

Minutes
National Nursing Organisations Meeting (NNO)
Tuesday, 13 November 2018 at 9am
Venue: Ruru Room, Level 7, 22 Willeston Street, Wellington

Attendees

Jenny Carryer (CoNA), Carolyn Reed (NCNZ), Karyn Sangster (NENZ), Karyn Bousfield (DHB DONS), Cathy Andrew (NETS), Memo Musa (NZNO), Jane Bodkin (MoH), Margareth Broodkoorn (NCMN), Lorraine Hetaraka (CNA), Donna Foxall (NCMN), Kathy Holloway (Council of Deans), Pam Doole (NCNZ), Kerri Nuku (NZNO), Suzette Poole (NZCMHN)

Apologies

Mereana Rapata-Hanning (Wharangi Ruamano Chair NETS)
Chrissy Kake (NZCMHN)

The meeting was chaired by Jenny Carryer.

The meeting was opened at 9.10am with a Karakia by Donna Foxall.

Karyn Sangster provided apologies for lateness, arriving at 9.23am.

Previous minutes of 8 August 2018

- Page 5 – delete the word “breach” under the NZNO heading.

Subject to the above change being made, Kathy Holloway moved that the minutes of the previous meeting held on 8 August 2018 be confirmed.

Moved:	Kathy Holloway
Seconded:	Memo Musa
CARRIED	

Matters arising

a) Update on Federation

Jenny advised that Helen Francis has been successful in getting onto the Board of Federation and is the only nurse there. There is one Māori representative on the Federation Board.

b) Update HWNZ-HWAG

Jenny advised that HWNZ workforce advisory groups appear to have stalled. There seems to be no clarity of a way forward.

Jane Bodkin advised that the Director General of Health is thinking about the status of Health Workforce and has made an appointment above the Director of HWNZ.

Jenny Carryer advised that Heather Simpson and Sarah Prentice will attend the meeting at 10.30am to speak about the health system review and suggested to set aside time to prepare

c) ITP – Cathy Andrew

Noted at a recent NETS meeting, three institutions were not present which was unusual. There are major changes happening in nearly every school, notably at Heads of School level and 70% are in the “red flag” position. Noted that NZNO’s initiative with regard to the ITP was a good one. Kathy advised that the Council of Deans were invited to a recent meeting and going forward NETS and the Council of Deans need to have a position on ITPs.

Memo said that there are two issues – the immediate, which is the quality of the programmes continuing next year, and the ITP sector review. He said MoH has a role to play in connecting with ITP sector review, providing some advice, and being blunt about the implications of any unintended consequence of options/changes which may impact on nursing education. Jane advised she would keep the Minister informed. Noted that ITP staff felt they were not able to comment and that they were being monitored i.e. via phone calls, emails. Concern expressed about the changes at Whitireia regarding the Māori and Pacific nursing programmes.

Action: Jane is to brief the Minister.

Action: Kathy Holloway is to supply position statements from NETS and the Council of Deans to NNO.

Action: MoH is to provide advice to TEC on the ITP sector review.

10.30am – Heather Simpson and Sarah Prentice in attendance

Jenny welcomed Heather and Sarah and thanked them for their attendance. Jenny asked the attendees to introduce themselves to Heather and Sarah.

Heather provided an update of the review.

- The review is very much in its infancy i.e. it is still in the first 100 days.
- A panel of six is now up and running and meets monthly.
- Sarah Prentice is the Secretariat.
- The review is now at the stage of the panel discussing the forward strategy.
- Heather has spent time travelling the country looking at a range of DHBs i.e. what the arising issues are.
- The Terms of Reference for the review is to look at everything which requires focus.
- The review is from the point of view of improving the equity outcomes of the system – the system is not broken and it is not in crisis.
- The panel is charged with looking forward. Things are going to change a lot and rapid change is occurring both in terms of technology, changing demographics (older people living longer with co-morbidities), the population will be sicker for longer and from a health system point of view, the caring system and how it is managed is important. One aspect will be the generation who have grown up in a digital world. What system level changes need to happen going forward to ensure that in 5, 10, 20 years the health system is fit for purpose.
- The constraints are that the recommendations need to be sustainable, both fiscally and feasibly. The more interesting issue, in terms of the money, is what are the sort of funding flows, how are they working and how do they need to change. There is a complicated funding system and the issue going forward, is that whether it is sensible, sustainable and is it providing incentives.

- What do we think the workforce needs to look like – what is the shape of that – and where are they coming from. Need to look at careers and options for school children, not only in terms of volume, but technology e.g. Artificial Intelligence.
- What are the caring skills required which may not be in any sense medical but are still caring skills.
- The other challenging issue is the panel have been asked to recommend an implementation plan for the recommendations arrived at. Implementation is the key, for example, PHOs were envisioned as one thing but ended up being another.
- Key points are: to have an interim report out in mid-next year (the Terms of Reference state August but July is being aimed at), aiming to start a series of workshops – one before Christmas, a health review (the words “primary care” have been banned because people think doctors when primary care is mentioned). The first Tier of self-care through to needing Tier 2 assistance – how that is designed and what are the interactions (caring, ambulances). Heather advised that it is the health and disability system which is being reviewed. A new name is needed rather than Tier 1.

Jenny opened up the topic for discussion and the group availed themselves of this opportunity.

Safe Staffing Accord – Jane Bodkin and Memo Musa

Jane reported that things are going reasonably well in addressing the first commitment in the ACCORD regarding options for employment of new graduate nurses in a funded NetP/NESP. The first part of the Accord is being focused on as it will be tight to meet the end of November deadline for reporting to the Minister. DHB DONs and NZNO, HR, Central TAS, MoH are working together including Helen Mason the DHB CE representative. There is a high level of engagement and a high level of interest in the Accord. People are working in partnership together and everyone is really engaged. Jane said it feels positive and different to that done before and there is a sense of expectation and responsibility. The interface with midwifery has been challenging. Midwives are seeking their own Accord and are involved with CCDM and accountability. The first part of the Accord is options for the training and employment of new graduates and this is about nursing – midwives have an entry level practice programme which they all undertake and they are all employed afterwards which is different to that of nurses. Options have been flagged and talked through. Input has been received from stakeholders via surveys (i.e. from DONs, MENZ, Educators, NEtP/NESP). Options are likely to be high level and must come with budget bids e.g. increased funding for everyone coming through ACE. Karen B said that HWINZ is great for supporting the programme but for the employment of nurses, there have to be jobs for them to go to. Updates are being issued by MOH on a three weekly basis and in response to Jenny advising she had not received any updates, Jane advised she would add the NNO group to the update list.

Action: Jane advised she would add the NNO group to the Accord update list.

Jane advised there are three parts to the Accord:

1. Giving the Minister of Health advice and options about employment.
2. CCDM and any extra measures of accountability.
3. A recruitment, retention and workforce strategy.

Jane provided the NNO group with background to the Accord and the components being looked at. With regard to the intentions of CCDM, Karen B said that DHBs are signed up to implement CCDM and have been asked to submit high level plans to the Safe Staffing Unit. Karen B said

that the reporting mechanism needs to provide evidence that the DHB is complying with the Accord.

Memo said up until now implementation of CCDM has been through the DHB MECA where there is a requirement for CCDM to be implemented. Memo said that without the Accord, the only option to enforce CCDM implementation was to make a legal claim on the grounds of breaching the DHB MECA. This was very problematic. Karen B said that up until recently, the budgets have been determining what is required and there needs to be a culture change at the DHBs

Cathy Andrew left the meeting at 12.02pm.

Memo said that the phasing of CCDM has been managed to fit in with funding and there is no opt-out for the DHBs to exclude themselves from implementing CCDM. Memo said the SSHWU Governance Group is reviewing all the plans from DHBs.

Action: Jenny will write to Heather Simpson, reinforcing key messages and will advise that the NNO group would like to be engaged throughout the process. Donna requested that the conceptualisation of the Kaupapa Māori approach be included.

The NNO group broke for lunch at 12.07pm.

Kathy Holloway left the meeting at 12.07pm.

The NNO group reconvened at 12.52pm.

Simon Wallace, CEO, Aged Care Association

Jenny introduced Simon Wallace and Alison Karne, Policy Analyst to the NNO group. The group introduced themselves to Simon and Alison.

Simon advised that there is a nursing staffing crisis in aged residential care, this is the number one priority for the Aged Care Association and nothing else comes anywhere near the issues being faced relating to the nursing shortage. Since the DHB MECA was signed, it has had a heavy impact on the aged residential care sector as nurses are moving to the DHBs. Simon advised there are some aged care residence providers who are not representative of the private model of aged care funding. Those who can afford to have been paying their staff more in order to retain them. There are 5,000 RNs working in aged residential care. Vacancy rates have increased if those who are on notice are included (11-12% vacancy rates). This means double shifts, clinical managers are doing their day job and working at night and recently retired nurses who still have their practicing certificates are coming back to work. One hospital unit in a fairly large rest home has closed because it was not able to staff it with RNs – fortunately the residents have been relocated, however not without disruption to the staff and families. Nurses have been removed from the long-term skills shortage list. In the medium-long term the sector has a responsibility in making aged residential care a more attractive place to work. Simon advised that the Aged Care Association have had to go public as politicians have not been responsive to their correspondence.

Jenny invited questions from the NNO group and this opportunity was taken.

Action: Memo said he was surprised to hear from Simon about the skills shortage and will follow this up.

Jenny thanked Simon and Alison for their time and for attending the meeting.

Simon and Alison left the meeting at 1.47pm.

Memo said the issues that Simon raised were being discussed by DHBs 15 years ago and also when he was lead Chief Executive for the Aged Residential care annual review process. The NNO group discussed a range of matters relating to DHBs and aged residential care. It was observed by the NNO group that the Health Cert standards need to be reviewed and Jane advised this was planned.

Māori Nursing Workforce – current Treaty claim update

Jane confirmed that unfortunately Ramai Lord was not able to attend the meeting to speak on this topic.

Donna Foxall thanked Carolyn Reed for her work at the Nursing Council. As this was the last meeting of the year, it was an opportunity for her to wish everyone best wishes for the festive season and a safe Christmas.

Kaupapa Inquiry

Lorraine provided a summary that the Tribunal claim has been 13 years in the making; the original claim was lodged in 2005 and from October 2018 claims were heard at Tūrangawaewae in Ngaruawahia. Lorraine said that essentially the claims state that inequity and institutional racism exists and must change. Lorraine said that NHC were one of the claimants as well as other providers.

Kerri said that there is a difference in what Māori nurses are paid in DHBs compared with other providers. The first wave of the claim is about the system, second is the nurses and the third is the wash-up. It is anticipated the process will take two years. Kerri said health is a taonga and so is a sustained nursing workforce. Kerri said that nurses provided evidence at the Tribunal three weeks ago, along with other claimants which was very moving. Often the nurses were put in vulnerable positions by having to provide evidence in front of their employers. Kerri spoke of a mother talking to her children about their career path and it was observed that one of her daughters said that she would rather be a digger driver like her brother, because she would earn more and have better hours than if she took up nursing. Kerri said it is hoped that the claim will bring about positive change. Lorraine said she also found the experience at the Tribunal moving, with Māori and non-Māori giving evidence. Kerri said one example was of a nurse who had a double degree and the Judge noted she was more qualified than he was and that his cleaner was paid nearly as much as the nurse. Kerri said that Ashley Bloomfield was a great witness as he had an honest approach at the Tribunal. Kerri said that those who are knowledgeable are not cross-examined. In response to a question from Memo as to the evidence from the provider side, Lorraine said that Māori providers were having to squeeze the resources i.e. work more hours, be creative in how to use funds. Lorraine said that a pure general practice does better in regard to funding. Lorraine said that when DHB structures change, Māori providers were worse off and Kerri noted that things like cultural responsiveness and reporting was not undertaken like it should be and there was clear evidence about the disproportionate approach. Lorraine said that mana motuhake was evident at the Tribunal.

Work of the Māori Caucus

Margareth provided an update about the work of the Māori caucus. She said that through the Nursing Council, work is being undertaken on guidelines for education standards, RN competencies and te Tiriti/cultural safety for Māori with Māori Nurse Leaders being invited to look at the guidelines. Margareth advised that the Māori caucus would appreciate an opportunity to attend a Nursing Council Board meeting.

Action: Carolyn thanked Margareth for the feedback provided and said she will attempt to have the Māori caucus put onto the Nursing Council agenda for December.

Carolyn said that one of the things about regulation is the need for separation and she said that two Nursing Council Board members are NZNO members and one is the College of Nursing Chairperson. Carolyn said this could make the Nursing Council vulnerable due to public perception. Kerri said the governance conflict will need to be managed by both NZNO and the Nursing Council.

Strategic Planning for NPTP

Jenny advised there is a meeting in February 2019 to determine a process for letting other providers bid. Jenny said that the ITP sector is vulnerable given the diminishing nursing factor and there is a need to be strategic. Memo said we should not lose sight of where we started before this programme was in place and how far the programme has come. Memo said there is the potential to lose intellectual property, resources and the evidence which has already been built by doing something different.

Jenny noted that teaching NPs and academic faculty are thinly spread and we should not spread the program too far .

NETP

Due to time restraints, Jenny was asked whether this paper needed to be addressed today. Jenny advised it was not an urgent paper and Jane observed it was a good paper and could be used for identifying options. Jenny said the paper was a good, strategic look at what can be done with the NETP programme and the potential ways forward. Jenny said the views of the graduates who responded to the survey indicated a level of distress. Jenny advised that the how and when need to be carefully considered. The survey data identified that one paper (i.e. the acute assessment paper) was particularly useful for the students.

The NNO group said goodbye to Karen Bousfield as this was her last meeting.

Kerri Nuku and Donna Foxall left the meeting at 2.58pm.

The meeting ended at 3pm.

The next meeting will be held on 27 February 2019.