



2016 ANNUAL GENERAL MEETING

Secretariat Report

Welcome to the 2016 Annual General Meeting of NZMLWU.

CNS

CNS is the company NZMLWU contracts to provide the secretariat and industrial services offered to members. This high trust relationship is structured to ensure the union will remain financially sustainable whilst providing continuous quality services to its members.

The CNS vision is:

“To reflect the worth and value of health professionals and their work, while advocating for, advancing and protecting their interests; and

To maintain a high trust relationship with the health professionals we represent collectively, independent of political affiliation, and built on integrity, knowledge, expertise and diligence.”

In keeping with this vision, CNS completed restructuring this year and turned the focus to responding to a member's service delivery survey undertaken late 2015. Improved turnaround times on communication and face to face meetings with members were two areas that survey asked us to focus on.

Turnaround time: We have restructured our email addresses to funnel inquiries more directly to the best person to handle them: initial contact about a problem will be made on the email address ask@nzmlwu.org.nz. When we receive an email we will allocate an

individual advocate to handle the matter and they will make contact directly. We will also keep membership@nzmlwu.org.nz which will be used solely for membership enquiries and secretary@nzmlwu.org.nz. This new system was implemented in April. Just some words of caution:

- a. Many of the issues we deal with demand a little thought. Speed of reply in such instances (outside of acknowledgement) is not necessarily the best thing.
- b. Our advocates are not tied to their computers: they are often in hearings, bargaining, meeting with members, employers etc. When bargaining is on for a particular laboratory for instance, energy is quite focused and the day to day issues often have to take a bit of a back seat.
- c. Whilst we do appreciate that to members the issue at the time is “THE” issue for them personally, it is often not that urgent in the bigger scheme of things. Being handed a suspension letter – yes that will get immediate attention, but legal action that does inherently drag on for ages (and is unfortunately largely outside our control) whilst frustrating, is not something we can speed up.
- d. Advocates will respond to delegate’s inquiries and requests for support first. Our system is designed to empower members as much as possible, so working with delegates who best know our people and workplace, increases their knowledge and inevitably ability to handle things closer to the source of the issue. This in turn speeds up responsiveness overall to members and hopefully helps members to increasingly know their own rights and, albeit with support from delegates, take steps to enforce them.

Face to Face meetings: Our focus is to empower membership and promote resolution of issues as close to home as possible, and we work to try and anticipate problems before they happen so as to advise members of steps that can be taken before problems materialise. The risk in membership meetings without a specific purpose is that focus drifts to the advocate and away from the delegate and local mandate. It is easier to have “someone else” deal with things, but it is also an effective way to disempower individuals as responsibility is shifted.

Having said that, advocates learn a lot each time they meet members in the workplace. Whilst the travel takes us away from the most efficient workplace (the office) we always come away from meetings feeling invigorated and more knowledgeable.

Balancing all these issues, going forward advocates will take opportunities to meet with members however after discussion with the delegate(s) if a group has “no need to meet”, we won’t. If a delegate believes a meeting is needed they are encouraged to let us know and we will arrange one, likewise in my role as National Secretary, meeting groups to get a bigger picture view of issues and concerns will continue as and when time and travel allows.

Increasingly advocates are taking up areas of special interest such as the Holidays Act, Health and Safety and parental leave. This will give everyone in the office a reference point where more in depth information is held, but also allows us to work on sustainable solutions where issues affect a wide range of our membership. We have also moved to employ a social media coordinator to ensure most effective use of these media in our communication with members going forward. We will be looking at improving the website for the NZMLWU so that it is more user friendly with more easily accessible information for members.

However none of this can be achieved without the support in the workplace of the delegates. We need to change the way in which we interact with the delegates and the way in which they interact with members. Delegate support is key to this: our biannual delegates training will be an opportunity for delegates to network and receive training, there are also quarterly new delegates training workshops planned, and these will ensure that the delegates have the tools to be effective and confident in their role. The “delegates” column will also continue to be a feature of “Under the Microscope” with their views and experiences being shared directly with the membership.

We have had new staff join us which likewise has injected new thoughts on how things might be done better as well as giving us the benefit of wider experiences into our decision making processes. Both adding and losing advocates has meant a redistribution of responsibilities this year. We try and keep the same advocates consistently with the membership groups to strengthen both working relationships but also in depth knowledge of ongoing issues. Our 2IC structure should also go some way to ensure continuity when advocates do change, as inevitably they will.

NBAG

We completed our term as Chair on NBAG this year. Whilst this has freed up some time to focus on other initiatives, the pursuit of some through NBAG has stalled. This includes protection of health workers from violence at work, and bullying, albeit that NBAG has been watching the work being undertaken by the medical taskforce on bullying, which has been slowed due to restructuring in the Ministry of Health.

On a positive note, we were finally successful at getting agreement with the sector on the issue of “passing on” which was acknowledged to be causing some confusion within DHBs not being sure what they are supposed to do. The agreed guidelines now give both the unions and DHBs a set of principles to follow when implementing “Passing On”. They acknowledge:

1. That DHBs have an interest in ensuring all staff working in the same roles are on the same terms and conditions. Because:
 - a. Consistent interpretation and application of employment agreements across an employee group is made more efficient through the application of the same terms and conditions.
 - b. It is operationally inefficient and a potential barrier to effective functioning of teams for employees employed in similar roles and in the same workplace, to have different terms and conditions of employment e.g. hours of work.
 - c. The advantage offered by collective agreements in providing the same terms and conditions of employment is an example of the benefit collectively organized labour provides to the employer. Whilst recognizing the rights of employees on IEAs to negotiate in good faith with their employer, the ability to base an offer on one already settled with similar workers, is likewise an advantage to the employer.
2. It is however equally legitimate for Unions to want to ensure terms and conditions are not automatically passed on to non-Union members. Union members’ resource the negotiation of terms and conditions of employment through their membership fees and by collective activity in support of the negotiation. The passing on of those terms and conditions is perceived to be unfair in that those employees, to whom the negotiated terms and conditions are passed on, contribute no resource to that process (free loading) but still gain the benefits. This in turn tacitly encourages non union membership and inevitably undermines union activity.

It was therefore agreed that 'Passing On' of all/some of a Union negotiated CA settlement to non Union members is a legitimate concern for Unions and for DHBs as employers, and that the parties in bargaining should seek a resolution that confers no advantage to those who have not participated in the collective bargaining, whilst responding to the employer's desire for consistency.

It is recommended that 'Passing On' concerns be discussed in bargaining and form a mutually agreed resolution in that process, including the detail of the "what" and "when" will be passed on. This may include:

- a. The application of a bargaining fee;
- b. Time delay's in the passing on of monetary improvements;
- c. One off terms or conditions that apply solely to those participating in CA bargaining;
- d. Recognition of the benefit gained through collective settlements, and the role of unions in this process.

We will watch through 2016-2017 as agreements are renegotiated under this policy.

Whilst extremely irritating that non members get terms and conditions passed on for free, it must be equally recognised that employers do pass on in order to undermine the activity of unions. Effectively less members' means less union strength, which the employer often views as an advantage. Members need to be mindful of why employers pass on and actively discuss the negative impact non members have on the maintenance and improvement of terms and conditions of employment. The idea held by some non members that they are neutral is quite wrong; to add to the inequity created by members paying to improve terms and conditions non members then accept for free. As an aside, research shows for the last twenty years in New Zealand the average pay rise each year for workers on collective agreements was 20% higher than the average for all workers.

A second work stream that arose at NBAG was that of staff influenza vaccinations. Initially prompted by Hawkes Bay DHB producing a draconian vaccination policy mandating vaccination or negatively effecting individual's employment through to potential redeployment, the focus on punitive behaviours has more latterly shifted to Waikato DHB who have used mask wearing (and disciplinary action in the event of refusal) for non vaccinated workers as a means to improve vaccination rates.

We are bound to defend our member's right not to be vaccinated but also wish to avoid the punitive behaviours demonstrated by Waikato DHB. We were also mindful of the public health benefit vaccinations provide and the possibility more DHBs might take the punitive approach if rates amongst staff do not rise. This was reinforced this year when despite the NBAG guidelines, the Ministry of Health endorsed the tactic of mask wearing.

The educative, supportive and encouraging method has again this year been evidenced to be successful in achieving targeted vaccination rates. The trial completed in 2015 at Northland DHB involving NZMLWU, APEX and NZRDA proved the point where overall vaccination NDHB rates improved from 54% to 68% in 2015. Those of our 3 targeted groups (MRTs, Laboratory workers and RMOs) were on average 80%. In 2016 progressing the trial saw all three unions achieving the target of 85% vaccination rates across all groups, and again higher than NDHBs overall vaccination rate albeit that again NDHB has achieved an improvement overall in rates up to 77% at time of writing.

The flu season is yet to hit us in 2016, we will no doubt report back on "Waikato versus the rest" in next year's report.

In 2016/2017 we will be focusing NBAG efforts to ensure the issues of bullying and protection for staff from violence at work will be progressed.

HEALTH SECTOR DIRECTIONS FORUM

This group arose from the Health Sector Relationship Agreement signed by CTU unions, the previous Labour government and Ministry of Health. As previously reported we would not have signed this agreement (had we been invited, which we were not) due to it cementing prior agreement by the Unions to support efficient, effective healthcare delivery even where such would be detrimental to the Union's members.

Whilst we have no formal view on the issue of efficient or effective health care delivery, our purpose is to represent and protect our member's interests. It is important we do this well, not only as our core role, but because we are one of the balancing effects in health that ensure all (and not just the financial) consequences of decisions are given due weight.

None the less, as NZMLWU, APEX and NZRDA have collectively grown, we became too large to ignore, and hence the establishment of a related group with all the same HSRA participants plus us, even though we are not signatories to the agreement.

The forum meets twice a year and hears from Treasury, as well as the CTU's alternative economic view which relies on the same data but reaches a different conclusion. The Ministry, HWNZ, funding distribution issues and government priorities and plans including the Vulnerable Children's Act in 2015-2016, are the kind of topics for discussion in this forum.

Most of what is discussed is already known to us, however it sometimes provides a little more insight into what lies behind the decision making and in 2015-2016 gave us the chance to push for more money to be made available to employees through increasing the DHBs Annualised Ongoing Cost of Settlement (AOCS) figure from 0.7% to the current (but soon to be reviewed) 1.7%. This has resulted in slightly higher wage settlements in bargaining throughout the DHB part of health in 2015-2016.

LABORATORY ROUND TABLE

The roundtable continues to meet, the issue of genomics, infection control and monitoring, IT infrastructure such as single referrer (and place of referral) index, the future of Laboratory Services and Workforce all key issues. We have engaged with a number of sector groups including the Cancer Control Network, Justice (over mortuary / coronial services) and the Bowel Screening team with respect to demand that affects Laboratories and their work forces.

Workforce is all too often reviewed from a static point of view: numbers in position, vacancies, turnover, compliment, demographic structure and "demand met". Waiting until demand is upon us and we are not coping, forcing a business case to be approved is the more likely current mode of operation, leaving scant consideration to getting ahead of impending demand.

In highly technological industries such as ours, what the future looks like, what transitioning of workforces may be required, what current skill sets and knowledge we wish to retain and grow as well as planning for adaptability, rarely feature: succession planning in all but the smallest of specialties, and proactive workforce (re)training even less so.

We are the lead on the Roundtable's workforce work stream which has developed a blueprint outlining as best as we can what change is imminent as far as the laboratory workforce is concerned. Looking at how laboratory services are changing, will give us a chance to consider what adaptation we need to implement and ultimately to get on with it. Rather than reacting to change we wish to plan for change as was evidenced in 2015-2016 in both the cytology and increasingly microbiology workforces.

In cytology scant early communication occurred with the affected vulnerable cytology workforce on the HPV programme changes planned for implementation in 2018, resulting in uncertainty, job insecurity and in a premature loss of staff. We have now identified the need for better planning to retrain and engage with this workforce to ensure these highly qualified and experienced practitioners are still available after 2018 and until the change occurs. A key outcome here is to ensure those that will not be required post 2018 have re-training options to guarantee continuity and certainty of employment in the future.

In microbiology, new uses for mass spectrometry are being found with the advent of the Matrix-assisted laser desorption/ionization time-of-flight (MALDI-TOF) mass spectrometry (MS) which offers accurate, rapid, inexpensive identification of bacteria, fungi, and mycobacteria. In recent times Bay of Plenty PathLab (not our members) has implemented the BD Kiestra Lab automation for Microbiology. This automated processing/plating and incubation system for a range of microbiology specimens, resulted in the loss of employment for almost half of their microbiology staff members. This is the first site in New Zealand to implement this system, but heralds the beginning of increased automation in microbiology laboratories.

But this is the tip of the iceberg. With increasing technology and automation across all disciplines, implementation of front end automation and robotics in new laboratories and as part of rebuilds, technology advancement continues to dictate the manner in which Medical Laboratory practitioners work. It is also dictating the layout of Laboratories with the move from "silos" to multidiscipline track systems with specialist testing hung off of this.

There is also the ability to test in one location and interpret results in another similar to tele radiology as seen in Whakatane Pathlab with the use of Cell-a-vision, with blood films being made in Whakatane but interpreted and reported from Tauranga. At this point we are uncertain as to what the staffing mix will be required in the future as these advancements occur.

How we manage laboratory systems, make sense of data and work “outside the laboratory” will be at least equally important components of the value laboratories can provide going forward. Improving connectivity with whole of health and end to end planning will be critical. Navigators and communicators with not just doctors, but patients, pharmacists, family.... will be important for both the success of the laboratory(s), but also the resources and knowledge held by them.

Laboratory services are one section of health that contains a significant amount of data, both about and for individual patient care through to the population level. Turning this data into information and intelligence for patients, clinicians and the system, and communicating that information effectively and efficiently, is a key requirement of laboratory services and one we must adapt to be able to provide.

The sheer volume will mandate better demand management systems as will increasing expectation around TAT. No longer the time between taking the sample and producing the result, TAT is increasingly being seen as from the time between first thinking about the test and clinicians / patients acting on the result, which gives opportunity to add value from what laboratories do. It will be critical in getting the right test “thought about” in the first instance through to “what it means”. And given that the customer will increasingly be the patient, mechanisms to communicate at this level will be mandated.

Information is a key strength and resource that will add value to the future of patient centric care: demand for scientists to increasingly work in the data/information, quality, clinical engagement space is already apparent. Patient portals are already in operation giving patients access to their test results directly: we must be ready to meet that increasing demand.

One area we will be turning some attention to in 2016 as we move to adapt to impending change is future focused training. As core business a system needs to be established to provide access to fit for purpose training, that is future focused, and preparatory for anticipated change.

HWNZ ALLIED SCIENTIFIC AND TECHNICAL GOVERNANCE GROUP

In holding any position of this nature we are always mindful of our primary commitment to representing our membership. Any conflict of interest would result in immediate resignation from whatever forum poses conflict, however in the absence of such, benefit has been gained in our ability to influence on behalf of members, progress member's concerns which require a national platform, and at the very least see what is coming and therefore advantage our planning processes.

Progress from the center is slow, however a number of advances at HWNZ including support for our cytology workforce and workforce modelling being applied to Laboratory Scientists along with Psychologists, Pharmacists and Physicists in the first round. Working alongside the Laboratory Roundtable Workforce Group, we have a better understanding of the potential future workforce issues that could affect us, and in turn are better able to pre-empt negative consequences for members. The modelling tool has identified the following:

A declining technicians' workforce. The model projects that by 2026 the medical laboratory technician's workforce will have declined significantly, from 1564 in 2016 to 1447 in 2026. The reasons for the projected decline are because:

- a large proportion (39%) of the current workforce is aged 55 and over; and
- the people that entered/re-entered the workforce in the last five years were aged between 30 to 54; and
- Compared to the scientist workforce, the technicians workforce had higher exit rates, especially from people aged 20 to 39.

A stable scientist workforce. The model projects that by 2026 the scientist workforce will decline slightly, from 1759 in 2016 to 1730 in 2026. The workforce is projected to be relatively stable because:

- the majority (68%) of the current workforce is aged between 20 to 54; and

- the scientists that entered/re-entered the workforce in the last five years were predominantly aged between 20 to 29; and
- Scientists tend to remain in the workforce longer than technicians.

The Model also projects that at least half of the current scientist and technicians' workforce will remain in the workforce in 2026. HWNZ has obtained statistics from DHB Shared Services about members of our workforce employed in 11 of the 20 DHBs, remembering that less than 50% of the workforce is now DHB employed. None the less, the trends identified in the HWNZ Workforce Forecasting Model are reflected in DHB-employed workforce statistics.

Decreasing workforce relative to New Zealand's increasing population. The number of scientists and technicians per 100,000 people is projected to decrease over the next ten years because of the estimated decline in the workforces relative to New Zealand's increasing and aging population. How much technology will take up this gap and how much expansion of roles will impact on overall workforce needs is to be monitored as we described above.

However, there are two components that are absent in the current MLS Workforce Forecasting Model:

- FTE data by age group for the technicians and scientists scope of practice; and
- A breakdown of the number of scientists that practise in a particular discipline.

The MSC Secretariat has agreed to include FTEs by science discipline in the 2017 APC dataset. As part of next year's APC Application Form, scientists and technicians will be asked to select which discipline they practice in, and estimate the number of hours they work per week in that discipline (scientists may practice in multiple disciplines). FTE data will enable the Model to examine how the MLS workforce will be impacted by generational characteristics.

We will continue to monitor and seek to manage the impacts of workforce and technological shifts, coordinating through the HWNZ Governance Group, the roundtable and NLEG.

Finally, a review of HWNZ funding is currently underway that may give some focus to what should be funded as priorities. We will report back on this work in next year's report.

NLEG

As a result of the 2014 MECA settlement, it was agreed that the National Laboratory Engagement Group (NLEG) would continue its work, with additional pieces of work referred to it as a result of that bargaining. The main purpose of NLEG is to address key issues not resolved in bargaining; we are acutely aware that substantive delivery is required to satisfy the membership that IBB as an alternative form of bargaining and the engagement that goes with it, delivers real results in the workplace.

There has been a “changing of the guard” that has precipitated a change in the makeup of the NLEG participants for both the NZMLWU and the employer representatives including the Chair. This has resulted in “gaps”, delays and loss of traction on some issues, so whilst progress at the National level has been good in 2015-2016, delivery at the member’s level has not penetrated well. Renewal of the process and “rules of effective engagement” have been reiterated and we will have to monitor whether this has sufficient ongoing effect to justify continuation of this process.

With the changing picture nationally, and with community sector expansion, it will be important to review how NLEG will connect with these other groups to continue to advance the interests of our members throughout New Zealand and not just in DHB employ. A review of NLEG is in order prior to the expiry of the MECA.

The following are brief reports on each of the NLEG work streams. All documents referred to are available on the union website:

- **Fatigue:** NLEG was tasked to develop advice/guidelines for the active management of the Preamble to the Hours of Work Clauses (3.0) in relation to the management of fatigue that arises from the operation of on call arrangements.
This work stream has also linked to the Best Rostering work stream. Advice papers have been sent to the LLEG’s for roster writers to apply these principles to their rosters and to provide feedback to NLEG on the changes they have implemented.
- **Best Rostering Practices:** Following on from the Best Rostering Workshop held last year, there has been varying uptake of the “healthy rostering guidelines”, with one employer choosing to do it their own way and surveying their own staff the final

conclusion of which recommended adopting the agreed NLEG guidelines and some other good work.

- **Incentive Rewards:** A scoping paper was sent to all employers seeking feedback on what each offered currently and their feedback requested. Initial responses show varied reward mechanisms, with this work starting the conversation on what can be done to reward everyday achievement. NLEG awaits further responses.
- **Career Progression Criteria:** LLEGs have been advised that there is provision in the current MECA to make local adaptations. NLEG has sort feedback from the LLEG's on what variations they have made, and asked LLEGs to review their current document and adapt if necessary. NLEG will continue to monitor compliance with the collective and to work with LLEG's who need assistance to adapt criteria.
- **Continuing Professional Development:** NLEG has had continued dialogue with the NZIMLS council seeking improvement in what and how current CPD is delivered. NLEG have responded stating these changes do not address the issues we have raised. Work has also been done looking at alternative models to deliver CPD.
- **Systems integration and staffing demand:** The Integration and Demand work streams were created to establish guidelines/principles by which the parties may engage at the earliest possible point when a change that may impact on the laboratory becomes known to the laboratory management, including advancement of mechanisms by which anticipation of change that may affect the laboratory services will be identified. This work stream is in its early stages with a scoping paper on "Change" having been sent out to all employers.
- **Clinical Scientists:** Whilst Clinical Scientists are outside of the original scope of NLEG, it is of relevance to the workforce and as such NLEG has undertaken to keep a watching brief on this topic.
- **Horizon Scanning:** In 2016 this item was added to the agenda. With the changes heralded for Medical Laboratory Science and the way in which practitioners work, it was viewed that due to the makeup of the NLEG team that this would be a good forum for future changes to be discussed to ensure early engagement with this sector. This is also linked closely to the systems integration work stream.

LLEGs: The minutes from the LLEGs are reviewed by NLEG regularly, and LLEGs continue to provide local feedback to NLEG. It was noted that some LLEG's are making the fullest use of this engagement approach, which NLEG is keen to promote to all LLEG's.

Most LLEGs are meeting on a regular basis, however for some there seems to be difficulty in getting traction on the agreed work streams. Reasons for this include:

- No NLEG member attending their meetings – the feeling that they need support/mentoring.
- Paucity of history or a lack of understanding of the purpose of the LLEG. Gaps in replacing lab managers, new lab managers or LLEGs led by lab managers that have not been a part of the previous bargaining seem to be a causative factor.
- Composition of teams – lab management heavy, no higher-level managers in attendance who can authorise changes, inconsistent attendance.
- LLEGs need to review and in some cases refresh their Terms of Reference.
- Lack of communication back up to NLEG who can't assist if they don't know the issue exists.

NLEG continues to ask LLEGs what kind of support they need.

SCOPES OF PRACTICE

Following on from 12 months of consultation the Medical Science Council of New Zealand (MSC) has implemented changes to Medical Laboratory Science scopes of practice. It is noteworthy that the MSC consulted only with current registered practitioners and not the unregistered practitioners who were to be affected by a majority of the changes. Their reasoning for this remains unclear.

The changes are summarised as follows:

Phlebotomists and donor technicians: Those previously registered as a MLT with a condition on their practise restricting them to phlebotomy or donor technician; the scope of practice has now been changed to that of a Medical laboratory pre-analytical technician (MLPAT).

Working Under Supervision vs Working Under Direction

Practising under Supervision. Supervised practice means working under the supervision of a registered health practitioner who has been approved by the Council. The supervisor must have expertise and relevant knowledge within the medical laboratory science discipline(s) within which the individual is practising.

The supervisor will be required to provide the Council with written confirmation that the individual meets all of the competencies required of the scope of practice for which they are registered. That confirmation must be received by the Council as supporting evidence when applying to for registration. If the period of provisional registration is for a period of more than 6-months the supervisor may be required to provide the Council with interim progress reports.

Practising under Direction. Within the parameters of “practising under direction” individuals will take full responsibility for their practice with general oversight by a registered medical laboratory science practitioner or other appropriately qualified and registered health practitioner who must be available for consultation if assistance is needed. The registered health practitioner providing direction must meet with the individual to conduct periodic reviews of practice.

BARGAINING IN 2015 - 2016

A list of the collective agreements negotiated by NZMLWU is summarised below.

	START END DATES	Status
Wellington SCL	31 October 2015 - 30 June 2016	Under negotiation
SCL	1 July 2015 - 30 June 2016	Under negotiation
NZMLWU National Collective	8 August 2014 - 4 Sept 2016	Under negotiation
Pathlab Whakatane	5 September 2015 - 19 January 2017	In term
LSR	29 February 2016 - 30 June 2017	In term
Northland Pathology	1 July 2015 - 30 June 2017	In term
T Lab	6 September 2015 - 5 September 2017	In term

In the community laboratory section of our membership we are seeing the squeeze of DHB “planning and funding arms” trying to reduce expenditure overall for the DHB. We are therefore facing arguments that the ability for these employers to provide 2% or more is difficult to fund.

However we must remember that this is simply a mechanism the DHBs use to drive down costs. If they wish to have a laboratory service, they still need us to do the work. In some instances, the value community providers see in their workforce is greater than that experienced with previous DHB employers; however it would be fair to say it is a mixed fruit basket indeed. Whichever the employer, the member’s ability to recognise their own value in the delivery of an essential service remains an important element in bargaining.

SCL

Southern Community Laboratories commands a continuously increasing section of the medical laboratory scene in New Zealand. They are now the single biggest medical laboratory employer in New Zealand, and when the combined South Island and Wellington collective agreement is completed later in 2016 it will be the second biggest medical laboratory collective agreement in the country, and a close rival in size to the DHBs MECA. What brought us to this point and what have we learned for the future?

There are a number of lessons but two stick out above any others:

1. Union organisation, strength, and workplace penetration matters, and materially affects outcomes in a major restructuring situation; and
2. Beware the trap of ‘crying wolf’ with the continued march of medical laboratory privatisation. There were far too many players who should have known better than to suggest that laboratory service in the Wellington region would go to hell in a handcart if privatisation was allowed to proceed. They were wrong; it didn’t and it hasn’t. The grim, or cheerful, reality is that the private sector can and does run cost-effective and safe medical laboratory services and this is proving to be the case in Wellington. In that context it just marginalises an organisation to ‘tilt at the windmill’ of hoping for a ministerial intervention right up to the last minute when it is too late to influence the change process.

This was not the tack adopted by NZMLWU with the Wellington Laboratory situation; instead we focused our attention on influencing how the changes would affect our members.

Redundancies were kept to a bare minimum and careful attention was paid to the situation of all individual members transferring from either a DHB or Aotea Pathology to SCL.

Our special thanks to Brice Thomson whose oversight as a national executive member, availability to discuss options and what is “really” going on, and support delegates on the ground was amazing.

Despite being in the “at risk” Hutt Lab, Brice kept an impartial overview of what was happening for every one of our members in this merger, and provided wise counsel along the way that was invaluable. Our sincerest thanks to Brice for his unselfish devotion to all our members in the region.

From quite early in the process the union mapped out with SCL a timeline with set milestones to ensure a smooth transition. The Aotea Pathology collective agreement was renewed with an expiry date at the end of October 2015 to line up with the transfer of employment to SCL. Then in early 2016 a Wellington only collective agreement covering ex DHB and Aotea employees was negotiated with an expiry date of 30 June 2016 to line up with expiry of the main South Island and Taupo SCL collective agreement.

We certainly have had our disagreements with SCL; as an example, at time of writing the physical transfer to the new Wellington hospital lab is nearing completion. Working in a laboratory that is being built and renovated around them has at times put considerable pressure on our members and whilst SCL has generally handled the rebuild well, we did have a moment where we required work to stop, and staff to leave the workplace, until temperature and fumes etc. were brought under control. The failure of the laboratory manager to put as much emphasis on staff safety as ongoing throughput was noted! There is also a lingering feeling that a greater understanding and appreciation of staff contribution to ensuring the smooth transfer could be more forthcoming and recognised.

At this time NZMWLU and SCL have agreed to negotiate a comprehensive Wellington, South Island, and Taupo collective agreement to take effect from 1 July 2016. With good

preparation and planning we are confident of achieving a strong new MECA. We are also confident that we are in a position to improve terms and conditions in this new large collective agreement and reverse the 'grand parenting' mentality that has bedevilled some of the laboratory mergers in the past. In other words we want all our members to not only rise on the tide to the most advantageous conditions (as opposed to scheduling the best conditions) and look to improved conditions over and above going forward.

It is a very big year for laboratory bargaining with both SCL and the DHBs bargaining in the second-half of 2016. And that should be no surprise to anyone either; it too is the result of careful planning and strategic thinking.

Tlab

This group bargained in September 2015, with a salary scale above other laboratory groups, they achieved a settlement of 1 + 1% increase on salaries and allowances for a 2 year term, the addition of another step on the top of technicians scale to recognise advanced practice of senior roles, and an increase to their on-call allowance. There is still room to continue to improve provisions to recognise fatigue caused by shifts and out of hours work in this workplace.

BOP Pathlab

Also bargained in September 2015, their settlement was for an increase of 2% on salaries and allowances for a term of 16 months. Other improvements included recognition of fatigue, the need for a nine hour break after a callout between the hours of 2am and 5am, and additional shift leave for shift workers. With the shorter term they will be set to bargain again early 2017.

LSR

This group bargained in early 2016. They achieved a settlement of a 2% increase on salaries and allowances for a term of 16 months, an additional step on the top of the technicians scale to recognise advanced practice of multi-skilled technicians, and a new LSR specific career progression process. Members are already utilising the LSR career process, which will be monitored over the term to ensure effectiveness.

Northland Pathlab

This laboratory continues to lag behind other laboratory's terms and conditions, and as a result suffer recruitment and retention issues as it often serves as a temporary stopover whilst members find employment elsewhere.

In 2015 we continued to try and get the terms and conditions for our members in this laboratory closer to that of the DHB laboratory staff just down the road with some success, albeit not as much as we would have liked. Our strength is also restricted by the number of non-union staff in this laboratory. Despite the settlement providing for notable advances in salaries, the role the union plays in such is still not supported widely enough in this laboratory.

DHBs

DHBs have moved the ACOS from the restrictive 0.7% increases of 2014 to 1.7% in 2015-2016. Bargaining for renewal of this MECA will commence shortly.

Key issues during the year have included:

1. Mondayisation of Public Holidays – this has been a bit hit and miss, with some employers getting it right and others completely wrong. The threat of legal action was required in Canterbury DHB before they conceded to the correct interpretation. We will need to remain vigilant through 2016 to ensure the collective employment agreement and Holidays Act are complied with and that members are educated as to which working scenarios either on the day or the mondayised day will disadvantage them.
2. Sinking Lid – it never ceases to amaze us how laboratory management continue to use lean processes and take opportunities to restructure as staff retire/resign with little regard for the impact of additional workload on the remaining staff. We remain ever vigilant of this, however, are hampered in departments or laboratories where there are lower membership levels. With the majority of DHB's now in deficit it is even more important that we remain collectively organised to combat this.
3. Restructuring – as raised above, we need to be mindful of restructuring and why it is happening. Dollars are inevitably the major driver, but will the change actually deliver? More often than not members see this as a 'fate accompli', but is it? We need to continue to test and question these changes otherwise members will continue to be required to soak up the extra workload.

INDIVIDUAL ISSUES

We continue to represent members involved in individual grievances or who are the subject of allegations from their employers. The number of bullying complaints has not abated, nor the tendency of inexperienced HR staff to turn the simplest of performance issues into an investigation / hearing type situation.

This year has seen an increase in investigation meetings for misuse or overuse of the internet, bullying or perceived bullying and general bad behaviour. Many of these have been related to “cultural norms” in some laboratories or departments, where as part of the investigation you often hear repeatedly that “everyone does it”, or “this is normal”. This is hard to manage from the union’s perspective, but also from the employers, as the accepted behaviours are long standing and have become entrenched. We continue to identify areas that need work and advocate for appropriate behaviour in the workplace.

Workplace stress is increasingly demonstrated in sick leave usage concerns, relationship “breakdowns” in the workplace and disempowerment of members generally. When an individual becomes the identified victim arising from systemic problems, it can become difficult to unravel. We continue to urge members not to take on the problems of the sector as if they are your own.

Increasingly the DHBs focus on patient centered care is forgetting the staff who deliver that care. We need to take every opportunity to remind the DHBs that their role is to care for the staff, which in turn will care for the patients. There is an uneasy sense of the DHBs trying to claim the patient as “theirs” and as a consequence, any employee who refuses to fall into line is unprofessional, uncaring or worse. The employee’s rights are being seconded to those of the patients in this messaging; this is something we need to be aware of.

Our advice is to be realistic as to what you can and cannot control. The employers will always accept more work from you, even if at personal cost. However reward for that work will in our experience not be so forthcoming, nor will general resource to support your work.

Another area of ongoing concern is members’ who forget that “private information” means exactly that. It is irrelevant if the person is a mother, child or neighbour; personal health

information should remain exactly that. The defence that members were asked by, or had the permission of the individual to look something up, is no excuse. Apart from the employment relationship issue that breaches of patient privacy result in, we suggest the professional relationship between practitioner and patient should be more respected: no one is immune from bias or potential miscommunication when advising a family member or friend. Our advice, leave the communication of health information to the person's practitioner. Decline any inquiries for assistance.

HEALTH AND SAFETY

The 2014 delegates conference was focused on Health and Safety in anticipation of the new Act. That Act took almost another two years to be passed, so a refresher for delegates is now in order. None the less it was good to get ahead of this issue and raise awareness.

More work implementing the new legislation through work groups and health and safety delegate election will now occur, as well as a refreshing of all members understanding of the importance of this issue in all workplaces.

The "safety against violence towards staff" and bullying work being undertaken at a national level will come down to each workplace taking some action in the due course of time, however, we need all members to be more aware of potential issues and commit to raising and seeing resolution occur.

DELEGATES TRAINING

We have run all inclusive delegates training sessions every two years, which have grown into quite an undertaking, now running over three days.

The first day previously reserved for new delegates training, has been popular with all delegates keen to have an update as well as network with those new to the role, but diluting some of our original intent. In addition, with new delegates coming on board over the 2 year period, we have found waiting until this event to give them training was too long. As a result we have now introduced a one day specific new delegates training at our offices and included day one of conference within the entire three day programme.

This year's combined conference with APEX is entitled Our Place in the Sun: we will be focusing on where we as part of the allied scientific and technical health practitioners group

sit in the entire system that is health as it is increasingly integrated with other social agencies, and becomes patient centered and community based. Understanding how the system “works” to aid delegates and advance members interests is planned, as is a more critical look at the overall role of allied scientific and technical, and how to promote and integrate our value and skills into what is all too often a system that thinks in limited terms of “doctors and nurses”. The whole issue that surrounds decisions such as bowel screening, where DHBs ensure they have enough of these two groups but “forget” about anatomic pathology is just one example.

What is the role of the relatively new Allied Scientific and Technical leaders sitting as they do at the same level as the CMOs and DONs? These latter two positions cover just the one (each) professional group; not so for Allied Scientific and Technical, so how to make the best use of this position at the top table? And what does the future hold as we move more into integrated community based care, point of care testing and genomics?

The quality of the conference is high with excellent guest speakers, including some of our own on specialist topics, whilst also allowing time for delegates to workshop. The conference is resource intensive in planning and running; it is also financially draining. We simply could not afford to hold such a conference every year, however given its popularity, quality and benefit to delegates, a decision to continue holding it has been made. We will however have to remain mindful to ensure it is providing value for money.

SUMMARY

In 2015 we have experienced ongoing bullying and toxic work environments exacerbated by workload stress. We have also seen further significant moves to contracting out, and the rebuild of laboratory facilities with new technologies impacting on some work groups. But so too some Laboratories are being left behind in the rebuild programme: Taranaki and Hawkes Bay two obvious examples.

We believe contracting out of laboratory services will continue and are monitoring the situation carefully.

However we have also seen fledgling arrangements being cemented and starting to produce some real benefits for Laboratory Workers, not just now but in anticipating change in the future. Working through NLEG, the Laboratory Roundtable and HWNZ, we have been able to influence sufficient elements within the Health Sector to recognize problems that are

arising such as in the cytology workforce. We are also seeing more drive in anticipation of change and more opportunities being provided for those working in our industry going forward.

We do have to seize what opportunities we have: waiting for someone to do this for us is not a successful strategy. One of our challenges going forward will possibly be, however, our own membership. We need members to look up from their microscopes and out of the lab window. We can put only so much support and action into place; if members are not prepared to grab the opportunities that present themselves, we will fail.

And yes this all has to be done whilst members are grappling with increasing demand, workplace issues and pressures, balanced against professional and personal demands. It is imperative balance in our lives exists; if it doesn't we risk becoming physically and psychologically damaged as an imbalance takes hold. However this does take work and determination. If we let it all get on top of us, or if we turn a blind eye, who are we really kidding? Possibly the greatest challenge facing us in 2016 and beyond is resourcing, including workload, up against maintenance of professional standards, work life balance and quality of care.

To our national executive members; as always our thanks. Their collective oversight is hugely valuable; activity members see little of but that nonetheless provides an ever-present rudder that guides us. Our entire national executive demonstrates a wealth of talent and commitment worthy of thanks from us all.

If I might however, a special thanks to Stewart Smith who continues in term as National President. His humour, knowledge, common sense and constant availability has provided for stable and effective governance over the last 10+ years. Whilst usually quietly working away in the background, members should never underestimate the role he plays in keeping our ship on the right path. My admiration and thanks to Stewart for his support and help over the years.

Also to Bryan Raill whose attention to the financial details is only surpassed by his ability to find things out. From DHB HAC committee reports to financial assessments of the benefits or not of various laboratory options, his penchant for investigation is unheralded. Thanks for your ongoing work and support.

And to our delegates who never cease to amaze me with their common sense and sometimes against the odds, perseverance. Whilst sometimes we get lost in the day to day grind, they none the less manage to lift themselves to keep on keeping on. With members' interests in their hearts, they are a force to be reckoned with. Of course they are strong on the back of the support their members give; we must never forget that each and every delegate deserves the support of each and every member

I believe 2016 will see an increasing emphasis on the role of delegate. Health and safety, change management, ongoing demand and technological change, will affect us all: your leadership skills on the ground will be essential in this changing world. We will also need to reset our point of view as the world in which we work changes; keeping delegates closely connected is one way to make the best we can of what we have. I look forward to working with and supporting you all and in anticipation wish to thank you. Not simply from my perspective but on behalf of all members who may not fully appreciate your commitment and motivation, or how that genuinely affects their everyday lives.

Dr Deborah Powell
National Secretary