse this innovation to broaden readership and embrace a digital future. Researching nursing practice has never been more important and an online journal is now the best way to share the outcomes and potential for nursing research to enable equitable health outcomes.

In her editorial for the first online issue, editor Patricia McClunie-Trust promotes the global collaboration between nurse researchers enabled by digital technology and notes that more research has been published so far this century than in the preceding 100 years.

KNR's first online edition includes articles on: Māori men in nursing education; nursing student perceptions of rongoā Māori; the lived experience of gout; screening tools for perinatal depression and staff perceptions of palliative care.

The journal also collaborates closely with NZNO's Nursing Research Section Te Wāhanga Rangahau Tapuhi. The Research Section's golden jubilee will be celebrated in October 2026 as a two-day forum. The next edition of KNR will publish forum contributions as a way of archiving the history of nursing research in Aotearoa.

NZNO was directly mentioned in the media 2007 times, a 16% increase on the previous year.

Kaitiaki Nursing Research was published annually as a print-only journal from 2010 to 2024. A project has begun to load these back issues onto the KNR website to create a full digital database of nursing research published in the journal. KNR can be accessed at **kaitiaki.org.nz/kaitiaki-nursing-research** or via the tab at the top of the *Kaitiaki Nursing New Zealand* home page.

Kaitiaki Nursing New Zealand

The return of former coeditor Joel Maxwell (Te Rarawa) in June has allowed *Kaitiaki* to include bilingual reo Māori coverage over the year. As a team, we have published consistently hard-hitting news and features, relevant to members and NZNO's strategy. This has been reflected in our viewership statistics.

Kaitiaki continued its growth over the financial year (1 April 2025, to 31 March 2026) with 183,000 individuals viewing the *Kaitiaki* website 333,000 times.

This is an eight per cent increase in viewers and three per cent increase in views compared to 2024–25 figures of 170,000 individuals viewing *Kaitiaki* 324,000 times.

Kaitiaki's Facebook page more than doubled its growth from 854 new followers in 2024–25 to 1848 in 2025–26, bringing its total followers to nearly 8000 by the end of March. Views hit a new high in December/January, with our new "summer reads" series – surpassing 250,000 for one member's story.

Advertising

Kaitiaki's overall advertising views grew from 3.9 million in 2024–25 to 4.1 million in 2025–26.

However, with the ongoing economic downturn, gross advertising sales revenue dropped slightly from $59,342 in 2024–25 to $58,337 in 2025–26. This is a much more stable result than the previous year's 30% decline.

Projects

Senior Nurse, Nurse Practitioner and Senior Midwife Project

Significant progress has been made with the mapping of senior nurse and midwife roles across Te Whatu Ora Health New Zealand (HNZ). A job evaluation tool is being piloted in 2026 with 30 NZNO members and four staff being trained as evaluators using the now completed evaluator training module. Work is being finalised on delivering the accompanying resources and facilitated workshops. NZNO nominated 450 designated senior nurse (DSN) and 30 designated senior midwife (DSM) roles for evaluation in the pilot. Nurses and midwives in these roles will be asked to submit job information for the evaluation.

HNZ is running engagement briefings with regional and district clinical leaders, with those for nursing and midwifery completed and those for allied health underway.

Senior nurse and midwife development and support pathways will develop out of the job evaluation process, with the Nursing Leadership Section Tapuhi Mana Whakatipu reporting growth in membership (5% in the last year) and the industrial advisors promoting the inclusion of career progression pathways in employment agreements.

Aotearoa New Zealand has now reached the milestones of 1000 NPs registered with the Nursing Council and 25 years of NPs. A celebration to mark these two achievements will be held at Parliament at the end of April.

NZNO Colleges and Sections

Work is underway to develop a fit-for-purpose website that colleges and sections (C&S) can use to promote their activities and showcase their work. C&S committees now benefit from improved visibility of their membership, supported by regular reporting on new members, resignations, and non-financial status. Communication has also been strengthened through quarterly newsletters and C&S chair meetings, providing enhanced opportunities for engagement with members and NZNO staff.

Kaitiaki has introduced in-depth features on individual C&S, improving their visibility and highlighting their functions and contributions to the wider NZNO membership.

Kaiwhakahaere Kerri Nuku has been working alongside C&S to strengthen connections with Māori members and to support the development of activities and knowledge related to implementing tino Rangatiratanga and kawa whakaruruhau.

Discussions have begun between some C&S to explore opportunities for collaboration, including the potential to merge where appropriate. Induction sessions and forums have encouraged dialogue on shared interests and the exchange of information, which may lead to greater alignment across groups.

Section Two

Ngā Pūrongo
Reports

National Executive Report

Change is a constant, and so it has been for the Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO Board/National Executive. This report captures the last year's highlights; however, all Board decisions are documented in our meeting minutes which are accessible on the NZNO website. Our last year has been one of transformation and starts with our last report's aspirations: *"The first fix of Maranga Mai! focuses on actualising Te Tiriti o Waitangi. Strengthening Te Tiriti partnership and transforming governance structures have been key priorities for both Te Poari and the Board of Directors/ National Executive."*

The growing whanaungatanga between governance committees is laying the foundation for shared understanding, alignment on priorities, and collective leadership. We also recognise there is still a long way to go in fully understanding and embedding the Matike Mai transformations; at present, the model is not yet equitable. Transformation is more than kōrero – it is action, sustained and accountable. True ownership of this journey sits with all of us as a union, in our teams, and as individuals.

And so it has been. The new NZNO Constitution was successfully re-registered under the Incorporated Societies Act 2022. Consequently, we transitioned from a Board of Directors to a National Executive, as befits a trade union. The new Constitution creates bicultural structures that are changing how we work locally and nationally. We formalised our Tiriti relationship with Te Poari through new governance arrangements in the Joint Hui.

In conjunction with Te Poari, we approved an NZNO budget recognising the extreme cost-of-living pressures for members and proposing no fee increase for the first time since 2006. We were able to do this because prudent financial management resulted in surpluses in the previous and current financial year.

Our consideration of our members also extended to our staff. The offices that Wellington and Auckland staff were working in were no longer fit for purpose, nor safe. The Board approved plans for a shift to premises that would meet organisational and staff needs.

In conjunction with Te Poari, we approved an NZNO budget recognising the extreme cost-of-living pressures for members.

The Board also changed, following elections held in mid-2025. There were seven vacancies. Grant Brookes, Tracey Morgan and Saju Cherian were returned to the newly named National Executive (NE) for their second term. We also welcomed Rachel Thorn, Rosetta Katene, Michelle Fairburn and Grant Cloughley.

We thanked and farewelled Margaret Hand (Complaints Officer), Anamaria Watene (Chief Executive Employment Committee [CEEC], Te Rūnanga), Simon Auty (CEEC Chair; Constitution Review Panel), all of whom had served two terms, and Lucy McLaren (Audit and Risk Chair [ARC]).

A new NE required new elections to the NE subcommittees, which provided the opportunity to review subcommittee terms of reference which is now in progress.

The current National Executive (Board) is as follows; Grant Brookes, Saju Cherian, Grant Cloughley, Michelle Fairburn, Rosetta Katene, Tracey Morgan, Rachel Thorn, [Tracy Black], Nano Tunnicliff, Kerri Nuku (Kaiwhakahaere) and Anne Daniels (President) as co-chairs complete the National Executive. National Executive members also attend committees: ARC; CEEC; Governance and the Nurses Education and Research Fund.

The NE has supported the Pacific Nurses Section to develop a Pacific Advisory Group to strengthen Pacific nursing leadership, advocacy and representation within NZNO. It will provide strategic guidance on Pacific health matters, enhance collaboration, and improve equity in nursing leadership. The group's work plan aligns with our Maranga Mai! framework and strategic priorities.

The NE also supported ongoing development of the Kaiāwhina National Committee and the Rainbow Committee which are being aligned to the processes of the National Delegate Committees, given that they are national cross-cutting groups rather than sector-based groups.

The NE supported a great deal of advocacy and activism over the last year. One of the most heart-rending considerations was the Abuse in Care Royal Commission of Inquiry findings, made public in July 2024 when the commission tabled in Parliament its final report: **Whanaketia – through pain and trauma, from darkness to light**. This report prompted an apology process from NZNO, led by Kaiwhakahaere Kerri Nuku.

In March 2026, NZNO apologised sincerely and unreservedly to survivors and their whānau for the involvement of nurses in abuse in state care. NZNO also apologised unreservedly for any role nurses may have had in ignoring and not standing up to this abuse. **The full NZNO apology is available in video form on our website**. NZNO understands an apology without action is hollow and has committed to ensuring such abuse and neglect never happens again in Aotearoa New Zealand.

The health system in crisis was made visible by the Buller Declaration petition founded by Dr Malcolm Mulholland. The NE supported the incredible leadership and mahi reflected in Malcolm's unceasing efforts to challenge the current Coalition Government to fix, fund, and resource a public health system that meets the nation's health needs, particularly in rural and Māori communities. The petition was handed to Parliament on 18 November, 2025. It was 276m, weighed nearly 200kg, and held over 90,000+ signatures gathered during a national hīkoi, led by Malcolm, starting in September 2024.

The *Care in Crisis: Manaaki i te Raru* research report released by NZNO in 2025 provided irrefutable evidence that New Zealand's aged care sector is in crisis, with residents experiencing preventable harm and staff trying to cope with unsustainable workloads. The report called for urgent, systemic reform to ensure safe, dignified and culturally appropriate care for all residents through evidenced-based, safe nurse-to-patient ratios.

Pay equity was ripped from 33 existing claims by the Coalition Government acting under urgency, deliberately decimating the decades of work done to right the wrong of gender discrimination. The NE backed members' call to challenge the changes to the pay equity legislation by submitting new claims, knowing full well that the barriers to success are now prohibitively high. We have also joined four other unions in a High Court action against the Government, arguing that the legislation changes violate the Bill of Rights Act and discriminate against women workers.

We backed our members at Te Whatu Ora HNZ who waged the longest and hardest-fought battle in our union's history for a collective agreement that supported a pay rise reflecting our members' true value, as opposed to a pay cut. More importantly, members were fighting for safe nurse-to-patient ratios, underpinned by CCDM, an acuity tool that still has not been fully implemented. NZNO is a member of the Council of Trade Unions, and the NE was well aware that the fight for fair pay and work conditions was not ours alone. On 23 October 2025, NZNO stood among more than 100,000 striking public sector workers, and then rallied for Rā Whakamana – Call to Action on 28 October 2025, to demonstrate to the Coalition Government that unions and workers are united in their fight for fairness.

The NE is very aware of the need to support members' fight for justice and fairness, particularly for those who come after us, our students. The NZNO National Student Unit conducted a follow-up survey of members and once again found that lack of financial support, particularly when on clinical placements, was exacerbating attrition. The call for paid placements, and equity with undergraduates in other professions who do receive financial support while on placements, will get louder through a proposed social media campaign backed by the NE.

One unexpected outcome of the high level of collective activism by our members was an unprecedented number of applications to the Industrial Action Hardship Fund. The fund had not been actively reviewed against legislative standards, organisational risk or audit requirements. The CEO and the ARC undertook to explore requirements and options to manage this fund in the future.

Other work by the ARC included addressing tax issues which could have affected support given to striking members from the Industrial Action Hardship Fund, developing a by-law for NZNO officers to identify and manage conflicts of interest and advising the NE on its decision to appoint Harbour Asset Management as NZNO's new fund manager. The committee has also begun laying the groundwork for a risk management framework for NZNO, to be completed in the 2026–27 year.

The CEEC continues its work as the delegated "employer" of the Chief Executive of NZNO. In the main, this consists of undertaking the annual review of the CE's performance and providing them with support where required. The NE acknowledges the ability of our CE, Paul Goulter, in leading the NZNO team through a year of external disruption and challenge while also successfully managing the transformation that our new Constitution and ways of working have engendered.

The NZNO NSU conducted a follow-up survey of members and once again found that lack of financial support was exacerbating attrition.

Transformational change is also occurring in the Nurse Education and Research Fund (NERF) board and operations. The NERF board decided to transition NERF to an independent management following a decision by the NZNO Board to end the Service Level Agreement. This change supported the strategic direction of NERF to establish a modernised, sustainable organisation that embeds Te Tiriti o Waitangi in its ways of work, while continuing the delivery of grants and scholarships. The project commenced in January 2026 and is expected to take a year. The project will ensure there is greater visibility of NERF and increased engagement across the nursing professions, benefactors and donors.

The NE acknowledges and thanks the President and Kaiwhakahaere, and the CE Paul Goulter for their strong leadership over the last year, in which the challenges have been many. Our members' advocacy and activism has taken NZNO to new heights in terms of visibility and influence. A Talbot Mills poll published in November 2025 found huge public support for nurses and understanding of the need for safe nurse-to-patient ratios. Ninety-four percent of those surveyed believed the shortage of nurses must be addressed. This kind of support bodes well for the election in November 2026 with health care a close second to the cost of living in importance.

The NE is made up of elected members of NZNO, most of whom continue to practise in public, private, primary health, aged care, and Māori and iwi provider spaces. We know that we all make a positive difference in people's lives. We know we are the most trusted and valued profession. And we know that we can do so much more. We thank every member, everywhere for the collective mahi that has made us a professional union that holds its own politically. We look forward to pushing forward, collectively, to meet the needs of our members and those in our care in the coming year.

Kia kaha!

Kaiwhakahaere Report

Priority Strategic Leadership Report 2025–2026

Tēnā koutou katoa, e ngā mana, e ngā reo, e ngā iwi, e ngā karangatanga maha o te motu, tēnā koutou, tēnā koutou, tēnā tātou katoa.

In addition to my responsibilities to the organisation and the National Executive, this role has further obligations that I am required to report on.

The year has been marked by continual change and sustained pressure across health and nursing – particularly in relation to Māori health equity, workforce sustainability and Te Tiriti o Waitangi commitments.

Despite this, Indigenous nursing leadership has remained steady, visible and active, both nationally and internationally. This report summarises ongoing advocacy, governance leadership, and strategic engagement to strengthen Māori nursing, uphold Indigenous rights and help shape health system direction in Aotearoa and beyond.

Treaty Principles Bill submission

At the beginning of the year, we delivered an oral submission to the Justice Select Committee on the Treaty Principles Bill, reaffirming Te Tiriti o Waitangi as foundational to Aotearoa's constitutional and health settings. The submission also set out the risks that reinterpretation could pose for Māori health outcomes, equity and Indigenous rights. It was an early signal of growing discourse in this area.

Waitangi leadership and research launch

Te Poari members attended the Waitangi commemorations where we supported the launch of Indigenous health research and contributed to the Hauora panel.

This involvement helped shape national kōrero on Māori health, attracting strong support as well as critique. It underscored the value of Indigenous-led evidence, Māori voices in policy design and sustained advocacy for equitable outcomes.

United Nations Permanent Forum on Indigenous Issues (UNPFII) 2025

Attending UNPFII 2025 in New York was a key international advocacy priority, elevating Māori nursing leadership and Indigenous health visibility on the global stage.

Key contributions:

- Delivered a formal intervention at the United Nations General Assembly on how health system design, policy choices and structural inequities affect Indigenous health outcomes in Aotearoa.
- Co-hosted and participated in a UN side event on Indigenous healthcare, outlining current system pressures and impacts on the Māori health workforce, access to care and Indigenous rights.
- Took part in a UN media interview on Indigenous women and systemic abuse, addressing the intersection of colonisation, gendered violence and institutional harm across health and social systems, and bringing lived realities into global human-rights dialogue.
- Built relationships with Indigenous leaders, UN delegates and global health representatives to advance shared advocacy for Indigenous rights, health equity and system reform.

Overall, this work reinforced the need for Indigenous-led solutions to structural inequity and ensured Māori nursing leadership and Indigenous women's experiences were present in global policy and human-rights forums.

Kaiāwhina Research Project

Te Poari have supported the Kaiāwhina Research Project. This project strengthens the evidence base for Māori nursing workforce development and raises visibility of the kaiāwhina contribution.

International Indigenous nursing leadership

International engagement has continued, strengthening Māori nursing leadership and Indigenous advocacy worldwide.

Key activities:

- Contributed to Canadian Nurses Association and Canadian Federation of Nurses Unions work acknowledging historic and ongoing harm to First Nations peoples within healthcare.
- Engaged in Global Nurses United forums on workforce inequity, Indigenous rights, pay equity and health system pressures.
- Delivered keynote and invited presentations across international nursing and Indigenous leadership forums.
- Supported International Council of Nurses (ICN) NP/APN Conference planning and bid processes, including Helsinki-related preparations.
- Worked with Indigenous and First Nations nursing leaders to strengthen international advocacy networks.

Together, these connections have kept Māori nursing perspectives visible within global Indigenous and nursing leadership spaces.

NZNO apology for abuse in care

Following reshoots, the updated NZNO Apology video was finalised and released publicly.

It reached a wide audience across digital channels, including:

- 29,000 views on Facebook
- 50,000 views on Instagram

As an organisation, we are committed to:

- Embedding trauma-informed, culturally safe practice in nursing education and professional development.
- Advocating for a strong redress scheme that meets survivors' needs and aligns with international standards.
- Protecting whistleblowers and promoting transparency so no member can avoid accountability.
- Working with the Nursing Council to strengthen the Codes of Conduct and Ethics so care remains grounded in safety and dignity.

At the beginning of the year, we delivered an oral submission to the Justice Select Committee on the Treaty Principles Bill.

Closing summary

This reporting period demonstrates sustained Indigenous leadership across governance, constitutional reform, international advocacy and workforce development.

Key focus areas:

- Safeguarding Te Tiriti o Waitangi
- Advancing Māori nursing leadership
- Strengthening Indigenous governance
- Progressing constitutional reform through Ngā Ture
- Expanding international Indigenous nursing relationships
- Advocating for Indigenous health equity
- Building Māori nursing workforce capability and visibility

This mahi continues to affirm Indigenous nursing leadership as central to creating equitable, culturally grounded and sustainable health systems in Aotearoa and internationally.

Naku noa nā,

Kerri Nuku
Kaiwhakahaere

President's Report

Tēnā koutou, tēnā koutou,
tēnā koutou katoa.

Countless collective hours have underpinned the many organisational changes our members have made together over the last year. For those many hours, the huge mahi, the commitment that is in deed, not just words, I thank you all. Our members are our strength and our future.

The new Constitution, supported by NZNO delegates at the 2025 Annual General Meeting, has laid the foundations for the change we, collectively, want to see, as outlined in our **Maranga Mai!** strategy. Maranga Mai! is a living document that is updated annually to reflect the political, industrial and professional priorities of our members.

To successfully realise those priorities, we need enough nurses/midwives/health care assistants to not just meet current patient need but to create a health system that prioritises the social determinants of health, which would prevent nearly 85 per cent of evolving health issues. Our members provide most of the care in the current system, but there are not enough of us. Official Information Act data, garnered in the last year, demonstrated this fact. Fifty-one percent of shifts are under target in Te Whatu Ora – Health New Zealand. That means vulnerable patients faced a shortage of nurses to care for them in one in every two shifts. We also know iwi and Māori health providers, and the aged care and primary health care sectors, are struggling to attract and retain nurses because of poor pay and short-term government funding arrangements. Yet not one nurse has been appointed to any of the national advisory committees, when nurses and midwives' contributions are vital to addressing health inequities and improving health outcomes.

Primary health care accessibility and affordability have declined markedly in the last year, increasing emergency department presentations, with a flow-on effect of unmet triage waiting times, corridor care and hospital bed block. Waiting lists for planned care have gone through the roof. Pre-Covid, more than 10,000 people waited more than four months for their first specialist appointment. By 2025, that number was 200,000. Declined referrals for secondary care have increased as the Coalition Government shifts to the privatisation of the health system, exacerbating the divide between the "haves" and the "have nots". Consequently, reported avoidable harm is climbing.

As patients wait for care from fewer nurses, escalating violence and abuse is being experienced in the workplace.

ACC injury treatment claims have almost doubled in a decade, with recent spikes in healthcare-related infections and pressure injuries resulting in huge negative financial and human costs. However, relying on ACC data for injury treatment results is a gross underestimation of the extent of avoidable harm to patients. Not all people harmed in the course of their healthcare will report the harm nor make a claim to ACC. Even when patients do make a claim to ACC for injury treatment, ACC declines around 37% of such claims. Adverse events such as these are consequences of not having enough nurses to prevent avoidable harm. Yet research has repeatedly shown that savings from preventing adverse events, readmissions and more, are twice the cost of hiring more nurses.

"Not enough nurses/midwives/health care assistants" – this is the message that has sprung up everywhere, on T-shirts and hoodies, posters and placards, on social media and mainstream media, on podcasts and blogs, and in our contract negotiations. This message has framed what we have been fighting for in every part of the health system – public, private, aged care, primary health care and Māori and iwi providers – over the last year. Our members' experiences are backed up by a Talbot Mills survey that found that 83% of New Zealanders believe that patient safety is at risk because there are not enough nurses.

As patients wait for care from fewer nurses, escalating violence and abuse is being experienced in the workplace. NZNO research in late 2025 found that 84% of nurses surveyed experienced unacceptable behaviour at work, particularly when there were unsafe staffing levels in emergency departments, but most incidents were not formally reported as many nurses

believe little will be done. More work is necessary to identify the contributing factors that underpin violence and abuse at work to prevent it occurring. Both the Government and employers are responsible for providing a safe work environment and are accountable when they don't, under the Health and Safety in Employment legislation.

NZNO members and staff have worked collectively to challenge worsening health system issues in 2025. NZNO got behind the work of Malcolm Mulholland to petition the Government for a health system that meets the needs of people. This petition was known as the Buller Declaration. Over a year of collective mahi resulted in a 275m petition, the longest in history, containing 90,000+ signatures, which was presented to Parliament on 18 November 2025.

We have joined with other unions to challenge the Government's removal of pay equity rights and cancellation of 33 active claims. The challenge has been mounted in the High Court on the basis that the changes breach the Bill of Rights. We stood beside more than 100,000 workers on 23 October 2025, to protest against overwork, underpay, unsafe staffing, underfunding and stalled contract negotiations that have failed to meet workers' expectations of pay offers that were effectively pay cuts. We have made our position heard, through select committee hearings and submissions, to uphold hard-won workers' rights and protections. And we will continue to do so as we grow our membership and leaders through new ways of working under the Constitution. Our power is in the people and the people have continued to stand up, turn up, and fight back. We are in this together.

Finally, to the many members, staff, National Executive and Joint Hui who have supported me in the role as your President, thank you. Thank you for standing strong in our collective mahi to realise our Maranga Mai! main purpose. That is to win a quality public health system that is patient-centred, with the necessary political and resourcing commitments needed to permanently address the crises in healthcare and the health workforce.

Ngā mihi nui

Anne Daniels
NZNO President

'Ehara taku toa i te toa takitahi, engari he toa takitini.'
Success is not the work of an individual, but the work of many.

Chief Executive's Report

It was a year of transformation and unexpected change which tested the resilience of Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO and pushed us to innovate and adapt.

It also cemented NZNO as a leading voice in health through the release of two important benchmark reports and witnessed historical levels of industrial action in our biggest sector. At the same time, we modernised and strengthened our democratic processes through the adoption of a new Constitution and refreshed look.

Attacks on Te Tiriti continue

The attack on Māori and the Crown's Te Tiriti o Waitangi obligations by the Coalition Government continued this financial year. In early April, Parliament resoundingly defeated the Treaty Principles Bill, putting an end to the ACT Party's move to redefine Treaty principles. However, thanks to the passing of the Regulatory Standards Act in November 2025, reference to Te Tiriti no longer have to be included in the drafting of legislation.

In July 2025, the Pae Ora Amendment Bill was introduced. It rolls back equity-focused policies and Māori-led decision-making by reducing the role of Iwi Māori Partnerships and removing the statutory requirement for a Hauora Māori strategy.

Anyone working in the health sector understands how important it is to reduce the stark health inequities Māori face in life expectancy, preventable illness and access to care. NZNO is proudly on the forefront of raising awareness and fighting these retrograde policies.

Te Whatu Ora members' ongoing battle

Bargaining for our nurses, midwives and health care assistants in the public hospital system had already been underway for six months at the start of the financial year. Sticking points for negotiations included ongoing denial by Te Whatu Ora of chronic and deliberate short staffing, putting patients at risk. Other issues included recognition of senior nurses, the hiring of graduates, and a wage rise that reflected the soaring cost of living.

The 2025–26 financial year saw the most strikes by public hospital nurses in New Zealand's history and included four full-day strikes and two weeks of innovative, member-led partial strikes which involved members refusing to be redeployed, to work additional hours or take on roster changes. This was followed by local district-level visibility strikes during which members wore T-shirts and colourful scrubs and put up posters to highlight understaffing.

The extent of short staffing in our hospitals was laid bare in an independent report by Infometrics released at our AGM in September. The report **How many more nurses does New Zealand need?** analysed Te Whatu Ora data from 1.69 million shifts from 2022 to 2024 in 59 public hospitals. It found hospitals were short an average of 587 nurses every shift. With 592 hospital wards and emergency departments nationwide, that is almost every ward, every shift.

The 2024 data had previously been sought by NZNO and, following a complaint to the Ombudsman, Te Whatu Ora was forced to apologise for acting "unreasonably" by delaying and obstructing the release of this information.

That was not the only controversy for NZNO this financial year. Health Minister Simeon Brown felt the silent wrath of members who turned their backs on him during his speech to the AGM after he claimed strike action was hurting patients.

Lessons from Len Collett

The dangers of short staffing were also highlighted in November in a coroner's report into the death of Len Collett in 2020 at Taranaki Base Hospital. The Taranaki man died of injuries suffered in a fall in a busy emergency department which was nine patients over capacity. A subsequent review found that five years later the ED had even greater staff shortages.

Coroner Ian Telford found "consciously deciding" to under-resource the local ED created a high risk of "another catastrophic event". This was a warning to Te Whatu Ora which should have been heeded nationwide.

Successful professional leadership

To support our goal of becoming the leading voice in health, this financial year we embarked on a project to define what professional success looks like for NZNO.

This process will help us produce a comprehensive picture of NZNO's professional might and how we can best use it to achieve our member goals.

This mahi defines our direction for the next number of years and outlines how we will continue to grow and adapt our professional focus as health keeps changing. It's about strengthening what's already working well, while also being thoughtful and deliberate about what comes next.

The professional success project has involved interviews and conversations with the National Executive, Te Poari, colleges and sections, member surveys and nursing educators and nurse leaders, both here in Aotearoa and internationally.

The fight for pay equity

The gutting of Aotearoa New Zealand's former world-class pay equity scheme on 6 May 2025, was devastating for members. The Coalition Government passed legislation under urgency the following day to cancel 33 claims. Of those, 12 claims covering 13,000 members were lodged by NZNO either solely or jointly with other unions. They included Whānau Āwhina Plunket, hospices, primary practice and urgent care nurses, aged-care nurses, Sexual Wellbeing Aotearoa and laboratories. This represented years of work preparing claims and was particularly crushing for Plunket members who were just six weeks away from lodging their $11 million claim covering 900 workers.

The decision sparked an immediate impromptu protest on the forecourt of Parliament which was followed by several other local and national rallies involving thousands of New Zealanders. Cross-union action included a five-union legal claim in the High Court that the new scheme is inconsistent with the New Zealand Bill of Rights Act. Unions also supported the People's Select Committee on Pay Equity which reported back in February with eight recommendations.

NZNO became the first union to file new claims on behalf of our hospice and Plunket members in September.

Aged residential Care in Crisis

NZNO's Age Safe campaign ramped up this year with the establishment of a new national committee and release of our report **Care in Crisis: Manaaki i te Raru** in October. The report was the result of in-depth interviews with 80 nurses and health care assistants in the aged care sector, as well as a survey of a further 415 aged care workers and analysis of 156 health and safety issues. It is the most comprehensive research into worker expertise and experience in the sector to date.

NZNO became the first union to file new claims on behalf of our hospice and Plunket members.

The report revealed the disturbing impact on elderly residents of an under-staffed and underfunded sector. It found vulnerable residents are missing the most basic care because there aren't enough nurses and health care assistants, who are constantly having to make impossible choices about who to help first because they are stretched so thin. It found residents are suffering falls and being put into continence products before they are needed and suffering infections because carers don't have time to toilet them and regularly change their dressings.

The report called for the Government to introduce legislated and evidence-based care hours that providers are legally required to meet, safe staffing ratios and funding determined on the cost of delivering care, and a nurse on-site at all facilities 24/7.

In response, Seniors Minister Casey Costello acknowledged the current aged-care model was out of date and said she was looking at system-level change. There was no sign of this at the end of the financial year.

A much-needed focus on primary and community care

It was a year of deeply felt pluses and minuses for our primary health and community care members. Those in the PHC MECA received an 8% pay increase at the start of the financial year. But hope that a pay equity settlement would close the wage gap of up to 18% with their Te Whatu Ora counterparts was in tatters by May. With most primary and community clinics struggling financially, few passed the 6.43% capitation increase in July onto their nurses.

Political recognition of the sector's broken funding model from the right and left of politics was welcome, but a Primary Care Advisory Group announced by the Health Minister (without nurse representation) and a proposed independent pricing authority suggested by the Labour Party are yet to demonstrate a path to pay parity for our members.

These members made themselves heard in a survey released in December. Across the motu, their message was striking in its consistency. They want pay parity with Te Whatu Ora nurses, stronger sick leave

provisions for those on the frontline of community illness, and meaningful recognition for nurse prescribers, team leaders, and those working well beyond the scope the MECA currently recognises.

With bargaining for the 2026 MECA kicking off at the beginning of June 2026, and this calendar year marking 20 years for the agreement, our members know their worth and they are ready to fight for it.

New NZNO Constitution and a fresh, fair future

Members voted to adopt the new Constitution in June, accepting proposed changes which were five years in the making. These changes strengthen NZNO's governance and operations to ensure we are as transparent, democratic and financially prudent as possible for our members. Importantly, it also aims to ensure NZNO fully meets its obligations under Te Tiriti and can achieve the goals of Maranga Mai!

Under the new Constitution, regional councils and the National Membership Committee have been replaced by Local Organising Groups (LOGs). Te Rūnanga members have created new rōpū (groups) called Ngā Hapū. Te Poari has equal status with the board of directors which has become a National Executive. Te Poari and the National Executive meet at least three times a year in joint hui to decide major issues.

At the end of the financial year, LOGs had been formed with interim chairs in place and had begun holding meetings. In time each LOG will have chairs, delegates and Te Runanga and sector representatives. The LOGs will play an integral role in NZNO's election campaign work ahead of the general election on 7 November 2026.

A new look

It was fitting that in a year NZNO's structure and governance was updated, the union's branding also underwent a refresh. Fittingly, to mark the Māori new year, a new Te Rūnanga tohu was unveiled at Matariki and a new NZNO logo was launched at the September AGM.

Both were created by talented Wellington designer Chloe Reweti and inspired by the kaokao woven chevron pattern which evokes the bent arms and legs of a body grounded and poised for action. The V-shaped pattern of the kaokao is found in Māori design work such as the rāranga of woven birthing mats, the tāniko borders of elegant cloaks and tukutuku panels adorning the walls of wharenui (carved meeting houses).

The kaokao is a powerful and enduring pattern that represents strength, unity and resilience. These qualities align deeply with NZNO and the vital role nurses, midwives and health care assistants play in the health and wellbeing of Aotearoa New Zealand.

Under the new Constitution, regional councils and the National Membership Committee have been replaced by Local Organising Groups.

Looking ahead

The pace of the past year continues unabated. As well as the aforementioned work towards a new primary care MECA, the next financial year brings the potential implementation of a Te Whatu Ora collective agreement settlement which is likely to create an expansive workload. We are hopeful this will involve work on safe staffing levels and ratio research, a review of the Kaupapa Māori dispute resolution policy and no doubt several working groups.

We are also likely to see the introduction of a Health Practitioners Competence Assurance Amendment Bill which, judging by feedback to the Government's plans, will overhaul health workforce regulation and create significant changes for our members. NZNO's role will be to ensure patients are truly put at the centre of these reforms, rather than just serving as a stalking horse for the Coalition Government's political agenda.

The biggest challenge ahead for NZNO is November's election and making sure members, their whānau and the public vote for a properly funded and staffed public health system that meets the needs of all New Zealanders.

Finally, I'd like to thank NZNO staff for their mahi last year. I'd also like to give a special thanks to our inaugural National Executive and Te Poari for their commitment, support and leadership.

Maranga Mai!

Paul Goulter,
Chief Executive
Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO

Te Poari o Te Rūnanga o Aotearoa

I acknowledge Te Poari for their work over the past financial year and thank them for their patience, resilience, time and voluntary mahi, particularly as we worked through absences at the table. I also acknowledge Te Rūnanga and the challenges faced during this period.

The responsibility of Te Poari is to set the strategic direction for Māori priorities and commitments for the organisation alongside the National Executive, holding our organisation accountable for reflecting the aspirations of Māori members and providing leadership grounded in kawa and tikanga Māori through Te Rūnanga governance structures.

Not an easy task against the backdrop of a government that continues to attack Te Tiriti o Waitangi and equity, and contributes to the erosion of the health system and the profession of nursing. This has required a more militant approach to ensuring we are represented across all aspects of policy change, and through submissions and advocacy, while facing our own set of internal challenges.

Annual highlights

- Strengthened Māori governance and strategic influence within NZNO through partnership leadership with the Kaiwhakahaere and National Executive.
- Progressed Te Tiriti o Waitangi obligations by advocating for Māori health equity, workforce development and culturally safe nursing and midwifery practice.
- Raised national visibility of issues affecting Māori health, including pay equity, workforce inequities, colonisation within health structures, and the impacts of health reforms on Māori communities.
- Supported Māori nursing leadership across iwi, hapū, and community networks, keeping Māori voices central in health and policy discussions.
- Strengthened regional input through Ngā Hapū structures and regional wānanga.

Key mahi

Ngā Ture redrafting

The transition to the Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO Constitution prompted significant debate at the 2025 Hui-ā-Tau. Although based on a Matike Mai framework, the Constitution requires transformation to support tino rangatiratanga, allowing Te Poari to have authority over tikanga, and Te Rūnanga's influence to be protected. This includes processes that embed shared decision-making, safeguard Māori authority from majority control, and redistribute power to reflect genuine partnership.

The Ngā Ture redrafting aimed to align with the NZNO Constitution and strengthen our systems and processes to ensure consistency with NZNO objectives.

A Special Hui-ā-Tau was held on 6 May 2026, to consider and vote on the revised Ngā Ture.

Indigenous Nurses Aotearoa Conference & Hui-ā-Tau 2025

Planning and leadership for the 2025 Indigenous Nurses Aotearoa Conference and Hui-ā-Tau in Rotorua was a major focus during the reporting period. The theme, "*Mauri oro, mauri reo, mauri ora*", speaks to Indigenous renewal, voice and wellbeing through mātauranga Māori. The conference remains a national platform for Māori nursing leadership, tauira development and Indigenous health dialogue. It brings together Māori nurses, midwives, kaiāwhina, tauira, researchers and health leaders to respond to workforce and health challenges, while strengthening cultural identity, leadership pathways and kaupapa Māori practice.

A major highlight in 2025 was the presentation of the PHARMAC scholarships, announced at Hui-ā-Tau 2025. The scholarships recognise and support Māori nurses and tauira who show leadership potential, commitment to whānau and community wellbeing, and dedication to improving Māori health outcomes. They represent an ongoing investment in strengthening the Māori nursing workforce and developing future Māori clinical, professional, and Indigenous leaders.

The Hui-ā-Tau announcement underscored partnership, equity, and workforce development, acknowledging recipients whose aspirations and mahi align with kaupapa Māori and the advancement of hauora Māori. We value our partnership with PHARMAC; its scholarship support has strengthened nurse practitioner and nurse prescriber pathways.

In closing, Te Poari upholds rangatiratanga, mana motuhake and collective leadership, keeping Māori voices visible, influential and grounded across all levels of NZNO. Through advocacy, governance, workforce development and Indigenous leadership, Te Poari remains committed to equity and enduring change for Māori nurses, whānau, and communities.

Te Poari upholds rangatiratanga, mana motuhake and collective leadership, keeping Māori voices visible, influential and grounded across all levels.

National Student Unit Report

In 2025 the National Student Unit (NSU) held its biennial student survey. The student unit collated a series of questions to put into the survey to gather "real, lived experiences" from tauira across the motu. The survey ran between May and June 2025, receiving 1246 responses. Key findings reinforced many of the concerns that continue to be raised by tauira, including financial hardship, placement-related challenges, cost-of-living pressures, and impacts on wellbeing and study success.

A confronting workforce statistic from the survey was that nearly 62% of respondents said they would look for work overseas if they could not secure a graduate job in New Zealand. This increased to 73% of Māori respondents. This is a potentially significant loss of the domestic workforce with a key message from students being "hire us or we will leave".

These issues continue to be a major focus of NSU advocacy, with members contributing to television, radio and print media discussions highlighting the realities faced by nursing students.

The NSU began 2026 with a training hui in Wellington for tauira delegates from across Aotearoa. Held in January, the hui focused on building connections, welcoming new delegates and equipping them with the knowledge and skills needed to support tauira at their respective kura.

A key outcome of the hui was the development of the NSU's 2026 priority initiative: a national social media campaign promoting nursing and amplifying tauira voices. The campaign will begin with short videos featuring nursing students sharing why they chose the profession. Over time, it is intended to grow into a broader platform showcasing student experiences, study tips, clinical placement realities and pathways into nursing. The National Executive has approved funding for the campaign through Maranga Mai!, and planning is well underway with the media and communications team.

A confronting workforce statistic from the survey was that nearly 62% of respondents said they would look for work overseas.

In July, the NSU will meet with Heads of Schools to discuss current student issues and present the social media campaign. The unit will continue advocating for improved support for tauira, particularly during clinical placements where financial pressures remain significant.

Expanding student representation remains an ongoing priority. The NSU continues to work towards having a National Student and a Te Rūnanga Tauira representative established at every nursing school in Aotearoa. While recruitment challenges persist, we are working closely with Sandra Bayliss and Heads of Schools to strengthen engagement and fill delegate vacancies.

Looking ahead, the NSU will focus on growing the social media campaign, strengthening student representation, and ensuring tauira voices are heard at local and national levels.

We thank Sandra Bayliss for her unwavering support and commitment to the NSU and acknowledge Paul Goulter, Anne Daniels, Mairi Lucas and Kerri Nuku for their guidance and support.

Dawn Blyth
National Student Unit Co-chair

Local Organising Groups

A new Constitution and the establishment of Local Organising Groups

Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO made significant changes to enshrine its commitment to Te Tiriti O Waitangi and to make its structure more democratic in the 2025–26 financial year.

These followed members voting to adopt a new NZNO Constitution in June 2025. The Constitution re-registration process under the Incorporated Societies Act 2022 was completed in July.

The new Constitution ushered in a new official name for the union – Tōpūtanga Tapuhi Kaitiaki o Aotearoa: The New Zealand Nurses Organisation Incorporated.

The changes ensure NZNO has the structures to be a genuinely bicultural organisation. They also established important changes to how we work locally and at a national sector level through the creation of Local Organising Groups (LOGs) in early 2026. They embody the Maranga Mai! vision that "every nurse, everywhere" can come together and rise up.

What do the establishment of LOGs mean:

- Regional Councils have been disestablished.
- National delegate committees are being set up to reflect each of the sectors of NZNO.

What are LOGs:

- A LOG consists of members living or working in a defined geographical area (set by the Joint Hui).
- Members can choose which LOG to join if they live and work in different areas but can only belong to one LOG.
- NZNO will notify members of current LOGs and any boundary changes.
- Joint Hui must consult members before defining locality boundaries.

What is the role of LOGs:

- Support NZNO's objectives and strategic plans.
- Inform and consult members on important matters.
- Enable members to meet and organise around shared interests.
- Develop local leadership.
- Implement NZNO campaigns and strategies.
- Work in partnership with Ngā Hapū (including at least one joint annual meeting).
- Support professional activities and regional conferences.
- Create by-laws for LOG operations (approved by Joint Hui).
- Report regularly to National Executive and Joint Hui.
- Carry out any additional responsibilities assigned by National Executive.

Who is on a LOG:

LOGs are managed by a Local Organising Committee with:

- An elected chairperson.
- Representatives from worksites, sections, colleges, student units and Te Rūnanga.

Representation rules:

- Worksites: One rep per 50 members (or part thereof).
- Sections/colleges: Reps per their own rules.
- Student units: Two reps (including one Māori rep).
- Te Rūnanga: Representation decided by local hapū.
- Committee members elected every three years; chair maintains current list.

How do LOGs meet:

- Committee meets at least every two months.
- Quorum: More than 10% of committee members.
- Any local member may attend and speak, but only committee members vote.
- Decisions by majority vote.

How the LOG chairperson and vice chairperson are elected:

- Chairperson elected every three years by committee members (ballot if multiple candidates).
- Term: Three years, renewable for another three years, then a three-year break before re-standing.
- Vice-chair(s): One to two elected at first meeting after triennial elections; same term rules.
- Committee also elects a disputes officer.

Section Three

Ngā Rōpū Pūkenga Tapuhi

Colleges and Sections

Colleges

College of Air and Surface Transport Nurses

Chair: Andy Gibbs

2026 brings a busy year for the College of Air and Surface Transport Nurses (COASTN) committee and college members. The foundation documents of the college, which include the standards for transport nurses and the skills and competency framework, are due for review. The committee is working to ensure these remain relevant to current practice and are evidence based. Where literature is limited, we endeavour to work closely with our colleagues in Australia. Our first face-to-face meeting, held in March, was incredibly productive with clear outcomes determined for the remainder of the year.

Alongside these updates, the sought-after COASTN aeromedical course is undergoing a comprehensive review to ensure it meets the current needs of flight nurses and services in Aotearoa. We have made the difficult decision to not run this course in 2026 and rather prioritise presenting a new and improved version in early 2027. The committee and course coordinator are working together to ensure there are clear learning objectives and that the content covered ensures these are met.

COASTN maintains strong representation on the Aeromedical Commissioning Programme (ACP) with two committee and one college member representing flight nurses. The ACP is jointly funded by Health New Zealand and ACC; its vision is to improve the air ambulance system to ensure an equitable and high-performing service, ensuring patients are transported to the most appropriate place in the most appropriate way. COASTN also has representatives in the future operating model design which includes workforce, providers, dispatch and coordination and much more. The programme is currently awaiting funding approval to enable higher-level design to continue.

30 Years: Past, Present, Future

Our 30-year celebration brings us together to reflect on our past and look toward the future of patient transport. For 30 years, COASTN nurses have helped to shape the development of patient transport, a field defined by skill, resilience and innovation. The Flight Nurses Association NZ was founded in 1996 and later became COASTN, but has always carried forward the same passion, purpose and commitment to excellence in aeromedical and road transport nursing. We look forward to seeing flight nurses past, present and future with us in the sunny Waikato, on 3–4 September (details available on the COASTN website).

The Flight Nurses Association NZ was founded in 1996 and later became COASTN.

Cancer Nurses College

Chair: Heather Bustin

The Cancer Nurses College (CNC) has focused on strengthening cancer nursing practice and education across Aotearoa New Zealand during the 2025–26 period. The college also provided a nursing voice in response to changes in the bowel-screening age, highlighting concerns of systemic racism.

The college acknowledges the Government's recent announcement of a nationwide expansion of cancer treatment services, including 14 new infusion centres and expansion of 14 existing sites, as well as increased access to newly funded cancer medicines. This investment will enable thousands more New Zealanders to receive timely treatment closer to home and is an important step toward improving equity and outcomes in cancer care.

We recognise, however, that delivering on these commitments – with an expected increase in treatment volumes – will place additional pressure on an already stretched workforce. The college therefore wishes to acknowledge the dedication, expertise and ongoing efforts of cancer nurses across the country, whose work is critical to ensuring patients can access safe, timely and high-quality care.

In its highlights for the year, the college:

- Developed and released a safe handling position statement on monoclonal antibodies (MABs).
- Provided a nursing voice addressing concerns of systemic racism, in response to national changes in the age eligibility for bowel-cancer screening.
- Promoted educational opportunities for cancer nurses across the cancer continuum and collaborated with stakeholders to explore innovative approaches to cancer nursing education.
- Successfully collaborated with the New Zealand Society for Oncology (NZSO) to host the NZSO Conference 2025, with strong nursing participation.
- Provided funding support to enable nurses to attend the conference.

Tapuhitia Ngā Mokopuna Mō Apōpō College of Child and Youth Nurses

Co-chairs: Jo Clark-Fairclough & Donna Burkett

CCYN – Tapuhitia Ngā Mokopuna Mō Apōpō is proud to advocate for and represent the child health nursing workforce at a national level, with a membership that continues to grow and currently stands at 510.

The committee is committed to aligning college activities and projected work with the NZNO Strategic Plan – Maranga Mai! Notable outputs and activities are shared below.

Te Tino Rangatiratanga

- Shared leadership model represents the college commitment to Te Tiriti o Waitangi.
- We are extremely proud of our Māori college name, Tapuhitia Ngā Mokopuna Mō Apōpō, which was gifted to us in 2023.
- Our Māori college name and tohu speaks to Māori nurses of the college's commitment to supporting greater numbers of Māori nurses working in child health. This, in turn, helps promote equitable health outcomes for Māori tamariki and whānau in our communities.
- Two of our committee members identify as Māori, which ensures a diverse representation across our rōpū.
- Consistent use of te Reo Māori in communications with our members and stakeholders.
- Continue to embed tikanga within all committee activity, such as opening and closing meetings with a karakia, and increased use and practice of te reo Māori at both online and face-to-face hui.

Building member power

- Membership: We have increased our member power by 107% in the last three years. This can largely be attributed to the committee's mahi in promoting and advocating for the work we do. We have also worked hard to promote our college in academic nursing programmes nationally.
- Networking: Our Facebook and Instagram pages are followed by nearly 800 people and professional groups online and our recently added LinkedIn page is slowly gaining interest with nearly 50 followers.
- Stakeholders: We stay connected with more than 100 key stakeholders who have a presence in child health via social media and email which includes notifying them of any college activities that may be connected with our shared mahi.

Allies

- Successful renewal of memorandum of understanding (MOU) 2024–2027 with the Paediatric Society of New Zealand.
- MOU in progress with Te Kāhui Korowai Rangatahi – Youth Health Aotearoa.
- Continue to maintain up-to-date key stakeholder list of all services across Aotearoa that potentially intersect with child and youth health. This stakeholder list helps nurture relationships and foster collaboration.

Education

- Two education-focused scholarships were awarded to eligible Tapuhitia Ngā Mokopuna Mō Apōpō members over the past 12 months. These scholarships provide vital financial support for members to attend professional development (PD) activities in a challenging nursing workforce environment.
- Following the successful launch of our contemporary **Child Health Standards Framework Aotearoa** in 2024, we continue to share these standards with key stakeholders and the nursing workforce. We received official endorsement and support of this framework from the Paediatric Society).
- Continued promotion of child health educational opportunities occurs through our social media channels.

Political

- Submissions at government and local levels have included:
  - Update of the 2014 National Youth Health Nursing Knowledge and Skills Framework.
  - HPCAA (Health Practitioners Competency Assurance Act) review (individual committee member submissions).
  - Support of safety measures for the use of puberty blockers in young people with gender-related health needs.
  - Professional Association for Transgender Health Aotearoa (PATHA) – support to publish clinical guidelines for gender-affirming healthcare.
  - Paediatric, Adolescent & Young People Palliative Model of Care.
  - Regulatory Standards Bill (individual committee member submissions).
  - Adult Palliative Model of Care.

New Zealand College of Critical Care Nurses

Chair: Rachel Atkin

The New Zealand College of Critical Care Nurses continue to be active and meet monthly. Highlights, achievements and examples of how NZCCCN add value to the NZ and international critical care nursing landscape:

Actualising Te Tiriti

- Karakia is embedded within our monthly meeting agenda.
- NZCCCN membership number who identify as Māori (up till May 2026) = 72 out of 1294. A 12.4% increase from last year.
- Ensuring whilst conference planning all parties acknowledge their responsibilities to the host iwi, and their authority (kāwanatanga), inclusion and shared decision-making.
- Māori nurse representation is contributing to kaupapa with a Te Ao Maori perspective on the work being done to review NZ Critical Care Education standards. This work is ongoing with support from NZCCCN.

Building political and member power

- Continue to increase our membership with a particular focus on engaging with RNs who work in the coronary care and high dependency settings.

NZCCCN has been supportive of, and contributed towards the Te Whatu Ora funded, eLearning modules.

- Publication of the digital Critical Comment newsletter for members three times per year, including member contributions.
- Chairperson representation at bimonthly meetings with the joint Australasian committee of The College of Intensive Medicine, Australia and New Zealand Intensive Care Society and the Australian College of Critical Care Nurses.
- NZCCCN has been supportive of, and contributed towards the Te Whatu Ora funded, eLearning modules to support the learning needs of staff commencing work in ICU across the motu. Many members have been instrumental to leading, supporting and contributing to this eLearning platform. NZCCCN is supporting our special interest group (NZ Nurse Educators Forum) as the caretakers of this platform.
- NZCCCN supporting their other special interest group (NZ Critical Care Outreach Forum). Helping them to reach their membership by providing admin support for their annual hui.
- We currently have two committee members who represent our special interest groups. This has enabled us to reach out to a specific group of speciality nurses within our membership. This collaboration has been invaluable as we navigate the challenges of providing equity for educational opportunities.
- Actively mentoring newer committee members into the office bearing roles for effective transitioning to ensure sustainability.
- Continue to be fiscally responsible and reinvesting back into our members, including scholarships to attend conference. Actively seeking alternative funding sources to continue to support critical care nurses to attend conferences/workshops.
- Developed a memorandum of understanding with our Australian Colleagues (ACCCN) to enable NZCCCN members to gain the discounted member registration fees for ICU conferences held in Australia and discounts for webinar-based education provided by ACCCN.

- Providing membership with free education via a webinar platform hosted by a govt funded provider (MyHealthHub). Promote critical care nursing and engage critical care nurses with relevant information, topical events and information sharing across Aotearoa/NZ via social media platforms.
- NZCCCN is representing Pacific nurses working in critical care on the ANZICS Global Initiative Committee (GICI), which brings together clinicians, nurses, and allied health professionals to strengthen intensive care capacity in low and middle-income countries across the IndoPacific, Africa, and Asia. This collaboration supports global knowledge exchange, capacity building, training, and advocacy, aligning NZCCCN with a wide network committed to equity, cultural sensitivity, and sustainable development in critical care worldwide.
- We continue to make submissions contributing the critical care nursing voice and perspective for all consultation documents relevant to critical care that are received via NZNO.

Organising on-the-ground widespread action

- Continue to encourage members to participate in NZNO industrial activities.

Winning public support

- Ensuring the future of critical care remains safe for staff and patients by supporting recruitment and retention initiatives.

Leveraging health and safety

- Committee member representation on the ANZICS Safety and Quality committee.
- The committee continues to participate as a key stakeholder in the Australasian ICU workforce development working group. This work has included development of the ICU workforce standards for Australia and New Zealand document that is in the final stages, and due for publication late 2026.

Driving the NZNO vision of the health system of the future

- Advocating for and commissioning a review of critical care nurse post graduate education providers in New Zealand to ensure it meets the needs of patients and their whanau in NZ ICUs.

Aotearoa College of Diabetes Nurses

Vice chair: Amanda Brown

What have we been doing?

Over the past year, the committee has maintained a strong focus on professional development and workforce support. This has included delivering a highly successful primary care study day with strong national engagement, as well as webinar delivery in partnership with the New Zealand Society for the Study of Diabetes (NZSSD).

We have continued the update of the Skills Framework, which remains a key piece of work supporting workforce development.

We have also maintained connection with our members through our biannual newsletter, and supported professional growth through seven professional development grants, including the re-awarding of the Māori and Pacific postgraduate grant.

Advocacy and influence

Advocacy continues to be a central focus of our work. This year, we have made submissions to PHARMAC, including on access to continuous glucose monitors (CGM) and insulin pumps, and prescribing equity.

We have also engaged with the Nursing Council to seek greater clarity on prescribing scope, particularly for nurses working in diabetes health.

Membership

Our membership continues to grow, now standing at 427 members, a 2.4% increase over the past year. Our strongest representation is in the Auckland and Central regions, and our membership covers a broad and diverse workforce including nurse practitioners, clinical nurse specialists, registered nurses, and providers working in community and Māori health settings.

We have also continued to focus on improving data accuracy and member engagement, to better understand and support our workforce. Attracting and retaining members and needing new ways to engage in a way members want and need remains a challenge and one that we need to strive to meet to ensure the direction of the college remains relevant to members.

Accreditation

The committee undertook a review of the college's accreditation programme, and decided to formally close it due to limited uptake.

We acknowledge all those who have contributed over the years – particularly those who completed portfolios and supported the assessment process, and Bryan Gibberson as the most recent portfolio holder within the committee.

Key priorities include

- Finalising and publishing the updated Skills Framework.
- Engaging with the Minister of Health on workforce and inequities.
- Delivering sustainable study days to support ongoing grant funding.
- Progressing a bicultural co-chair model.
- Continuing our advocacy for equitable diabetes outcomes across Aotearoa.

Ngā mihi nui ki a koutou katoa for your ongoing support of the college and the work we do.

Tēnā koutou, tēnā koutou, tēnā koutou katoa.

College of Emergency Nurses New Zealand

Co-chairs: Natasha Hemopo & Wendy Sundgren

Over the past year the College of Emergency Nurses NZ has continued to work hard in the pursuit of clinical and cultural excellence. Most recently we held our Biennial Emergency Nursing Conference in Auckland at the Rydges Hotel in March 2026. This was an opportunity for Emergency nurses from around the nation to gather, reconnect and strengthen – whakawhanaungatanga connections and refocus on the direction that is required for Emergency Nurses. The theme of the Conference this year was "Te Pae Tawhiti" – Pursuing Distant Horizons. The whakaaro-idea behind this is based on staying focused on providing clinical and cultural excellence in our Emergency departments despite all the socio-political challenges in which we all work and are faced with currently.

Over the past year within the college, we have continued to provide > 12 Triage courses nationally, based on the recently refreshed course. A course that sets the National Triage standards expected of our Emergency nurses.

A big piece of work for our College was also the refresh of the Knowledge and Skills framework that provides clinical direction and outlines the requirements expected of emergency nurses within Aotearoa.

Also strengthening of networks, including Clinical Nurse Managers, Clinical Nurse Educators, Advanced Emergency Nurse's alongside reaching out and connecting with our national members.

As we move forward and into the 2026–2027 year, we await the next election and hope that the future will bring nursing support and recruitment that is based on need and not targets. We hope to see ALL nurses and women acknowledged and supported in the health system that places people ahead of profit and budgets.

Gastroenterology Nurses College

Chair: Emma Deere

The Gastroenterology Nurses' College represents more than 500 members and includes three well-established subspecialty groups: hepatology nursing, inflammatory bowel disease nursing, and nurse endoscopy. Work is also progressing toward the development of dedicated networks for enteral nutrition nurses and bowel screening nurses.

The college supports nurses across the specialty through the provision of education funding, professional expertise, and the ongoing development of knowledge and skills frameworks within each specialty area. The Gastroenterology Nurses' College also maintains a close partnership with the New Zealand Society of Gastroenterology (NZSG). This includes collaboration on the annual conference and representation on the NZSG committee to ensure nursing perspectives and concerns are reflected within the wider multidisciplinary group.

Highlights

Workforce

- Continued to nurture and support specialist clinical nurses and nurse practitioners, while encouraging endoscopy nurses to consider advanced and senior clinical roles and promoting gastroenterology nursing as a rewarding specialty area.
- Sent representatives to the NZNO College & Section Induction Day, College & Section Forum, and NZNO Conference to ensure committee members remain informed, skilled, and well equipped to support college members. Topics included the role and support services of NZNO, strategies to increase membership and engagement, an overview of Maranga Mai!, and discussions on the current challenges facing the nursing workforce in New Zealand.

Education

- Delivered the annual Gastroenterology Nurse Leaders' Day, providing an excellent opportunity for networking, collaboration, and professional development for nurse leaders from across New Zealand. Presentations covered a range of topics including current research, the advancement of nurse endoscopy in New Zealand, and the leadership challenges within the specialty.
- Co-chaired a successful annual conference in partnership with NZSG, featuring a strong nursing programme with presentations from both national and international speakers.

College of Gerontology Nursing
Chair: Bridget Richards

The College of Gerontology Nursing (CoGN) is committed to becoming the leading voice for nurses and kaiāwhina who work with older people across Aotearoa. Over this past year, CoGN has made significant progress towards this aim and in 2026–27 will embed this further.

Highlights

The college held a very successful conference and biennial general meeting in May 2025, with Professor Victoria Traynor from the University of the Sunshine Coast as keynote speaker. She is a co-founding co-president of the Gerontological Alliance of Nurses Australia and we are developing ongoing connections with this organisation.

The updated knowledge and skills framework was launched at the conference. This is aimed at nurses working with older adults in any setting, and can be found on our website.

A number of our members participated in research done in collaboration with the Age Safe campaign that informed NZNO's Care in Crisis: Manaaki i te Raru report launched in October in Wellington. Our chairperson is actively involved with this campaign and the newly composed national delegates committee (NDC) for aged care, and has advocated for the scope of the campaign to be broadened to include those working for home and community support providers. A subcommittee of the NDC has been set up to re-invigorate the need for violence and aggression towards staff working with older adults to be taken seriously and addressed alongside the campaign for safe staffing.

Engagement between NZNO's industrial team and CoGN will continue to ensure we all use similar messages, supported by stories from our members.

A number of our members participated in research done in collaboration with the Age Safe campaign.

The college has provided spokespeople for media interviews, with radio, TV and press covering the Care in Crisis report and the Medimap (electronic prescribing tool) outage in February.

Engagement with CoGN members has been through social media – Facebook, LinkedIn, and a regular newsletter that goes out three times a year. A member survey is also underway to inform the work of the college committee over the next year, including planning for conference next May, to be held in Rotorua.

CoGN is seen as being mainly for nurses working in aged residential care, but only 7% of older people live in care – 93% are out in the wider community. We cover the population of older adults wherever they may be and the nurses and kaiāwhina who care for them in all areas.

Infection Prevention and Control Nurses College
Chair: Lisa Gilbert

This year the committee's focus was on ways to support our members. There have been many changes on our committee over the year, and we are fortunate to have engaged members who have been seconded to the vacant positions.

The committee completed a deep dive into our infection prevention and control (IPC) fundamentals programme and how it was resourced to ensure the programme was self-sustaining and fit for purpose. This included a review of the programme's funding as well as the content. We have had the course recognised with the Australasian College of Infection Prevention and Control (ACIPC) as a foundational course for their credentialling programme.

The college skills and education framework has been updated and realigned with both the ACIPC and the new PDRP guidelines.

We have worked to strengthen our relationship with ACIPC to increase collaboration and to have the option to provide joint position statements. This relationship will enable IPC research and training across both countries to be aligned.

We have undertaken a survey of our members to inform our next year's programme, and to understand the issues and pressures for our workforce.

In August 2026, the college is hosting its biennial conference, with the theme "Lights, Camera, Prevention", in Wellington. This conference will showcase local and international speakers discussing topics that are relevant to all locations where health care is provided. Head to **IPCNC Conference 2026 – Home** to find more information.

Ngā Tapuhi Whare Kōhanga o Aotearoa Neonatal Nurses College Aotearoa

Chair: Merophy Brown

The Neonatal Nurses College Aotearoa (NNCA) has undertaken a succession planning project in preparation for the upcoming AGM. Contributing factors include chair's end of tenure, parental leave and committee vacancies. The committee has proposed a remit to update the college rules, which would allow the term of office of current committee members to be extended by up to 12 months if required in the absence of new nominations. This would uphold the committee's ability to function effectively and retain experience and institutional knowledge.

Building member power

- Represented 692 members across 22 neonatal intensive care units (NICUs)/ special care baby units (SCBUs), an increase in membership of about 11% on the previous year.
- Held virtual hui around every six weeks for nurse managers, educators and nurse practitioners.
- Promoted whanaungatanga, discussion on shared issues and facilitated consensus on national issues.
- Continued to work to operationalise transitional care, to reduce unnecessary admissions to SCBU/NICU.

Workforce

- NICUs and SCBUs continue to exceed resourced capacity and are also dealing with increasing levels of acuity; the college is working with the NZNO strategic researcher to build a profile of neonatal care in Aotearoa with quantitative data from requests for official information from Te Whatu Ora. This will support a qualitative workforce survey exploring nurses' experience, due to be launched at the upcoming conference in May.
- Work with Nursing Council to increase the visibility of the specialty, resulting in the inclusion of neonatal nursing as a standalone option in the nursing workforce survey from 1 April 2026.
- Organised and preparing to host two-day symposium in Waitangi in May, with the theme Te Haerenga: The Journey. Grounded in kaupapa Māori, the event will reflect the significance of its location, acknowledging the lessons of history, and the hope and challenges for the future for our population and profession.

Education

- Awarded $1000 in scholarships to NNCA members in the 2025–2026 financial year to contribute to their professional development and academic study. This amount is only a third of that of previous years, due to a reduced number of applications.
- Funded places for 30 neonatal nurses to undertake FINE level 1 training, (for the second year running) at a total cost of $16,000. Māori nurses and those working in rural areas are prioritised for funded places; FINE Level 1 programme is an educational pathway in whānau-centred neurodevelopmental care.
- Review of the Knowledge and Skills Framework which has been updated and aligned to the new Nursing Council Standards of Competence; final launch will take place at conference.
- Ongoing collaboration with Fisher and Paykel to support Neonatal Nursing Achievement Awards with categories of Quality and Innovation, Equity in Action and Emerging Leader, each award attracting $1000 toward professional development.

Effective organisation

- Annual plan incorporates a Maranga Mai! focus, particularly in meeting processes, and promoting equitable outcomes in neonatal health and nursing education.
- Increasing political voice, advocating for increased understanding of the specialty and improved resources to support evidenced-based practice for this vulnerable population.
- Improved data collection.
- Continued to be financially healthy, enabling NNCA to continue to support initiatives to improve neonatal nursing and ultimately outcomes for vulnerable pēpi and their whānau.
- Bi-annual newsletter has been replaced with an increased social media presence.

Perioperative Nurses College

Chair: Lucy Middleton

The Perioperative Nurses College (PNC) saw significant growth in education and national membership, positively affecting its collective ability to advocate for the profession.

However, PNC also faced a number of challenges, particularly with the introduction of new workforces in perioperative care and Te Whatu Ora significantly limiting positions for new graduates.

Te Tino Rangatiratanga

- Building and maintaining strong foundations with NZNO and other colleges/sections with the national forums held in Wellington.
- Continual positive/honest communication with NZNO on how it can support and encourage college/sections. True partnership principles are being implemented at a regional and national level.

Highlights

- Continuing to have a voice within national regulatory bodies by being a leader in submissions for proposed changes to the Nursing Council Code of Conduct, nurse practitioners' scope of practice and prescribing guidelines, new graduate nursing programmes and anaesthetic technicians' scope of practice.
- Delivered regular education to our members through the My Health Hub platform; these provided valuable opportunities for members to update their knowledge, enhance their skills, and engage with other perioperative nurses on relevant topics.
- Membership grew over the past year. With the upcoming conference in early 2027 where PNC can showcase the value of perioperative nursing, we believe this will encourage more growth. An increase in membership strengthens members' collective voices and ensures a continued powerful presence in shaping the future of perioperative nursing in New Zealand.

This year marked significant achievements in education, membership growth and advocacy, despite the challenges the profession faced. PNC continued to move forward with a commitment to delivering safe, high-quality care to patients. The college remains optimistic about the continued growth and success of perioperative nursing in New Zealand, and will continue to evolve, adapt and ensure that perioperative nurses remain at the forefront of healthcare.

The college will continue to work to close the pay gap for nurses working in all sectors of primary health.

College of Primary Health Care Nurses

Chair: Tracey Morgan

"Kaua e mate wheke mate ururoa". Strive for your goals by being strong and resilient like a hammerhead shark ... do not give up no matter how hard the struggle is.

This whakatauki sums up the continual struggle endured by all those working in the primary health care sector.

Primary and community health care in Aotearoa is in crisis and one main driver is the chronic staff shortages. The funding model is broken and only the Government can fix this problem to ensure Aotearoa has a quality public health system. This committee will continue to be a lead advocate for primary health to ensure our voices are heard.

This has been a busy time in primary health care with many challenges and changes. The college will continue to work to close the pay gap for nurses working in all sectors of primary health and will continue to apply pressure on the Government to make this a reality for our members.

Pay parity for nursing staff in primary health will allow New Zealanders better access to primary health services in their own communities and lower the demand on crowded emergency departments. Our communities deserve accessible care and our nurses deserve fair pay.

The General Practitioner Leadership Forum (GPLF) is a collective of individual sector organisations working together on critical issues for the primary health care sector. The College of Primary Health Care Nurses is represented on this committee, which is comprised of elected leaders and senior managers of national membership organisations representing general practice.

The relationships on this committee grow from strength to strength each year and all issues are worked through collaboratively. The college's presence on this committee ensures the primary health nursing voice will continue to be heard.

The college contributed to a feedback paper provided to the Health Minister through the Primary Health Advisory Committee, where nurses were not initially included. Another primary health collaborative effort, which was a highlight for the college, was working with aged care staff and researchers on NZNO's aged care report, *Care in Crisis: Manaaki i te Raru*, which was launched in October 2025. Working collaboratively with other colleges and sections raises a stronger voice for all.

This tumultuous year has shown that we have weathered all the storms we faced and shown how vital the voices of primary health nurses are, in every sector of the health system. We are the frontline workers and we must continue to fight the fight together: "Maranga Mai! every nurse everywhere".

College of Respiratory Nurses

Secretary: Mikayla Neil

I begin by acknowledging the commitment and contributions of our committee members: Jacqueline Westenra (Chairperson), Katherine Waters (Treasurer), Sharon Phillips, Raquel Jordan, and Sascha Noble. I also thank Teresa Chalecki and Lisa Mason for their valuable contributions to our Symposium and the review of the Adult Respiratory Knowledge and Skills Framework.

The College is strengthened by the knowledge, insight, humour, and energy each member brings to our work. I am grateful for the time given alongside busy clinical roles and whānau responsibilities. I also acknowledge the work of Katherine, Jacquie, and myself in sustaining the committee when membership was low, while we worked to recruit new members. Katherine has resigned following our AGM, and I sincerely thank her for her outstanding contribution to the College.

I also acknowledge the support of Annie Bradley-Ingle, Elisabeth Auchinvole, Stuart Durston, and Mairi Lucas. Their contribution is essential to the effective functioning of the College and NZNO and is greatly appreciated.

The College of Respiratory Nurses continues to promote excellence in respiratory nursing in Aotearoa New Zealand. Our annual plan remains focused on Maranga Mai!, and we are committed to embedding Te Ao Māori in our policies, processes, and practice. We continue to advocate for better health outcomes for all New Zealanders, particularly those living with respiratory disease, through support for an adequately resourced workforce, appropriate services, and improved equity.

This year has included work in national respiratory strategy development, attendance at the New Zealand Respiratory Conference, endorsement of the NZ Asthma and Respiratory Foundation Train the Trainer course, and support for an open letter calling for stronger regulation of asbestos-containing building materials.

This tumultuous year has shown that we have weathered all the storms we faced.

A significant focus of the year has been the review of the Adult Respiratory Knowledge and Skills Framework. The updated framework will better align with the Nursing Council of New Zealand's six competencies and provide a more practical tool for professional development and portfolio use.

Membership remains central to the strength and sustainability of the College. We warmly welcome new members and committee nominations and encourage nurses with an interest in respiratory health to become involved.

Finally, on behalf of the committee, I acknowledge the extraordinary mahi of respiratory nurses across Aotearoa New Zealand, and the difference you make each day to the lives of patients and their whānau.

College of Stomal Therapy Nursing

Chair: Maree Warne

Highlights of the year include:

Political

- Involvement with patient advocacy group, the Federation of New Zealand Ostomy Societies, in its discussions with Health NZ regarding adequate staffing of specialty positions with clinicians with appropriate experience.

Educational

- The college continues to offer the Bernadette Hart Award to members to extend their skills and knowledge in the specialty of stomal therapy nursing via study or conference. There were two recipients in 2025, with one presenting at our conference in March 2026.

- We also continue our valued collaboration with Coloplast and the Australian Association of Stomal Therapy Nurses (AASTN) in supporting nursing education in ostomy care with the Patricia Blackley Postgraduate Education Scholarship Programme. This is for nurses in New Zealand and Australia to undertake postgraduate education in stomal therapy management or a related area of practice. Committee chair Maree Warne was on the adjudicating panel for 2025.
- Held ongoing talks with Curtin University in Perth, regarding accessibility to its stomal therapy nursing course for New Zealand nurses.
- Published online journal The Outlet three times a year; this journal is well received by members, with submissions from members and useful resources for the specialty as well as wider health care professionals who encounter patients with stomas. The college appreciates the support from advertisers to ensure the journal can be published.
- Held our biennial conference in Christchurch in March. It was a very successful conference, with the theme "Resilience" highlighting the ability of both patients and clinicians to adapt, recover, and grow, which strengthens stoma care for all. During this two-day event we explored new ideas, learnt from expert sessions, connected with colleagues and celebrated our collective progress.

Focus for 2026

Collaboration with colleagues in AASTN to celebrate Stomal Therapy Week in June. The theme "Every Journey. Together." recognises the unique journeys of people living with a stoma and the network of stomal therapy nurses and supporters who stand alongside them.

The college will partner with AASTN to organise the nursing scientific programme for the 21st Asia Pacific Federation of Coloproctology Congress, to be held in Sydney in November 2027.

Engaging with the Ministry of Health in reviewing and updating the national service and specification document that guides stomal therapy Services across New Zealand.

Women's Health College

Chair: Jill Lamb

The Women's Health College continues to grow, with our Facebook page proving invaluable for recruitment of new members. Recruitment of college and NZNO members has been a focus for our work over the last year.

The college will partner with AASTN to organise the nursing scientific programme for the 21st Asia Pacific Federation of Coloproctology Congress.

We met with the College of Primary Health Nurses in March this year to discuss areas where we could work together. We will continue this liaison to collaborate on like-minded issues and support advocacy in action.

This year the committee wrote to the Minister of Health highlighting barriers for women accessing timely gynaecological, primary and cervical screening care. We have received a response from the Chief Nurse, and while there was some recognition of the issues we raised, we have requested a meeting with the minister and Chief Nurse to further ensure this issue is well understood for future service and workforce planning.

The college has continued to work to advance clinical skills and improve access to nursing services and patient care. The college is working with tertiary providers and the Chief Nurse to re-establish hysteroscopy training. This is an important step in ensuring earlier detection and management of our fast-growing gynaecological cancer burden. To gauge interest in this education pathway, we have surveyed college members and have a meeting in June to progress this mahi. We have asked the Chief Nurse for Te Whatu Ora HNZ support to pay for this training and establish positions within Te Whatu Ora upon completion.

Four committee members, including myself, attended the NZNO induction days and college and section days in February and March, which were both inspiring and informative. The forum highlighted the importance of leadership capability and advocacy, and it was valuable to see employment relations education leave (EREL) being used to support wider member participation.

I would like to acknowledge the contribution and commitment of three committee members who are standing down, and to welcome three new members. It has been a privilege to work alongside such a dedicated group of nurses and midwives. The mahi of this college is vital in supporting professional nursing practice and leading high-quality care for our patients. I also acknowledge Julia Anderson, our professional nursing advisor, for her support to the committee and to me in my role as chair.

Sections

Enrolled Nurse Section

Chair: Michelle Prattley

What we have been working on

- Building stronger membership in all regions.
- Building relationships with health stakeholders.
- Getting career opportunities for enrolled nurse (EN) graduates in all health settings.
- The future of ENs in the health workforce.
- Specifications for Supported First Year of Practice (SFYP).

We secured a face-to-face meeting with the Minister of Health, Simeon Brown, in December. At the meeting, which was well-received, we presented to the minister on three key priorities:

- Implementation of the updated EN scope of practice.
- Development of a targeted workforce plan.
- The underutilisation of ENs in the health system.

NZNO AGM and Conference

I was part of a panel discussion on workforce. Highlights from our contribution are:

Nurses are seen by the public as the most valuable and trusted workers in healthcare. Therefore, the nurse must be trustworthy, honest, knowledgeable, educated, and diverse, to be able to deliver patient-centred and holistic care in Aotearoa.

ENs must be included in the workforce model as highly trained and skilled nurses – a dynamic, adaptable and integrated workforce, delivering high-quality care across all healthcare settings.

We need to:

- Strengthen EN workforce supply and retention.
- Increase EN career development and pathways.
- Align EN education with future and existing care models, eg in aged care, hospitals, telehealth, mental health, community health and primary care.
- Improve workplace conditions and job satisfaction for ENs and eliminate bias against ENs.
- Integrate the EN scope of practice into all healthcare settings.

ENs must be included in the workforce model as highly trained and skilled nurses – a dynamic, adaptable and integrated workforce.

- Recognise and support experienced ENs with specialisation opportunities.
- Create supportive and inclusive environments for ENs.
- Regularly review EN workforce numbers and distribution to ensure all ENs are employed and education providers are meeting current and future demand.

With the renewed scope, growing advocacy and a committed workforce, ENs are poised to lead care in meaningful ways.

NZNO College and Section Day 2025

We shared our key achievements and future aspirations:

Key achievements:

- Celebrating 60 years of enrolled nursing.
- Meeting with Minister of Health.
- Starting EN training in Taranaki.

Future aspirations:

- To see ENs reinstated into the Voluntary Bonding Scheme.
- Seeing new graduate employment numbers significantly increase.
- ENs in leadership roles.
- Consistent utilisation of EN skills across the health sector.
- Increasing NZNO and section membership.

As I come to the end of my term, I would like to say a huge thank you to the National Enrolled Nurse Section Committee, Regional Section Committees and professional nursing advisor Suzanne Rolls for

their support to me over the past four years as chairperson. To our members, remember you are all valuable members of the nursing team – wherever you work, your experience, knowledge and nursing skills will take you into the future. Take every opportunity you can to increase your knowledge and experience. The nursing world is your oyster.

Mental Health Nurses Section

Chair: Helen Garrick

The Mental Health Nurses Section (MHNS) farewelled three committee members, Jennie Rae, Debbie Watson and Joy Neilson, and gained four new members – Bruce Tomlinson, Michela Fox, Helen Bingham and Brett Smith, who bring a wide variety of mental health experiences to our work.

Highlights and achievements include:

- Participation in the Mental Health and Addiction Policy and Advocacy Forum, starting July 2025, to share issues affecting the mental health system and to lobby for measures to enhance the sector's performance.
- Participation in the Ministry of Health consultation on developing the long-term pathway for transformation of New Zealand's approach to mental wellbeing
- Consultations with the Mental Health and Wellbeing Commission on the Mental Health and Wellbeing Strategy for the next 10 years.
- Two meetings with, and a letter to Minister of Mental Health Matt Doocey, discussing the contribution of mental health nursing, deficits in the crisis service and the workforce shortage.
- Chair met with the chair of the Royal Australasian College of Psychiatrists and will do so on a quarterly basis. This meeting arose from an awareness that we had been sharing similar views in the media.
- Chair is part of the collaborative group developing a publication on the future of mental health, addiction and disability nursing. This group also includes Te Ao Māramatanga – the New Zealand College of Mental Health Nurses and the directors of mental health nursing. The publication will be available in mid-2026.
- Media responses were provided on topics including the lack of crisis services, the development of an assistant psychologist role which is similar to mental health nursing, the role of peer support in crisis support, and the police staged withdrawal from mental health.

Aspirations

- Tino rangatiratanga – the collaborative framework includes a paper on Māori mental health, addiction and disability nursing. Engagement with other groups to highlight the need for an increase in the Māori mental health nursing workforce.
- Building member power by increasing engagement with members, including reintroducing newsletters and encouraging member communication through a nationwide virtual roadshow.
- Workforce shortages: Continue to advocate nationally for mental health nursing positions and lobby against replacement of nurses with peer support workers or assistant psychologists, and engage with other mental health groups to lobby for the recruitment and retention of their positions. We need accurate workforce data to validate our concerns.
- Education/career pathways: Advocate for a nationally consistent standard of mental health nursing education and availability of funded postgraduate clinical education. We intend developing topical webinars for our members in 2026.
- Quality, health and safety: Protection of nurses from workplace violence has not improved. The committee must continue to advocate for the safety and wellbeing of mental health nurses, and to support service users, whānau and staff to provide safe and effective responses in hospitals and communities. This includes a safe crisis service and prioritising people with acute mental health issues and high and complex needs.

Pacific Nursing Section

Chair: Eseta Finau

Highlights 2025–2026:

- The Pacific Nursing Section (PNS) is now 18 years old, and we continue to hold our meetings either face-to-face or via Zoom.
- There is ongoing discussion with the Nursing Council regarding the Pacific registration pathway for Pacific-trained nurses.
- We acknowledge and support the ongoing work of the Aniva Future Pacific Nurse Leaders programme, which supports Pacific nursing students.
- The 2025 PNS Symposium was held in Auckland in October. Malo NZNO Chief Executive Paul Goulter, Kaiwhakahaere Kerri Nuku and nurses for attending and their support.

- The section worked closely with MIT, Whitireia and other institutions to advance bridging programmes for Pacific nurses, with the help of Te Whatu Ora and other agencies.
- The Pacific Nursing Section will hold its final symposium in November 2026, at which it will be replaced by the new Pacific Nursing Advisory Group of NZNO. The section has been working with the advisory group's interim committee on handing over its work.

Achievements:

- We would like to acknowledge our nurses and health workers in aged care facilities for their work and support of our elderly people.
- We would also like to thank and acknowledge all our frontline nurses and all health workers for their relentless love, caring and support at this difficult time. Malo 'aupito and stay safe.
- Vinaka vaka levu, Fiji Nursing Association (FNA) and our Pacific nurses, and their active involvement in the vaccination programme. Vinaka vaka levu, Abel Smith and FNA.

Issues:

- Registration of Pacific-trained nurses – challenges with process continue.
- Continue to advocate on workforce issues – supply, recruitment and retention of Pacific nurses.
- Pacific nurses being used as interpreters with no extra pay.

Many thanks to all our members, friends, and families for their continued support.

Nursing Leadership Section

Chair: Sarah Linehan

Tino rangatiratanga

Recent survey results show that 9.6% of Tapuhi Mana Whakatipu members identify as Māori. The committee is interested in both increasing Māori membership, and gaining Māori and Pasifika representation on the committee.

Building member power

Our leadership blogs and posts were popular last year and the committee wants to provide ongoing and regular content. We are looking at sourcing content from a variety of providers. The committee's Facebook page is growing and the criteria for the content has recently been changed.

Colleges and sections must support each other and work together in making submissions.

Education

Further coaching and mentoring workshops will be held, due to their popularity. Auckland and Christchurch will be the locations, with dates to be confirmed in the near future.

A Leading an Empowered Organisation (LEO) programme will be run in Palmerston North, on 16–18 September 2026. LEO is an internationally acclaimed leadership programme – originally designed for nurses, it has now branched out into all aspects of the community from corrections to global corporations. In New Zealand, many Te Whatu Ora Health NZ facilities run the programme for nurses and allied health. The NLS committee will run a LEO programme for RNs from any background who are interested in improving themselves and their leadership skills. More information will follow on location and cost but save the date now.

Political

The message was clear from the NZNO colleges and sections days in March. Colleges and sections must support each other and work together in making submissions. What is important to one college or section must be important to all, because it affects nurses and nursing. The NLS recently spoke to one of the NZNO political analysts who is willing to provide content that can be shared with members. This content will break down what is current and topical in legislation and policy and translate that into how our profession and working conditions would be affected.

Te Rangahau, Te Mātauranga me te Kounga o ngā Tāpuhi Nursing Research Section

Treasurer: Kim Monteiro

The Nursing Research Section (NRS) is committed to raising the profile of research across all areas of nursing by inspiring and supporting nurses to engage in research, scholarship, and evidence-based practice. The Section provides a platform for collaboration, knowledge sharing, and innovation to strengthen nursing practice and improve health outcomes.

Highlights include:

Marking the Nursing Research Section's Golden Jubilee year, with the committee actively preparing for celebrations later in 2026 under the theme *"Sustainability: Treasuring Our Past, Protecting Our Future."*

Following member engagement, including discussions at the 2025 Biennial General Meeting (BGM) and a member survey early this year, the committee proposed a change in name to the **Nursing Research, Education and Quality Section | Te Rangahau, Te Mātauranga me te Kounga o ngā Tāpuhi**, which was approved and endorsed by the NZNO National Executive on 8 May 2026. The new name and focus will be formally unveiled during the Golden Jubilee celebrations. The new Te Reo name Te Rangahau, Te Mātauranga me te Kounga o ngā Tāpuhi was gifted to us by NZNO Kaumatua Keelan Ransfield.

- Awarded four Nursing Research Section grants during the past financial year to support nursing research and scholarship.
- Delivered a national nursing research showcase at the 2025 Biennial General Meeting (BGM) in October, featuring both emerging and experienced researchers, with hybrid participation.
- Strengthened engagement through regular newsletters and via social media channels (LinkedIn and Facebook), promoting New Zealand research, scholarship, and professional events.
- Contributed to national policy development by providing a response to the Nursing Council of New Zealand on the revised Code of Conduct.

Section Four

Mana Whakahaere

Governance

Governance

Board of Directors

(to 20 July 2025 under previous constitution)

- Anne Daniels, President
- Kerri Nuku, Kaiwhakahaere
- Nano Tunnicliff, Vice President
- Tracy Black, Tumu Whakarae
- Anamaria Watene
- Margaret Hand
- Simon Auty
- Grant Brookes
- Lucy McLaren
- Saju Cherian
- Tracey Morgan

National Executive

(from 21 July 2025 upon reregistration with the Incorporated Societies Registrar and acceptance of the 2025 Constitution)

- Anne Daniels, President
- Kerri Nuku, Kaiwhakahaere
- Nano Tunnicliff, Vice President
- Tracy Black, Tumu Whakarae
- Anamaria Watene *(term ended 18 September 2025)*
- Margaret Hand *(term ended 18 September 2025)*
- Simon Auty *(term ended 18 September 2025)*
- Grant Brookes *(re-elected for second term)*
- Lucy McLaren *(term ended 18 September 2025)*
- Saju Cherian *(re-elected for second term)*
- Tracey Morgan *(re-elected for second term)*
- Rosetta (Rosie) Katene *(from 18 September 2025)*
- Rachel Thorn *(from 18 September 2025)*
- Grant Cloughley *(from 18 September 2025)*

Te Poari

(from 21 July 2025 upon reregistration with the Incorporated Societies Registrar and acceptance of the 2025 Constitution)

- Kerri Nuku, Kaiwhakahaere
- Tracy Black, Tumu Whakarae
- Te Taitokerau
  - Moana Tipene-Mahanga, Chair
  - Anna Clarke, Proxy
- Tāmaki Makaurau
  - Kathryn Chapman, Chair
  - Rangi Blackmore, Proxy
  - Wikitoriaraukura Mitchell, Proxy
- Te Manawa Taki o Waikato
  - Maria Tutahi, Chair
  - Simone Tutahi, Proxy
- Bay of Plenty Tairāwhiti
  - Brenda Close, Acting Chair
  - Shannyn Bristowe, Proxy
- Te Matau a Māui
  - Alicia Barrett, Chair
  - Merehinekete McNaughton, Proxy
- Central
  - Michelle Fairburn, Chair *(to 1 April 2026)*
  - Melissa Nikora, Acting Chair *(from 1 April 2026, Proxy previously from 16 October 2025)*
  - Davis Fergusson *(from 1 October 2025)*
- Te Upoko o te Ika-a-Māui
  - Lucinda Solomon, Acting Chair
  - Mereruia Rikihana, Proxy *(from 28 October 2025)*
  - Renee Douglas, Proxy *(from 28 October 2025)*
- Te Tau Ihu o Te Waka a Māui
  - Isla Taunoa, Chair
- Waitaha
  - Ruth Te Rangi, Chair
  - Katarina Teepa, Proxy *(from 23 January 2026)*
- Te Tai Tonga
  - Charleen Waddell, Chair
  - Racheal Maheno, Proxy *(from 25 June 2025)*
- Te Rūnanga Tauira
  - Davis Fergusson Chair *(to 13 August 2025)*
  - Alana Terina Borell, Vice-Chair *(to 13 August 2025)*
  - Poihaere Whare, Chair *(from 13 August 2025)*
  - Siarra Marsh, Vice-Chair *(from 13 August 2025)*

Board/National Executive

Previously the Board of Directors, the National Executive became a governance structure when the new constitution came into effect. The National Executive is accountable to the AGM, and is responsible for NZNO governance between AGMs in partnership with Te Poari.

Te Poari o Te Rūnanga o Aotearoa (Te Poari)

A sub-committee of the Board of Directors until the new constitution took effect.

From 18 September 2025, Te Poari works in equal partnership with National Executive to achieve the NZNO strategic aims in giving effect to Te Tiriti o Waitangi and giving full recognition to the Memorandum of Understanding of July 2000 between Te Rūnanga o Aotearoa and NZNO. Te Poari leads NZNO to ensure its processes reflect Tikanga Māori, lead NZNO to uphold Tikanga Māori and Mātauranga Māori within NZNO, articulate Te Rūnanga hapū issues within NZNO, lead NZNO where appropriate to ensure it is responsive to the needs of Te Rūnanga member issues, and support education and professional development in Tikanga Māori practice within the organisation.

Joint Hui

The Joint Hui is a new governance structure established in the 2025 Constitution, and in effect from 21 July 2025. Established to advance and promote partnership and to ensure mutual coordination, Te Poari and National Executive meet at least three times a year, and on any other dates as agreed by both Te Poari and National Executive. The Constitution gives the Joint Hui the authority to approve annual plans and budgets, and may exercise all of the powers of the National Executive, except those reserved only for National Executive under the constitution.

Governance Sub-committees

Until 20 July 2025, the NZNO constitution required the establishment of the Membership Committee and Te Poari o Te Rūnanga o Aotearoa. It also gave the Board of Directors the power to establish other committees for particular purposes.

From 21 July 2025, the NZNO constitution gives the National Executive the power to establish subcommittees, taskforces, and working groups to support them. Each group is required to have at least one member of Te Rūnanga.

Audit and Risk Committee

- Lucy McLaren, Chair *(to 18 September 2025)*
- Grant Brookes, Interim Chair *(18 September 2025–24 February 2026, remains as member)*
- Tracey Morgan, Co-chair *(from 24 February 2026)*
- Rangi Blackmore, Co-chair *(from 25 February 2026)*
- Kerri Nuku, ex officio
- Anne Daniels, ex officio
- Nano Tunnicliff *(to 24 February 2026)*
- Tracy Black
- Margaret Hand *(to 18 September 2025)*
- Saju Cherian *(from 24 February 2026)*
- Moana Tipene-Mahanga *(from 25 February 2026)*
- Lucinda Solomon *(from 25 February 2026)*

Governance Committee

- Nano Tunnicliff, Chair *(to 24 February 2026)*
- Grant Brookes, Co-chair *(from 24 February 2026)*
- Kathryn Chapman, Co-chair *(from 25 February 2026 to 13 April 2026, remains as member)*
- Nayda Heays, Te Rūnanga, Co-chair *(from 13 April 2026)*
- Kerri Nuku, ex officio
- Anne Daniels, ex officio
- Sandra Corbett, Te Rūnanga *(from 25 April 2026)*
- Grant Cloughley *(from 24 February 2026)*
- Rachel Thorn *(from 24 February 2026)*

Chief Executive Employment Committee

- Simon Auty, Chair *(to 18 September 2025)*
- Grant Brookes, Interim Chair *(from 18 September 2025)*
- Kerri Nuku
- Anne Daniels
- Anamaria Watene *(to 18 September 2025)*

Member Group Funding Committee

- Grant Brookes
- Brenda Close
- Wikitoriaraukura Mitchell
- Rachel Thorn
- John Crocker, Director of Organising (ex officio)

Governance Functions

Audit and Risk Committee

(from Terms of Reference approved by Joint Hui 25 Feb 2026)

The objective of the Audit and Risk Committee is to assist the National Executive in discharging its responsibilities with respect to the keeping of the financial accounts under s 101 of the Incorporated Societies Act 2022, overseeing all aspects of financial and non-financial reporting, control and audit functions and organisational risk.

Governance Committee

From proposed Terms of Reference

The objective of the Governance Committee is to assist the National Executive and Joint Hui to improve their effectiveness and continuing development.

Membership Committee – until 18 September 2025

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.

Our Staff

Gender breakdown

78%

FEMALE

20%

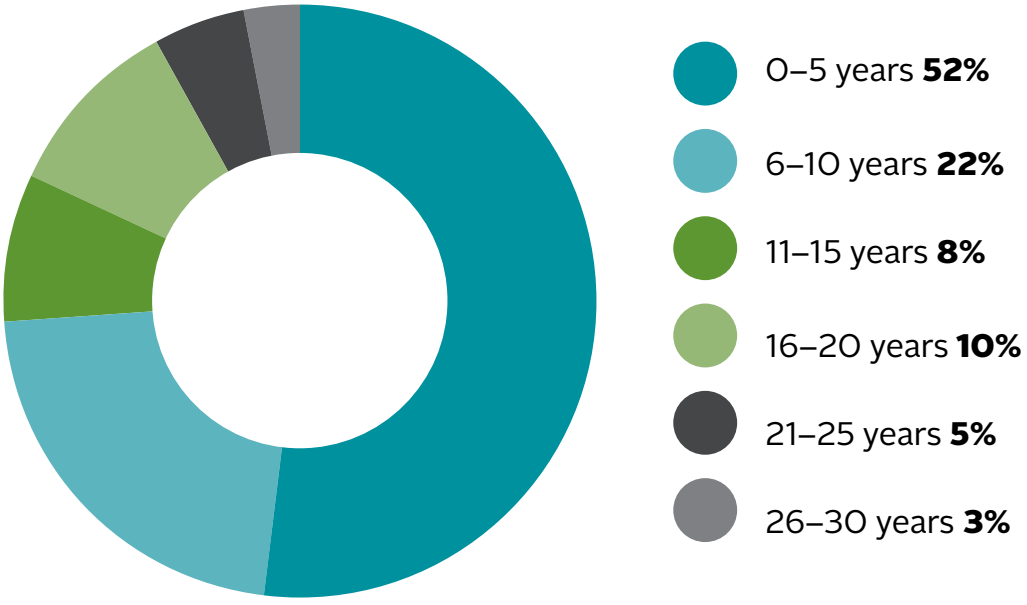
MALE

2%

Gender Diverse

Service

NZNO enjoys a stable staff complement, with 48% of staff employed for longer than five years and 26% staff employed for longer than 10 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	*FY26*	*FY25*
$50,000 to $59,999	1	3
$60,000 to $69,999	7	10
$70,000 to $79,999	4	5
$80,000 to $89,999	14	20
$90,000 to $99,999	15	11
$100,000 to $109,999	9	13
$110,000 to $119,999	11	22
$120,000 to $129,999	26	13
$130,000 to $139,999	12	4
$140,000 to $149,999	18	19
$150,000 to $159,999	5	-
$160,000 to $169,999	-	3
$170,000 to $179,999	1	1
$180,000 to $189,999	-	-
$190,000 to $199,999	1	2
$200,000 to $209,999	1	-
$210,000 to $219,999	-	-
$220,000 to $229,999	-	-
$230,000 to $239,999	-	-
$240,000 to $249,999	-	-
$250,000 to $259,999	1	1
Total	126	127

Note: Includes employees who left during the year who were paid more than $50K.

NZNO Directory

Board of Directors

(to 20 July 2025 under previous constitution)

- **Anne Daniels**
  President
- **Kerri Nuku**
  Kaiwhakahaere
- **Nano Tunnicliff**
  Vice President
- **Tracy Black**
  Tumu Whakarae
- **Anamaria Watene**
- **Margaret Hand**
- **Simon Auty**
- **Grant Brookes**
- **Lucy McLaren**
- **Saju Cherian**
- **Tracey Morgan**

National Executive

(from 21 July 2025 upon reregistration with the Incorporated Societies Registrar and acceptance of the 2025 Constitution)

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- **Tracey Morgan** *(re-elected for second term)*
- **Rosetta (Rosie) Katene** *(from 18 September 2025)*
- **Rachel Thorn** *(from 18 September 2025)*
- **Grant Cloughley** *(from 18 September 2025)*

Registered Office

National Office

To 5 October 2025:
Level 3, 57 Willis St,
Wellington 6011

From 6 October 2025:
Level 10, 79 Boulcott St,
Wellington 6011

Postal address:
PO Box 2128, Wellington 6140

Auditor

BDO Wellington Audit Ltd

Bankers

ANZ Wellington

Management Team

- **Paul Goulter**
  Chief Executive
- **Andrew Casidy**
  Director of Operations and Member Support
- **Mairi Lucas**
  Director of Nursing and Professional Services
- **John Crocker**
  Director of Organising

Section Five

Pūrongo Pūtea
Financial Report

BDO Wellington Audit Limited

Independent Auditor's Report
To the Members of the New Zealand Nurses Organisation Incorporated

Opinions

We have audited the general purpose financial report of The New Zealand Nurses Organisation Incorporated ("the Parent") and its controlled entities (together, "the Group"), which comprises the consolidated and separate financial statements on pages 3 to 12, and the consolidated statement of service performance on pages 1 and 2. The complete set of consolidated and separate financial statements comprise the statements of financial position as at 31 March 2026, the statements of comprehensive revenue and expense, statements of changes in equity, statements of cash flows for the year then ended, and notes to the consolidated and separate financial statements, including a summary of significant accounting policies.

In our opinion the accompanying general purpose financial report presents fairly, in all material respects:

- The financial position of the Parent and the consolidated financial position of the Group as at 31 March 2026, and their consolidated and separate financial performance and cash flows for the year then ended; and
- the consolidated statement of service performance for the year ended 31 March 2026, in that the service performance information is appropriate and meaningful and prepared in accordance with the Group's measurement bases or evaluation methods,

in accordance with Public Benefit Entity Standards Reduced Disclosure Regime ("PBE Standards RDR") issued by the New Zealand Accounting Standards Board.

Basis for Opinion

We conducted our audit of the consolidated and separate financial statements in accordance with International Standards on Auditing (New Zealand) ("ISAs (NZ)") and the audit of the consolidated statement of service performance in accordance with the ISAs (NZ) and New Zealand Auditing Standard 1 (NZ AS 1) (Revised) *The Audit of Service Performance Information (NZ)*. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the General Purpose Financial Report section of our report. We are independent of the Parent and Group 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 we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinions.

Other than in our capacity as auditor we have no relationship with, or interests in, the Parent or any of its controlled entities.

Other Information

The Board of Directors are responsible for the other information. The other information obtained at the date of this auditor's report is information contained in the general purpose financial report, but does not include the consolidated statement of service performance and the consolidated and separate financial statements and our auditor's report thereon.

Our opinion on the consolidated statement of service performance and consolidated and separate financial statements does not cover the other information and we do not express any form of audit opinion or assurance conclusion thereon.

In connection with our audit of the consolidated statement of service performance and consolidated and separate financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the consolidated statement of service performance and the consolidated and separate financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

The Board of Directors' Responsibilities for the General Purpose Financial Report

The Board of Directors are responsible on behalf of the Parent and the Group for:

a. the preparation and fair presentation of the consolidated and separate financial statements and consolidated statement of service performance in accordance PBE Standards RDR;

b. the selection of elements/aspects of service performance, performance measures and/or descriptions and measurement bases or evaluation methods that present a consolidated statement of service performance that is appropriate and meaningful in accordance with PBE Standards RDR;
c. the preparation and fair presentation of the consolidated statement of service performance in accordance with the Group's measurement bases or evaluation methods, in accordance with PBE Standards RDR;
d. the overall presentation, structure and content of the consolidated statement of service performance in accordance with PBE Standards RDR; and
e. such internal control as the Board of Directors determine is necessary to enable the preparation of the consolidated and separate financial statements and consolidated statement of service performance that are free from material misstatement, whether due to fraud or error.

In preparing the general purpose financial report the Board of Directors are responsible for assessing the Parent and the Group'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 Parent or the Group or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the General Purpose Financial Report

Our objectives are to obtain reasonable assurance about whether the consolidated and separate financial statements as a whole, and the consolidated statement of service performance 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 (NZ) and NZ AS 1 (Revised) 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 or collectively, they could reasonably be expected to influence the decisions of users taken on the basis of this general purpose financial report.

A further description of the auditor's responsibilities for the audit of the general purpose financial report is located at the XRB's website at:

https://www.xrb.govt.nz/standards/assurance-standards/auditors-responsibilities/auditreport-13-1/

This description forms part of our auditor's report.

Who we Report to

This report is made solely to the Parent's Members, as a body. Our audit work has been undertaken so that we might state those matters which 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 Parent and the Parent's Members, as a body, for our audit work, for this report or for the opinions we have formed.

BDO Wellington Audit Limited

BDO WELLINGTON AUDIT LIMITED
Wellington
New Zealand
8 July 2026

Statements of Service Performance
For the year ended 31 March 2026

Tōpūtanga Tapuhi Kaitiaki o Aotearoa The New Zealand Nurses Organisation (NZNO) represents more than 63,000 nurses and health workers. We are the leading professional union of nurses in Aotearoa New Zealand. Our members include nurses, midwives, students, kaimahi hauora, health care workers, and allied health professionals. Our members are united in their professional and industrial aspirations.

Te Rūnanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand.

NZNO negotiates salary and conditions for nurses, midwives, and health care assistants working in the public and private sectors, other health professionals and health sector workers. We provide professional support and leadership for nurses and midwives and clinical development through special interest sections and colleges.

NZNO is committed to the representation of its members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti O Waitangi and seeks to improve the health status of all peoples of Aotearoa/New Zealand through participation in health and social policy development.

Through our strategic direction "Maranga Mai!", we support our members in their organising and campaigning to:

- Give effect to Te Tiriti o Waitangi.
- Improve the health status of all peoples of Aotearoa/New Zealand through participation in health and social policy development.
- Achieve workplaces and terms and conditions of employment that reflect their worth, priorities and expectations.
- Create a just and equitable society.
- Grow their union and its influence.

OUR KEY ACTIVITIES INCLUDE:

- Advocating and campaigning for quality public health care systems and outcomes.
- Organising and bargaining to improve working conditions and standards for health care workers.
- Supporting and contributing to the professional development of health care workers.
- Supporting and assisting members with employment relationship and professional practice issues.
- Communication with members and their communities.
- Promoting excellence in nursing and health care by providing funding opportunities for education and research.

KEY JUDGEMENT:

In compiling the Group's Statement of Service Performance, the Group made judgements in relation to which outcomes and outputs best reflect the achievement of the Group's primary purposes. One Statement of Service Performance has been presented covering the society and Group on the basis the primary aims and objectives are both aligned.

PRIMARY WAYS WE CARRY OUT OUR SERVICE PERFORMANCE ACTIVITIES:

Advocating for quality public healthcare systems and outcomes

- NZNO actively works towards improved health outcomes for all people of Aotearoa New Zealand. One way we do this is by making and/or contributing to submissions on health and social policy-related issues. Submissions in 2025 – 2026 were diverse and included diverse topics including: Health New Zealand – Patient and Whānau / Family Support Policy, Health and Safety at Work Amendment Bill 2026, Medical Council of New Zealand Draft statements on cultural competence, cultural safety, and hauora Māori and Nursing Council of New Zealand – Code of Conduct for Nurses. This measure does not include submissions made by Colleges and Sections.
- Our professional nurse advisors provide advice, information, and assistance on various types of cases for members, including matters such as drug administering practices, patient management issues and staff management.

	2026	2025
Number of select committee and professional practice body submissions	48	42
Number of member cases attributable to professional nursing advisors	745	793

Organising and bargaining

- Strategic industrial advice is provided across all sectors including on bargaining approaches, model and common clauses; analysis of employment trends and legislative changes; briefing papers; interpretations of collective agreements; bargaining; and enforcement.
- Some of our members act as delegates at worksites, in College and Section committees, in the National Student Unit, on Te Poari, as part of Te Rūnanga, and the National Executive. Delegates are workplace employees who are elected by NZNO members as their representatives in union-related matters.

	2026	2025
Total number of members at year-end	63,375	62,748
Number of Māori members at year-end	4,959	4,694
Number of Pasifika members at year-end	2,878	2,754
Number of worksite delegates at year-end	1,683	1,883
Number of collective agreements bargained and settled	41	52
Number of members covered by the collectives bargained and settled	4,579	9,175

Supporting and contributing to the professional development of health care workers

- We deliver conferences, symposiums and forums which are high quality cost-effective, accessible education that especially support members in obtaining the necessary education for maintenance of Annual Practising Certificates and overall professional development.
- NZNO provides delegate education courses for members' professional development. The education programme is part of the organisation's commitment to empowering members to influence their working lives and NZNO.

	2026	2025
Number of conferences, symposiums and forums delivered	66	13*
Number of attendees at conferences, symposiums, and forums	3,039	997*
Number of delegate education courses delivered	73	82
Number of attendees at delegate education courses	940	894

* This total does not include events organised separately by Colleges and Sections. The comparable figures in 2026 are 17 (conferences, symposiums and forums delivered), and 1,187 (Number of attendees at the conferences, symposiums, and forums).

Membership support

- NZNO provides members access to the call centre advisors, professional nursing advisors, medico-legal and employment advice.
- 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.
- Employment cases involve providing advice and representation in relation to members' employment. Cases are deemed resolved by the employment lawyer when a case is unlikely to have further proceedings.

Our member support services:

	2026	2025
Number of inbound calls and emails received during the year	33,861*	41,255
Total number of cases resulting from inbound communications	3,749	2,530
Number of legal employment cases – opened	114	103
Number of legal employment cases – resolved	98	112
Number of medico-legal cases – opened	345	339
Number of medico-legal cases – resolved	281	289

* There are approximately four weeks of missing data, as the automated system used to record incoming emails and voicemail messages was not operational during this period. The entity is unable to reliably confirm the total number of inbound calls lost during this time.

Health and safety

- Health and safety is core union business and NZNO has been engaging comprehensively with Te Whatu Ora. As a result, we have 337 members who are health and safety representatives and trained to be able to submit Provisional Improvement Notices (PINs) as part of the escalation pathway to ensure safe staffing. A PIN is a written notice to a person, or a PCBU (person conducting a business or undertaking) asking them to address a health and safety concern in the workplace.

	2026	2025
Number of members trained to submit a Provisional Improvement Notice (PIN)	337	374

Communications with members and their communities

- We produced twelve online *Kaitiaki* magazine issues, bringing together articles including nursing news, features, letters, viewpoints and professional development.
- NZNO contributes to mainstream news including TV, online, newspapers, magazines, and newsletters.

	2026	2025
Number of online Kaitiaki issues	12	12
Number of views of Kaitiaki	333,000	324,000
Number of unique viewers of Kaitiaki	183,000	170,000
Direct mentions of NZNO in media	2,007	1,725
Number of media releases	73	72
Number of member newsletters	30	27

Promote excellence in nursing and health care by providing funding opportunities for education and research

- The NZNO Group provides funding opportunities for education and research through two charitable trusts: Nursing Education and Research Foundation (NERF) and Nurses' Trust Management (NTM).

Nursing Education and Research Foundation (NERF):

	2026	2025
Total funds paid to applicants for scholarships and grants – NERF	$130,006	$101,690
Number of meetings held for the scholarship and grants assessment committees	2	2
Maintenance of investment capital base:		
Foundation Funds Balance	$8,410.0K	$7,851.4K
Surplus in funds compared to minimum capital base	$363.7K	$39.7K
Investments were informed by the values, ethics, and aspirations of New Zealand nurses	Yes	Yes
There were no investments that were repugnant to New Zealand nurses	Yes	Yes
The investments provided a sustainable cash flow to meet cash flow requirements	Yes	Yes
The real value of the investment capital base was protected	Yes	Yes

Nurses' Trust Management (NTM):

	2026	2025
Total funds paid to applicants for grants – NTM	$6,630	$3,655
Grants as a percentage of opening accumulated funds	0.69%	0.39%

The New Zealand Nurses Organisation Group
Statements of Comprehensive Revenue and Expense
For the year ended 31 March 2026

		Parent (NZNO)		Group	
	Notes	2026	2025	2026	2025
REVENUE					
Revenue from exchange transactions					
Member subscriptions		28,987,500	28,372,567	28,987,500	28,372,567
Bargaining fees		(5,470)	553,765	(5,470)	553,765
Magazine advertising & subscriptions		67,418	80,381	67,418	79,009
Sponsorship		180,274	283,841	180,274	308,841
Registrations		180,330	222,795	180,330	222,795
Interest received	10	468,932	603,345	471,799	700,953
Dividends received		111,344	107,075	111,344	107,075
Rent received		64,206	45,161	64,206	45,161
Colleges & Sections conferences		229,774	475,255	229,774	475,255
Other income	5	419,758	443,924	821,430	968,990
Total revenue from exchange transactions		**30,704,066**	**31,188,109**	**31,108,605**	**31,834,411**
Revenue from non-exchange transactions					
Donations & bequests	5	-	-	-	10,000
Total revenue from non-exchange transactions		**-**	**-**	**-**	**10,000**
Total Revenue		**30,704,066**	**31,188,109**	**31,108,605**	**31,844,411**
LESS: EXPENDITURE					
Affiliations & subscriptions		789,216	762,552	789,216	762,552
Colleges & Sections conferences		294,942	625,240	294,942	625,240
Communications		197,853	207,219	197,853	207,219
Depreciation & amortisation	15, 16	353,021	381,842	353,021	381,842
Donations & grants		544,526	151,567	681,162	257,027
Information technology		1,295,413	1,099,814	1,299,650	1,101,095
Legal		1,145,127	785,723	1,145,127	786,804
Members expenses		634,445	631,056	634,445	631,056
Other expenses	7	2,223,110	1,679,322	2,355,198	1,821,613
Premises rent & operating expenses		2,056,315	1,931,733	2,056,315	1,931,733
Personnel		16,820,238	16,303,686	16,820,238	16,303,686
Travel & motor vehicle expenses		2,632,394	2,399,701	2,642,592	2,412,183
Total Expenditure		**28,986,601**	**26,959,455**	**29,269,759**	**27,222,051**
Surplus/(deficit) from operations before taxation		**1,717,466**	**4,228,653**	**1,838,846**	**4,622,360**
Income tax benefit/(expense)	8	125,243	52,548	107,839	36,024
Surplus/(deficit) from operations after taxation		**1,842,709**	**4,281,201**	**1,946,686**	**4,658,384**
OTHER COMPREHENSIVE REVENUE AND EXPENSE					
Gain/(loss) on revaluation of investment portfolio	12	415,441	250,678	822,870	(9,106)
Gain/(loss) on revaluation of shares in Fifty-Seven Willis Street Limited	13, 14	(978,591)	(223,725)	(978,591)	(223,725)
Total other Comprehensive Revenue and Expense		**(563,150)**	**26,953**	**(155,721)**	**(232,831)**
Total Comprehensive Revenue and Expense		**1,279,558**	**4,308,155**	**1,790,965**	**4,425,554**

These financial statements should be read in conjunction with the Notes to the Financial Statements.

The New Zealand Nurses Organisation Group
Statements of Financial Position
As at 31 March 2026

	Notes	Parent (NZNO) 2026	Parent (NZNO) 2025	Group 2026	Group 2025
ASSETS					
Current assets					
Cash and cash equivalents	9	3,287,896	3,497,054	3,452,227	3,730,887
Term deposits	10	10,364,993	10,083,758	10,364,993	10,437,551
Accounts receivable & prepayments	11	1,754,580	1,830,112	1,717,161	1,786,231
Deferred tax asset	8	179,285	53,267	179,285	53,267
Income tax receivable	8	334,765	281,169	334,765	281,169
Asset held for sale (shares in Fifty-Seven Willis Street Limited)	14	2,237,684	-	2,237,684	-
Total current assets		**18,159,203**	**15,745,360**	**18,286,115**	**16,289,105**
Non-current assets					
Investments portfolio	12	9,759,501	9,368,451	19,236,843	17,898,160
Shares in Fifty-Seven Willis Street Limited	13	-	3,216,275	-	3,216,275
Property, plant & equipment	15	2,543,117	1,117,581	2,543,117	1,117,581
Intangible assets	16	199,383	243,846	199,383	243,846
Total non-current assets		**12,502,001**	**13,946,153**	**21,979,343**	**22,475,862**
TOTAL ASSETS		**30,661,204**	**29,691,513**	**40,265,457**	**38,764,967**
LIABILITIES					
Current liabilities					
Income in advance		150,434	249,883	150,434	249,883
Monies held in trust		65	921	65	921
Bequests		95,642	98,760	95,642	98,760
Accounts payable	17	772,309	941,471	823,790	949,456
Goods & Services Tax (GST)		113,851	111,916	113,851	111,916
Employee entitlements	18	1,491,723	1,453,480	1,491,723	1,453,480
Deferred lease incentive	23	28,684	27,159	28,684	27,159
Total current liabilities		**2,652,707**	**2,883,589**	**2,704,188**	**2,891,574**
Non-current liabilities					
Employee entitlements	18	314,413	364,715	314,413	364,715
Deferred lease incentive	23	153,481	182,165	153,481	182,165
Total non-current liabilities		**467,894**	**546,880**	**467,894**	**546,880**
TOTAL LIABILITIES		**3,120,601**	**3,430,469**	**3,172,082**	**3,438,454**
NET ASSETS		**27,540,603**	**26,261,044**	**37,093,376**	**35,326,513**
EQUITY					
Asset revaluation reserve		3,583,672	4,146,821	4,678,315	4,834,036
Colleges & Sections reserves	21	1,715,882	1,810,626	1,715,882	1,810,626
Accumulated Funds		22,241,050	20,303,597	30,699,179	28,681,852
Total Equity		**27,540,603**	**26,261,044**	**37,093,376**	**35,326,513**

These financial statements should be read in conjunction with the Notes to the Financial Statements.

The New Zealand Nurses Organisation (Parent) Statement of Changes in Equity
For the year ended 31 March 2026

	Notes	Asset revaluation reserve	Colleges & Sections reserves	Accumulated revenue and expense	Total
Opening balance at 1 April 2024		**4,119,868**	**1,797,088**	**16,035,933**	**21,952,889**
Total comprehensive revenue and expense for the year		26,953	-	4,281,202	4,308,155
Transfer to/(from) Colleges & Sections reserves	21	-	13,537	(13,537)	-
Closing balance at 31 March 2025		**4,146,821**	**1,810,625**	**20,303,597**	**26,261,044**
Opening balance at 1 April 2025		**4,146,821**	**1,810,625**	**20,303,597**	**26,261,044**
Total comprehensive revenue and expense		(563,150)	-	1,842,709	1,279,558
Transfer to/(from) Colleges & Sections reserves	21	-	(94,744)	94,744	-
Closing balance at 31 March 2026		**3,583,672**	**1,715,881**	**22,241,050**	**27,540,603**

The New Zealand Nurses Organisation (Group) Statement of Changes in Equity
For the year ended 31 March 2026

	Notes	Asset revaluation reserve	Colleges & Sections reserves	Accumulated revenue and expense	Total
Opening balance at 1 April 2024		**5,066,866**	**1,797,088**	**24,037,004**	**30,900,959**
Total comprehensive revenue and expense		(232,831)	-	4,658,385	4,425,554
Transfer to/(from) Colleges & Sections reserves	21	-	13,537	(13,537)	-
Closing balance at 31 March 2025		**4,834,036**	**1,810,626**	**28,681,852**	**35,326,513**
Opening balance at 1 April 2025		**4,834,036**	**1,810,626**	**28,681,852**	**35,326,513**
Total comprehensive revenue and expense		(155,721)	-	1,946,686	1,790,965
Transfer to/(from) Colleges & Sections reserves	21	-	(94,744)	94,744	-
Other adjustments				(24,103)	(24,103)
Closing balance at 31 March 2026		**4,678,315**	**1,715,882**	**30,699,179**	**37,093,376**

$8.566m (2025: $8.465m) relates to amounts in relation to funds held for specific purposes that originate from bequests and donations. These funds are primarily held within the subsidiaries of the Group and for charitable purposes in line with the trust deed.

These financial statements should be read in conjunction with the Notes to the Financial Statements.

The New Zealand Nurses Organisation Group
Consolidated Statements of Cashflows
For the year ended 31 March 2026

	Notes	Parent (NZNO) 2026	Parent (NZNO) 2025	Group 2026	Group 2025
Cash flows from operating activities					
Receipts					
Member subscriptions		33,206,461	32,284,790	33,206,461	32,284,790
Receipts from customers		1,151,196	2,127,987	1,095,227	2,126,409
Interest received		485,476	587,207	522,939	683,868
Dividends received		130,933	127,329	130,933	127,329
Rent received		64,206	45,161	64,206	45,161
Income tax received		102,041	68,914	102,041	68,914
Other receipts		-	87,362	-	122,362
Total receipts		**35,140,314**	**35,328,750**	**35,121,808**	**35,458,833**
Payments					
Payments to employees		(16,680,766)	(16,057,565)	(16,680,766)	(16,057,566)
Payments to suppliers		(13,324,259)	(12,692,359)	(13,388,970)	(12,776,450)
Grants paid		(544,526)	(151,567)	(680,812)	(320,633)
Net GST paid*		(2,671,990)	(2,968,067)	(2,671,990)	(2,968,067)
Income tax paid		(196,933)	(200,102)	(196,933)	(200,102)
Total payments		**(33,418,474)**	**(32,069,660)**	**(33,619,470)**	**(32,322,818)**
Net Cash from operating activities		**1,721,840**	**3,259,090**	**1,502,338**	**3,136,015**
Cash flows from investing activities					
Receipts					
Sales/maturities of investments portfolio		242,713	716,226	242,713	6,669,624
Term deposits matured		2,177,772	114,287	2,527,772	1,530,000
Total receipts		**2,420,485**	**830,514**	**2,770,485**	**8,199,624**
Payments					
Purchase of property, plant and equipment		(1,747,109)	(779,047)	(1,747,109)	(779,047)
Purchase of investments portfolio		(119,677)	(633,091)	(319,677)	(7,782,814)
Investment in term deposits		(2,475,551)	(2,811,321)	(2,475,551)	(2,811,321)
Purchase of intangibles		(9,147)	(246,434)	(9,147)	(246,434)
Total payments		**(4,351,483)**	**(4,469,892)**	**(4,551,483)**	**(11,619,616)**
Net Cash from investing activities		**(1,930,998)**	**(3,639,379)**	**(1,780,998)**	**(3,419,992)**
Net (decrease)/increase in cash and cash equivalents		**(209,158)**	**(380,289)**	**(278,660)**	**(283,977)**
Cash and cash equivalents at 1 April		3,497,054	3,877,344	3,730,887	4,014,864
Cash and cash equivalents at 31 March	9	**3,287,896**	**3,497,055**	**3,452,227**	**3,730,887**

* During the current year, the Group refined the presentation of its cash flow statement to separately disclose GST paid to the Inland Revenue Department (IRD).

For consistency and comparability, the prior year cash flow statement has been reclassified to present GST paid as a separate line item. This reclassification has resulted in corresponding changes to receipts from customers and payments to suppliers; however, there is no impact on net cash flows, profit or total equity.

These financial statements should be read in conjunction with the Notes to the Financial Statements.

The New Zealand Nurses Organisation Incorporated
Notes to the Consolidated and Separate Financial Statements
For the year ended 31 March 2026

1. REPORTING ENTITY

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

These consolidated financial statements for the year ended 31 March 2026 are for The New Zealand Nurses Organisation Incorporated (NZNO), the Parent, and its controlled entities, the Nursing Education and Research Foundation Trust Board (NERF) and the Nurses' Trust Management (NTM). Together they are referred to as "the Group".

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 to its members.

The national office of NZNO is based at Level 10, 79 Boulcott Street, Wellington. Regional offices are located in Whangarei, Auckland, Hamilton, Tauranga, Palmerston North, Wellington, Nelson, Christchurch and Dunedin.

These financial statements have been approved and were authorised for issue by the Joint Hui on 8 July 2026.

2. STATEMENT OF COMPLIANCE

The financial statements have been prepared in accordance with Generally Accepted Accounting Practices in New Zealand ("NZ GAAP"). They comply with Public Benefit Entity Standards Reduced Disclosure Regime ("PBE Standards RDR") issued by the External Reporting Board for Not-For-Profit entities. For the purposes of complying with NZ GAAP, the Group 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.

The Group 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. The NZNO Group qualifies as a Tier 2 not-for-profit public benefit entity as operating expenditure exceeds $5 million but remains below $33 million.

Basis of preparation

These financial statements have been prepared on a going concern basis.

3. SUMMARY OF ACCOUNTING POLICIES

The significant accounting policies used in the preparation of these financial statements as set out below have been applied consistently to both years presented and apply to both the separate and Group financial statements.

3.1 Basis of measurement

These financial statements have been prepared on the basis of historical cost, with the exception of investments that are recognised at fair value and Fifty-Seven Willis Street Limited shares that are recognised as the lower of their carrying amount and fair value less costs to sell.

3.2 Functional and presentational currency

The financial statements are presented in New Zealand dollars ($), which is the functional currency. All financial information presented in New Zealand dollars has been rounded to the nearest dollar.

3.3 Changes to accounting policies

During the year, the Group applied PBE IFRS 5 Non current Assets Held for Sale and Discontinued Operations in relation to the reclassification of the shares in Fifty-Seven Willis Street Limited. As a result, the investment has been reclassified from non-current assets to assets held for sale and measured at fair value less costs to sell. Comparative information has not been restated in accordance with PBE IFRS 5.

Other than the above, there have been no new or amended standards adopted during the year.

3.4 Basis of consolidation

Controlled entities

Controlled entities are entities controlled by the Group. The Group controls an entity if all three of the following elements are present: power over the investee, exposure to variable returns from the investee, and the ability of the investor to use its power to affect those variable returns. Control is reassessed whenever facts and circumstances indicate that there may be a change in any of these elements of control. The financial statements of the Group's controlled entities are included in the consolidated financial statements from the date that control commences until the date that control ceases.

Subsequent changes in a controlled entity that do not result in a loss of control are accounted for as transactions with owners of the controlling entity in their capacity as owners, within net assets/equity.

The financial statements of the controlled entities are prepared for the same reporting period as the controlling entity, using consistent accounting policies.

Loss of control of a controlled entity

On the loss of control, the Group derecognises the assets and liabilities of the controlled entity, any non-controlling interest, and the other components of net assets/equity related to the controlled entity. Any surplus or deficit arising on the loss of control is recognised in surplus or deficit.

If the Group retains any interest in the previously controlled entity, then such interest is measured at fair value at the date that control is lost. Subsequently, the retained interest is either accounted for as an equity-accounted associated or a financial asset at fair value through other comprehensive revenue and expense depending on the level of influence retained.

Transactions eliminated on consolidation

Intra-group balances and transactions, and any unrealised income and expenses arising from intra-group transactions, are eliminated in preparing the consolidated financial statements.

Unrealised gains arising from transactions with equity accounted associates and jointly-controlled-entities are eliminated against the investment to the extent of the Group's interest in the investee.

Unrealised losses are eliminated in the same way as unrealised gains, but only to the extent that there is no evidence of impairment.

NZNO (Parent) investment in NERF and NTM

Investment in NERF and NTM is measured at cost less any impairment charges, where there is no quoted market price and where value cannot be reliably measured. The cost of each of these investments is $nil.

3.5 Financial instruments

Financial assets and financial liabilities are recognised in NZNO's statement of financial position when NZNO becomes a party to the contractual provisions of the instrument.

Financial assets and financial liabilities are initially measured at fair value, except for trade receivables that do not have a significant financing component which are measured at transaction price. Transaction costs that are directly attributable to the acquisition or issue of financial assets and financial liabilities (other than financial assets and financial liabilities at fair value through surplus or deficit (FVTSD) are added to or deducted from the fair value of the financial assets or financial liabilities, as appropriate, on initial recognition. Transaction costs directly attributable to the acquisition of financial assets or financial liabilities at fair value through surplus or deficit are recognised immediately in surplus or deficit.

After initial recognition, cash and cash equivalents, term deposits and accounts receivable are financial assets measured at amortised costs. NZNO derecognises a financial asset only when the contractual rights to the cash flows from the asset expire, or when it transfers the financial asset and substantially all the risks and rewards of ownership of the asset to another entity.

On initial recognition, NZNO may make an irrevocable election (on an instrument-by-instrument basis) to designate investments in equity instruments as at fair value through other comprehensive revenue and expense (FVTOCRE). Designation at FVTOCRE is not permitted if the equity investment is held for trading or if it is contingent consideration recognised by an acquirer in a business combination. Investments in equity instruments at FVTOCRE are initially measured at fair value plus transaction costs. Subsequently, they are measured at fair value with gains and losses arising from changes in fair value recognised in other comprehensive revenue and expense and accumulated in the revaluation reserve. The cumulative gain or loss is not reclassified to surplus or deficit on disposal of the equity investments, instead, it is transferred to retained earnings.

A financial asset is held for trading if:

- it has been acquired principally for the purpose of selling it in the near term; or
- on initial recognition it is part of a portfolio of identified financial instruments that NZNO manages together and has evidence of a recent actual pattern of short-term profit-taking; or
- it is derivative (except for a derivative that is a financial guarantee contract or a designated and effective hedging instrument)

Financial liabilities that are not (i) contingent consideration of an acquirer in a business combination, (ii) held-for-trading, or (iii) designated as at fair value through surplus or deficit (FVTSD), are measured subsequently at amortised cost using the effective interest method. Financial liabilities measured at amortised costs include accounts and loan payable. NZNO derecognises financial liabilities when, and only when, NZNO's obligations are discharged, cancelled, or have expired. The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable is recognised in surplus or deficit.

3.6 Impairment of non-financial assets

The carrying amounts of NZNO's assets are reviewed at the balance date to determine whether there is any indication of impairment. If any 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.

3.7 Income tax

The income tax expense relates to NZNO and includes both current year's provision and the income tax effect of:

- Taxable temporary differences, except those arising from the initial recognition of assets that are not depreciated; and
- Deductible temporary differences to the extent that it is probable that they will be utilised.

Deferred tax is recognised for deductible temporary differences, unused tax losses and unused tax credits, to the extent that is probable that taxable profit will be available against which the deductible differences can be utilised.

3.8 Goods and services tax (GST)

Revenues, expenses, and assets are recognised net of the amount of GST except for receivables and payables, which are GST inclusive.

The net GST recoverable from, or payable to, Inland Revenue Department is included as part of receivables or payables in the statement of financial position.

Cash flows are included in the statement of cash flows on a gross basis. The GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the Inland Revenue Department is classified as part of operating cash flows.

NZNO is registered for GST, while NERF and NTM are not. Accordingly, revenues and expenses for NERF and NTM are recognised on a GST-inclusive basis, as GST is not recoverable from Inland Revenue.

3.9 Equity

Equity is the member's interest in the organisation, measured as the difference between total assets and total liabilities. Equity is made up of the following components:

- **Accumulated fund**
  Accumulated comprehensive revenue and expense is the accumulated surplus or deficit since its formation.
- **Colleges and Sections fund**
  The fund represents the special interests of members representing applicable accumulated surplus or deficit since its formation.
- **Asset revaluation reserve**
  The reserve records fair value movements of investment funds and shares.

4. SIGNIFICANT ACCOUNTING JUDGEMENTS, ESTIMATES AND ASSUMPTIONS

Preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts of revenues, expenses, assets and liabilities, and the accompanying disclosures, and the disclosure of contingent liabilities. Uncertainty about these assumptions and estimates could result in outcomes that require a material adjustment to the carrying amount of assets or liabilities affected in future period.

Judgements

In applying the accounting policies, management has made the following judgements, which have the most significant effect on the amounts recognised in the financial statements.

Estimates and assumptions

Key assumptions concerning the future and other key sources of estimation uncertainty at the reporting date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year, are described below. NZNO based its assumptions and estimates on parameters available when the financial statements were prepared. However, circumstances and assumptions about future developments may change due to market changes or circumstances arising beyond the control of the organisation. Such changes are reflected in the assumptions when they occur.

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** – calculated at the rates applicable and term incurred at the end of the financial year.
- **Revaluation of Fifty-Seven Willis Street Limited** – significant assumptions applied in determining the fair value are disclosed in note 13.
- **Assessment of control for consolidation** – NZNO has power over both NERF and NTM and benefits from their activities and therefore the financial statements of the three entities have been consolidated.

Useful lives and residual values

The useful lives and residual values of assets are assessed using the following indicators to determine potential future use and value from disposal:

- The condition of the asset.
- The nature of the asset, its susceptibility and adaptability to changes in technology and processes.
- The nature of the processes in which the asset is deployed.
- Availability of funding to replace the asset.
- Changes in the market in relation to the asset.

The estimated useful lives of the asset classes held by NZNO are listed in notes 14 and 15.

5. REVENUE

Revenue is measured at the fair value of the consideration received. The following recognition criteria must be met before revenue is recognised.

Revenue from exchange transactions

Membership revenue

Membership subscription is received in exchange for access to membership goods and services. Subscription income is initially recognised as revenue upon receipt. At month end, amounts relating to membership fees received in advance are reclassified to revenue received in advance to reflect the associated liability.

Interest revenue

Interest revenue is recognised as it accrues, using the effective interest method.

Other revenue streams

All other revenue streams are recognised in the accounting period in which the goods are delivered or services are rendered.

	Parent (NZNO)		Group	
	2026	**2025**	**2026**	**2025**
Legal recoveries	266,814	264,048	266,814	264,048
Administration services revenue	50,435	34,783	-	-
Expense recoveries	47,276	37,771	47,276	37,771
C&S misc events revenue	42,856	69,053	42,856	69,053
Management attendance revenue	21,920	18,534	21,920	18,534
Royalties	9,027	16,830	9,027	16,830
Training room revenue	2,300	1,991	2,300	1,991
Realised gains/(losses)	(20,869)	915	431,238	560,764
	419,758	**443,924**	**821,430**	**968,990**

Revenue from non-exchange transactions

Bequests

Bequests received totalled $nil (2025: $10,000). There were no conditions specified in the bequests that would require a liability to be recorded by the Group.

6. AUDITOR'S REMUNERATION

BDO provided audit services to the Group of $84,814 for the year (2025: $75,352).

Non-audit related services were provided by BDO for software implementation advisory services at the cost of $51,236 during the year (2025: $ Nil).

	Parent (NZNO)		Group	
	2026	**2025**	**2026**	**2025**
Audit fees	65,575	65,600	84,814	75,352
Advisory services	51,236	-	51,236	-
Total auditor's remuneration	**116,811**	**65,600**	**136,050**	**75,352**

7. OTHER EXPENSES

	Parent (NZNO)		Group	
	2026	**2025**	**2026**	**2025**
Advertising & marketing	80,919	63,345	80,919	63,345
Consultancy	748,249	432,168	793,484	512,972
Financial	287,710	241,343	327,032	298,730
Course	43,031	22,701	43,031	22,701
Meetings	614,510	591,706	614,510	591,737
Administrative & general	186,305	98,767	233,835	102,836
Printing & stationery	162,363	142,041	162,363	142,041
Publications & books	92,039	86,511	92,039	86,511
Loss on disposal/writedown of assets	7,984	740	7,984	740
	2,223,110	**1,679,322**	**2,355,198**	**1,821,613**

8. INCOME TAX

NERF is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

NTM is wholly exempt from New Zealand income tax having fully complied with section CW 41 of the Income Tax Act 2007.

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:

8.1 Income tax recognised in surplus/(deficit) from operations

	Actual 2026	**2025**
Deferred tax – in respect of current year	(112,574)	(53,267)
Current tax – in respect of current year	775	719
Deferred tax – in respect of prior years	(13,444)	-
	(125,243)	**(52,548)**

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

	Actual 2026	2025
Surplus/(deficit) from operations before taxation	**1,717,466**	**4,228,654**
Tax calculated at 28% (2025: 28%)	**480,890**	**1,184,023**
Plus/(less) tax effect of:		
Prior period adjustment		
Non assessable income	(8,126,293)	(7,962,072)
Non deductible expenses	7,498,003	6,860,660
Imputation credits	(14,553)	(13,911)
FIF Income	1,735	1,918
PIE tax charge	47,644	83,044
Prior period adjustment	(13,444)	-
Foreign tax withheld	775	719
Deferred tax recognition		(206,930)
Tax calculated at 28% (2025: 28%)	**(125,243)**	**(52,548)**

8.2 Current Income tax receivable

	Actual 2026	2025
Opening balance	281,169	170,954
Over/(under) provision from prior years	-	-
Current taxation	(775)	(719)
Payments made	156,604	180,022
Refund received	(102,233)	(69,087)
	334,765	**281,169**

8.3 Deferred tax asset

	2026	2025
Opening balance	53,267	-
Prior period adjustments	13,444	-
Recognised in surplus/(deficit) from operations	112,574	53,267
Recognised in other comprehensive revenue and expense	-	-
Total deferred tax – closing balance	**179,285**	**53,267**

As at 31 March 2026, NZNO has unused tax losses of $693,560 available for offset against future profits (2025: $190,240). A deferred tax asset has been recognised in relation to this amount as it is considered probable that there will be future taxable profits available (2025: $206,930).

8.4 Income Tax Receivable

	2026	2025
Current Income tax receivable	334,765	281,169
Deferred tax asset/liability	179,285	53,267
	514,051	**334,436**

9. CASH AND CASH EQUIVALENTS

Cash and cash equivalents are short term, highly liquid investments that are readily convertible to cash and which are subject to an insignificant risk of changes in value. NZNO does not hold any overdraft facility at balance sheet date. The $50,000 overdraft facility with ANZ Bank held in the prior year was closed in December 2025.

Cash and cash equivalents include:

	Parent (NZNO)		Group	
	2026	**2025**	**2026**	**2025**
Cash at bank	828,458	1,056,494	957,431	1,216,793
Subscriptions trust	876,833	774,514	876,833	774,514
On-call deposit accounts	-	206	35,358	73,739
Colleges & sections accounts	990,170	1,152,061	990,170	1,152,061
Portfolio cash account	592,434	513,779	592,434	513,779
	3,287,896	**3,497,054**	**3,452,227**	**3,730,887**

10. TERM DEPOSITS

Term deposits are initially measured at the amount invested. Interest is subsequently accrued and added to the investment balance. The deposits have terms from three to 12 months, with interest rates ranging from 3.3% to 3.95% per annum. All deposits will mature within 12 months of balance date.

The term deposits are held with ANZ Bank New Zealand Limited and have been assessed to have a low credit risk based on the banks Standard & Poor's credit rating of AA-.

11. ACCOUNTS RECEIVABLE AND PREPAYMENTS

	Parent (NZNO)		Group	
	2026	**2025**	**2026**	**2025**
Trade debtors	137,633	134,634	97,633	90,752
Sundry debtors	-	24,038	-	24,038
Revenue accrued	236,354	159,489	238,935	159,489
Prepayments	1,380,594	1,511,951	1,380,594	1,511,951
	1,754,580	**1,830,112**	**1,717,161**	**1,786,230**

12. INVESTMENTS PORTFOLIO

The Group has invested funds with ANZ Private Bank Limited, Mercer New Zealand Limited and Harbour Asset Management Limited. Investments are recorded at market value.

	Parent (NZNO)		Group	
	2026	**2025**	**2026**	**2025**
Opening balance	9,368,451	9,163,423	17,898,160	16,127,887
Interest & dividends reinvested	90,444	88,868	396,291	214,267
Net cash movements during the year	(117,303)	(158,473)	82,697	1,172,698
Gains/(losses)	417,910	274,633	859,696	383,308
Closing balance	**9,759,501**	**9,368,451**	**19,236,843**	**17,898,160**

13. SHARES IN FIFTY-SEVEN WILLIS STREET LIMITED

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

The balance of these shares has been classified as held for sale during the financial year, refer note 14.

	2026	2025
Number of shares held	1,484,500	1,484,500
Opening balance	$3,216,275	$3,440,000
Revaluation of shares in Fifty-Seven Willis Street Limited	$(978,591)	$(223,725)
Transfer to Assets held for sale (Note 14)	$(2,237,684)	$-
Closing balance	**$-**	**$3,216,275**

14. ASSETS HELD FOR SALE

At 31 March 2026 management had committed to a plan to sell Shares in Fifty-Seven Willis Street Limited due to the national office moving to new premises leased at 79 Boulcott Street. Management expects these shares to be sold within the next 12 months.

The shares have been measured at the lower of their carrying amount and fair value less costs to sell.

As at reporting date, the carrying amount of the Shares of Fifty-Seven Willis Street assets held for sale comprised of the following:

Assets held for sale	2026	2025
Shares in Fifty-Seven Willis Street Limited	$2,237,684	$-

Reconciliation of the carrying amount at the beginning and end of the period:

	2026	2025
Opening balance	$-	$-
Transfer from Fifty-Seven Willis Street Limited (Note 13)	$2,237,684	$-
Closing balance		
Assets held for sale: Shares in Fifty-Seven Willis Street Limited	$2,237,684	$-

15. PROPERTY, PLANT AND EQUIPMENT

All property, plant and equipment is owned by the Parent and measured at cost less accumulated depreciation. Cost includes expenditure directly attributable to the acquisition of the asset. When an asset is disposed of, a gain or loss is recognised in the Statement of Comprehensive Revenue and Expense and calculated as the difference between the sale price and the carrying value of the item.

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 life.

Leasehold improvements	10 years
Equipment	5 years
Furniture	10 years
Fixtures & fittings	10 years

Depreciation methods, useful lives and residual values are reviewed at each reporting date and are adjusted if there is a change in the expected pattern of consumption of the future economic benefits or service potential in the asset.

Summary of property, plant and equipment owned by the Parent:

31 March 2026	Cost/Valuation	Accumulated Depreciation	Net Book Value
Leasehold improvements	2,444,445	707,172	1,737,273
Equipment	726,178	332,493	393,685
Fixtures & fittings	124,221	53,702	70,519
Furniture	397,460	55,820	341,640
Other	7,111	7,111	-
Total	**3,699,415**	**1,156,298**	**2,543,117**
31 March 2025			
Leasehold improvements	1,209,188	561,464	647,724
Equipment	693,122	378,632	314,490
Fixtures & fittings	86,157	44,109	42,048
Furniture	142,546	29,227	113,319
Other	7,111	7,111	-
Total	**2,138,124**	**1,020,543**	**1,117,581**

Reconciliation of the carrying amount at the beginning and end of the period:

2026	Opening balance	Additions	Disposals	Depreciation	Closing balance
Leasehold improvements	647,724	1,235,257	-	(145,708)	1,737,273
Equipment	314,490	203,959	(7,984)	(116,779)	393,685
Fixtures & fittings	42,048	38,802	-	(10,331)	70,519
Furniture	113,319	254,914	-	(26,593)	341,640
Other	-	-	-	-	-
Total	**1,117,581**	**1,732,932**	**(7,984)**	**(299,411)**	**2,543,117**

16. INTANGIBLE ASSETS

Intangible assets are owned by the Parent and includes membership database software. Intangible assets are amortised on a straight-line basis over five years.

An impairment loss is recognised where the recoverable amount of the asset is less than the carrying amount.

31 March 2026	Cost/Valuation	Accumulated Amortisation	Net Book Value
Software	381,781	182,398	199,383
Total	**381,781**	**182,398**	**199,383**
31 March 2025			
Software	372,634	128,788	243,846
Total	**372,634**	**128,788**	**243,846**

Reconciliation of the carrying amount at the beginning and end of the period:

2026	Opening balance	Additions	Amortisation	Closing balance
Software	243,846	9,147	(53,610)	199,383
Total	**243,846**	**9,147**	**(53,610)**	**199,383**

17. ACCOUNTS PAYABLE

	Parent (NZNO)		Group	
	2026	2025	2026	2025
Trade Creditors	510,169	720,103	537,891	708,693
Accrued expenses	262,140	221,368	285,898	240,763
	772,309	**941,471**	**823,790**	**949,456**

18. EMPLOYEE ENTITLEMENTS

Wages, salaries, and annual leave

Liabilities for wages and salaries, and annual leave are recognised in surplus or deficit during the period in which the employee provided the services.

Long service and retirement leave

Employees of NZNO become eligible for long-service leave after a certain number of years, depending on their contract. The liability is recognised and measured as the current value of payment to be made in respect of service provided by employees up to the reporting date.

	2026	2025
Current		
Annual leave	1,310,816	1,279,397
Long service leave	143,620	136,776
Retirement leave	37,286	34,307
Other	-	3,000
	1,491,723	**1,453,480**
Non-current		
Long service leave	314,413	364,715
	314,413	**364,715**
Total employee entitlements	**1,806,136**	**1,818,194**

Payments to defined contribution plans for NZNO employees was $692,828 for the year (2025: $630,614).

19. RELATED PARTY TRANSACTIONS

Industry Retirement and Insurance Services Limited

NZNO is one of the four unions that set up Industry Retirement and Insurance Services Limited. The company is a retirement and insurance scheme for union members and is not included in the financial statements, due to it being set up for the benefit of the union members, and no benefit to NZNO. Any transactions between NZNO and the company are the contribution to their staff's employer's contribution.

Fifty-Seven Willis Street Limited

Andrew Casidy, Director of Operations and Member Support was appointed to the Board in April 2023. NZNO pays a proportionate share of expenses and outgoing incurred by Fifty-Seven Willis Street Limited for repairs, maintenance, insurance, and provision of services. NZNO made payments of $270,220 during the year (2025: $209,376).

Key Management Personnel

Key management personnel of the Parent constitute the governing body and includes the National Executive, Te Poari, Chief Executive Officer, Director of Operations and Member Support, Director of Nursing and Professional Services, Director of Organising and Director of Campaigns. Members of Te Poari are included in Key Management Personnel following the 2025 Constitutional changes.

The President and Kaiwhakahaere are remunerated as per their contractual agreement with NZNO. All other National Executive and Te Poari members are reimbursed for wages foregone due to attendance at board meetings as per the Member Leave Without Pay Policy.

NERF and NTM are governed by Trustees, including the President and Kaiwhakahaere of the Parent. They are only included in the number of individuals for the Parent. While NERF Trustees are remunerated for their services, NTM Trustees are not.

The aggregate remuneration of key management personnel and the number of individuals receiving remuneration is as follows:

	Parent (NZNO)		Group	
	2026	**2025**	**2026**	**2025**
Remuneration				
National Executive/Te Poari/Trustees including President & Kaiwhakahaere	315,375	347,172	320,145	350,742
Senior Leadership Team	897,586	1,000,724	897,586	1,000,724
	1,212,961	**1,347,896**	**1,217,731**	**1,351,466**
Number of individuals				
National Executive/Te Poari/Trustees including President & Kaiwhakahaere	31*	11	35*	18
Senior Leadership Team (Full-time equivalents)	4.21**	5.00	4.21**	5.00

* Only 13 of 31 individuals received remuneration from the Parent during the year (Group: 17 of 35).

** The Director of Campaigns role was filled from April to June 2025 and is therefore included as 0.21 FTE for the year.

20. CONTINGENT ASSETS AND 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 indemnifies members for legal and professional fees in respect of such accusations or claims. It is not practicable to estimate the amount of the potential liability.

21. COLLEGES AND SECTIONS

NZNO Colleges and Sections represent the special interests of members.

Colleges and Sections	Opening Funds 1-Apr-2025	Plus Income from other sources	Plus National Office Funding	Less Expenditure	Full Year Surplus/ (Deficit)	Closing Equity 31-Mar-2026
COASTN	37,276	24,706	11,732	41,421	(4,982)	32,293
Cancer	97,396	30,580	11,732	39,421	2,891	100,287
Child & Youth	34,329	974	11,732	8,561	4,145	38,474
Critical Care	52,251	23,272	11,732	18,404	16,600	68,851
Diabetes	55,489	8,685	11,732	17,779	2,639	58,127
Emergency	306,176	265,302	14,292	258,560	21,034	327,210
Enrolled	81,085	51,801	11,732	75,942	(12,409)	68,676
Gastroenterology	84,051	20,860	14,292	58,007	(22,854)	61,197
Gerontology	74,292	51,739	11,732	78,809	(15,338)	58,954
Infection	205,015	18,743	14,292	75,330	(42,294)	162,721
Mental	23,723	574	11,732	10,450	1,856	25,579
Neonatal	102,009	46,511	11,732	89,427	(31,184)	70,824
Nursing Leadership	31,105	3,770	11,732	12,222	3,280	34,385
Pacific	20,037	1,771	11,732	16,570	(3,067)	16,970
Perioperative	256,731	24,020	14,292	56,487	(18,175)	238,556
Primary Health Care	37,472	1,260	14,292	30,350	(14,798)	22,674
Research	49,751	549	11,732	11,531	750	50,500
Respiratory	94,635	2,474	11,732	13,120	1,086	95,722
Stomal	94,442	47,276	11,732	44,912	14,096	108,538
Women's Health	73,362	61,576	11,732	71,327	1,981	75,343
	1,810,626	**686,443**	**247,440**	**1,028,631**	**(94,744)**	**1,715,881**

22. CATEGORIES OF FINANCIAL ASSETS AND LIABILITIES

The carrying amounts of financial instruments presented in the statement of financial performance relate to the following categories of assets:

	Parent (NZNO)		Group	
	2026	2025	2026	2025
Financial assets measured at amortised cost				
Cash & cash equivalents	3,287,896	3,497,054	3,452,227	3,730,887
Term deposits	10,364,993	10,083,758	10,364,993	10,437,551
Accounts receivable	1,754,580	1,830,112	1,717,161	1,786,231
	15,407,469	**15,410,924**	**15,534,381**	**15,954,669**
Fair value through other comprehensive revenue & expense				
Investments Portfolio	9,759,501	9,368,451	19,236,843	17,898,160
Shares – Fifty-Seven Willis Street Limited	2,237,684	3,186,275	2,237,684	3,186,275
	11,997,185	**12,554,726**	**21,474,526**	**21,084,435**
Financial liabilities measured at amortised cost				
Accounts payable	914,117	1,056,387	965,598	1,127,978
	914,117	**1,056,387**	**965,598**	**1,127,978**

23. LEASES

Operating leases are held by the Parent and are not recognised in the Statement of Financial Position.

Payments on operating lease agreements, where the lessor retains substantially the risk and rewards of ownership of an asset, are recognised as an expense on a straight-line basis over the lease term.

Operating lease commitments

As at the reporting date, NZNO has entered into the following non-cancellable operating leases in relation to office equipment, premises and motor vehicles:

	2026	2025
Not later than one year	1,869,337	1,721,851
Later than one year and no later than five years	4,843,741	5,434,309
Later than five years	1,726,092	2,526,907
	8,439,170	**9,683,067**

Deferred Lease Incentives

A rent-free period of 8.4months (10% of the initial seven-year term) was negotiated on the Auckland office lease. The incentive amount of $136,729 is being recognised on a straight-line basis over the initial lease term.

In 2025, a lease incentive payment of $82,362 was received in respect of the new Wellington office. The incentive will be recognised on a straight-line basis over the initial nine-year lease term from the start of the lease term in June 2025.

	2026	2025
Current		
Auckland	19,533	19,533
Wellington	9,151	7,626
	28,684	**27,159**
Non-current		
Auckland	87,897	107,430
Wellington	65,584	74,735
	153,481	**182,165**
	182,165	**209,324**

24. EVENTS AFTER THE REPORTING DATE

There have been no events subsequent to the reporting date that require adjustment to or disclosure in these financial statements (2025: Constitution changes as disclosed).

25. GROUP ENTITIES

The Group's controlled entities are:

- Nursing Education and Research Foundation Trust Board (NERF), and
- Nurses' Trust Management (NTM).

All controlled entities have the same reporting date as the controlling entity.

Nursing Education and Research Foundation Trust Board (NERF)

NZNO has determined that control exists because NZNO holds the power to appoint a majority of trustees, NZNO has exposure to variable benefits from its involvement with NERF, and NZNO has the ability to use its power over NERF to affect the nature or amount of the benefits from its involvement with the other entity.

Nurses' Trust Management (NTM)

NZNO has determined that control exists because NZNO holds the power to appoint a majority of trustees, NZNO has exposure to variable benefits from its involvement with NTM, and NZNO has the ability to use its power over NTM to affect the nature or amount of the benefits from its involvement with the other entity.

The New Zealand Nurses Organisation Incorporated
Statement of Responsibility
For the year ended 31 March 2026

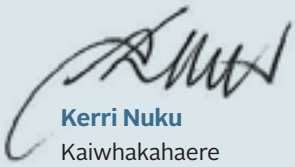
The Joint Hui and Management of The New Zealand Nurses Organisation Incorporated acknowledges responsibility for the preparation of the Financial Statements and the judgements made therein.

In the opinion of the Joint Hui 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 2026.

The financial statements were authorised for issue on 8 July 2026.

Anne Daniels
President



Kerri Nuku
Kaiwhakahaere

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Chief Executive

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