2017 ANNUAL GENERAL MEETING

SECRETARIAT REPORT

Welcome to the 2017 Annual General Meeting of APEX.

MEMBERSHIP

APEX continues to grow at a reasonable pace, with the expectation we will grow further in 2017. A number of new groups have expressed interest in joining this year:

1. Amongst traditional groups such as (educational) psychologists, dietitians and pharmacy, we have seen additional worksites join APEX; and
2. New divisions such as biomedical engineering and speech language therapists

Following DHB employers opting out of a MECA scenario, some of the audiologists were unable to support SECA bargaining. This probably demonstrates a fundamental tenet of APEX activity. We are not a union that "does it for" the members; rather, we "do it with" them. The motivation and energy must initially come from the membership itself; yes our advocates have considerable skill and industrial knowledge, but they cannot do this work justice without membership drive, energy and commitment.

We also need to temper the occasionally proffered view that a MECA reduces the need for membership engagement. The need for all members of a group to support a MECA, often negotiated at a distance, is no less important and probably more demanding, than support for a local SECA bargaining.

In 2016, the NZ Medical Laboratory Workers Union engaged with APEX regarding possible amalgamation. We have always had a close association with NZMLWU; however, the opportunity to improve efficiencies of scale and, probably more importantly, to cement our position as the specialist allied scientific and technical union in NZ was attractive. As a result, a motion to this AGM seeks to confirm a medical laboratory workers' division of APEX, which, if passed, will see the members of that union join APEX.

CHANGING CULTURE AMONGST OUR MEMBERSHIP

2016 saw an emerging cultural change amongst our membership, not dissimilar to that being experienced within NZ society as a whole, but to date less pronounced in health.

First, our younger members are actively seeking more work-life balance. This is being demonstrated in a number of ways, including an increasing intolerance for the lack of part-time opportunities and flexible working arrangements. Whilst the lack of part-time opportunities has, in particular, been a bugbear for many years, there is now greater resistance to the "that's the way it is" approach. We believe this is a good thing, and need to continue to push management to allow these opportunities for employees. The goal is to balance how many hours we work with how many hours we need and want to have away from work.

It is disheartening to continue to hear of part-time FTE being amalgamated back into full-time positions, and of some members being exposed to what can only amount to professional blackmail when they wish to keep working part time. It is utterly unacceptable to hear of even one member being accused of letting patients suffer because they normally work to 3.00pm (in time to be home for school age children – not that the reason is relevant) and wouldn't extend their day to 4.30pm to accommodate an additional clinic that had been scheduled. That there are patients is known to us all; that there always will be patients is also known. If a service either has insufficient resources or can't manage what resources they do have without this type of abuse, they should look to replace the managers, not blackmail staff.

In a year when the Resident Doctors brought the issue of fatigue in health practitioners firmly into the spotlight, when engagement surveys continue to demonstrate a perceived lack of genuine engagement, let alone care, shown by management, and when bullying cultures continue to plague us, it is time for attitudes to change.

Wellbeing has become a buzz word for managers in defence of the above. However, all too often this is focused on staff doing things to help themselves and improve their own resilience to cope with the demands of work. APEX believes employers should put the wellbeing of staff at the centre of everything they do, supporting us to be in a healthy state to be able to care for patients.

Under-resourcing has been a persistent feature this year, and has led to increased sick/stress leave, poor culture within departments, and errors resulting in disciplinary action.

Rather than address these unfortunate outcomes, employers need to turn their attention to the cause – and to make that happen we are going to have to push hard.

Reliance on recruitment from overseas also brings with it cultural challenges. Whilst the new and different is often refreshing and may expand our thinking about how and why we do things, it can also bring additional stress resulting from the time taken to orientate new staff. If orientation is inadequate, the result can be new members not knowing what is appropriate. Folk from the UK are often the hardest to integrate, perhaps because there is an assumed sameness. In 2016–2017 (and perhaps given the issues with the NHS) this sameness cannot be presupposed, and just as much care is needed to ensure these colleagues are assimilated properly into our system.

RELATIONSHIPS

NBAG

NBAG continued at a slower pace this year, with no significant issues being brought to the table, and one face-to-face meeting having to be cancelled due to lack of (employer) interest. The expected "show down" with Waikato DHB over mask wearing during flu season for unvaccinated workers did not arise, as there was no flu season in 2016. Maybe within the month we will have this issue back on the agenda, with 2017 tracking towards a flu season starting in June or early July.

The focus on bullying largely remained with the Medical Group, as the DHBs collectively declined a national approach to culture change within their organisations. Some DHBs have started some work on this front; however, it is generally poorly resourced and haphazard in its application. ADHB may be the exception to this rule, with their "Speak Up" programme shortly to be launched. We will have to see how each DHB's efforts deliver, and assess what next following that. The medical group continues its work, with the added resource of GMsHR on board. This may prove another avenue through which to generate change; however, progress is slow. A recent clear case of group bullying in one DHB met resistance to even a preliminary investigation, due to the seniority of the bully.

Protection for staff from violence at work progressed to the point of release of a guideline. We now wait to see how well applied it is across the DHBs.

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 members' concerns that require a national platform, and, at the very least, see what is coming and incorporate this knowledge into our planning processes.

HWNZ funding was opened to consultation this year, with the APEX submission concluding that although the current system isn't perfect, equally it isn't broken. For allied, ccientific and technical employees, we could see no gain from a contestable sliding scale funding approach, and potential detriment if it risked the current funding streams.

Under current arrangements in the public health sector, post-entry training of allied, scientific and technical health employees is an accepted part of public health provision, and is fundamental core business. On-the-job training is recognised as important and necessary, and generally (albeit with some notable exceptions) occurs at sufficient levels to ensure workforces are maintained, and is funded out of existing DHB budgets. Whilst vigilance and lobbying on behalf of staff is sometimes required, we contend that these arrangements and the culture that supports them function well, and are appropriate. This describes the current reality.

We challenged the 'case for change' in the consultation document, and in particular the assertion that 'the way in which training is funded is not responsive to future health needs'. We do not believe there is evidence to support that blanket contention. As the service responds to government priorities, changing community needs, and improvements in medical interventions, workforce development and training respond in a natural and timely way.

As an example in the current environment, laboratory services in the future will require fewer cytologists as the move to HPV testing rolls out, and so there are fewer scientific staff with a cytology speciality being trained. Meanwhile, we are actively retraining cytologists in other areas of laboratory science. We have also recognised the need for more communicators in the laboratory sector, as test results are provided directly to patients. Plans to increase workforce capacity in this area are already underway.

In radiation oncology, as the population ages and the numbers of patients surviving first cancers and then returning with second cancers increases, and as the service is increasingly able to offer individualised treatment plans, there is a burgeoning demand for both more, and more highly skilled, medical physicists and radiation therapists. The service is responding with an increase in the number of staff in both groups upskilling to appropriate levels.

In view of this current environment, it concerns us that a move to a contestable fund with a sliding scale runs the risk of:

- Adding bureaucracy to an otherwise efficient system.
- Creating a culture of ‘robbing-Peter-to-pay-Paul’ with an attendant negative impact on service co-operation and team culture.
- Absolving DHBs from their duty to support post-entry training, as they do now, because they are encouraged to see the responsibility for funding training moving from them directly to HWNZ.
- The potential for employer-based funding being replaced by the insecurity of having to bid for alternative and limited funding, resulting from the above.
- Political interference in the size of the pool, creating a mismatch between training needs and available funding.

In our experience, the service is already bedevilled by unnecessary layers of bureaucracy and form-filling for various (not necessarily training-related) funding requirements. This already unreasonably absorbs the time of clinicians who could better spend that time with patients deploying their clinical expertise. The proposed changes in the HWNZ-inspired investment approach would add another layer of form-filling and submission development to an already over-stretched service, for no demonstrable gain.

The proposal would also risk an increasing division between those with and those without: the well-staffed services that have the resources to allow someone to create bids could do well out of the approach, but those less well-resourced would suffer – and continue to suffer.

To be clear, APEX was not saying allied, scientific and technical health practitioners could not do more with more money, especially in the integration and innovation space. Nor were we saying that some obvious areas, such as in the radiology field, don’t need more DHB resource and greater commitment to trainee positions. However, risking what we have in the context of bidding for resources in such a competitive environment, and with the added concern that this could negatively impact on professionals within our teams, is not attractive.

The AST Governance Group kept tabs on external activity, and progressed a number of other internal initiatives:

- DHBSS Workforce Strategy Group (WSG) Radiology Work stream and physiotherapy workforce assessment
- Laboratory Roundtable's Workforce Group
- Psychologists Workforce Group (although this group appears to be a law unto itself, and not well populated with stakeholder engagement)
- Workforce modelling on social workers, pharmacists, psychologists and physiotherapist workforces (with assistance from and to the regulatory authorities).
- Clinical Cardiac Physiologists survey work.

The group continues to work well, but has been plagued by a lack of resource and support within HWNZ itself. While we continue to celebrate and promote the role of AST in health, we struggle with the number of DHBs that continue to see AST as subordinate to something else, often the director of nursing.

HEALTH SECTOR DIRECTIONS FORUM

This group, largely driven by the CTU, set its sights on "High Performance, High Engagement" (HPHE), the latest managerial trend to strike the health sector in 2016. It is not new, and some say just its common sense in that it promotes high engagement with staff and unions as a means to lift productivity.

HPHE requires both parties to engage on an equal footing, with common goals benefitting both parties. Some would argue we already have this in some pockets of the Health Sector where service managers and delegates work well together, supported by experienced leaders from both the DHB and relevant union. However, it would be fair to say that this is more a rarity than a commonplace. Nonetheless, the question arises: is HPHE just common sense but limited in application by other factors in our sector?

One factor that would influence the mutual potential of HPHE in Health is the degree of central control and political whim that impacts on us.

- Targets are set not according to clinical priorities, and certainly not by us, but by politicians;

- Budgets are not set through a "mutual process", and all too often the outcome is a cap or freeze on staff appointments;
- Wage movements are set by a central employer-controlled agency, restricting bargaining to an outcome that costs no more than….
- The list goes on.

It is hard to imagine a time when big financial decisions could be the subject of mutual agreement, which begs the question: "what happens to the relationship at grass roots, or at the board table, when a decision unfavourable to at least one party is made and/or imposed?"

We doubt anyone would disagree that collaborative, on-the-ground decision making to improve productivity is great, but at what point do the staff see any tangible benefits from this work. Is involvement itself to be enough? In bargaining, proving productivity gains due to staff effort in support of a better pay rise invariably gets the standard "all we have to spend is…" answer. Those who work hard to produce gains, or *can* produce gains (not all of us can) are treated the same as those that do (or can) not, so in our current system the sharing the financial benefits of improved productivity is not part of the deal.

And what if the decision, made by consensus of all those at the table, has a negative impact on one union's members? Under HPHE, the union affected is bound by that decision, severely curtailing their ability thereafter to act in the best interests of their members. Would that decision have been made anyway? No-one can know the answer to that; however, unions can and do get such decisions either overturned or their impact minimized (number of redundancies reduced, for instance) by their ongoing lobbying on behalf of members – activities that could be prevented under HPHE.

And finally, there is our culture of bullying. How can HPHE flourish in an environment plagued with bullying?

We are keeping our minds open. However, any decisions must be based on tangible benefits for members, balanced against potential risks. We are not in the business of maintaining our existence purely for the sake of it: we are here to represent the interests of our members, to protect and advance conditions of employment, including job satisfaction.

HOLIDAYS ACT

APEX, NZRDA and NZMLWU are currently participating in a joint CTU Unions/DHB working group to investigate Holidays Act 2003 compliance.

In summary, the Government, through the Labour Inspectorate within the Ministry of Business, Innovation and Employment (MBIE), is currently investigating systemic and widespread non-compliance with the Holidays Act. The Labour Inspectorate is therefore undertaking work to audit and address any non-compliance identified. In the DHB Sector, MBIE has undertaken individual audits of three DHBs (Auckland, Counties-Manukau and Canterbury) and has three other DHBs (Northland, Waitemata and Capital & Coast) on a watching brief.

The working group TOR sets out the framework for joint DHB and union oversight of, and engagement in, reviews of DHB payroll processes to ensure that these are compliant with the Holidays Act, and seeks to confirm a common approach to remedying identified non-compliance and fixing systems to safeguard against further problems.

The focus of the work will be from the period beginning 1 May 2010, and the DHBs will address any agreed compliance issues from this date.

Some of the problems of Holiday Act non-compliance identified are the following:

1. Annual leave not being paid out at the greater of two calculations; of either ordinary weekly pay (pay in the last week or average of the last month) or average weekly earnings over the past year. This could mean that an employee is paid less than they are entitled to, especially if their hours of work or overtime/call payments have increased at the time they take their annual leave.
2. Not paying for public holidays, sick leave or days in lieu, at relevant daily pay (including overtime that would have been worked, call etc.) and instead paying only at average daily (average over the year). Again this could mean staff are paid less than they are entitled to.
3. Accruing annual leave in hours instead of days/weeks. The Holidays Act says that an entitlement is in week, not hours. This is an issue if someone's hours of work have increased over the year, but their leave balance has not been adjusted to account for this. For example, an employee starts the year working 20 hours a week, but increases to 40 hours per week after 12 months. However, their accrued leave only stipulates 80 hours/2 weeks, instead of the 160 hours/4 weeks they are entitled to under the Act.

The auditing of this compliance could potentially take years, and will be an overly cumbersome task. Given this, we remain open to the possibility of an agreed financial settlement of the compliance issues identified.

Mondayisation of Public Holidays

With the recent round of the Mondayisation of public holidays, the DHBs changed their custom and practice of what an employee receives when they are rostered to work the public holiday on the weekend, but are rostered off on the transferred day (Monday or Tuesday). In the past (post 2014), an employee would receive penal rates for working the weekend day, a day in lieu, and ordinary time payment when rostered off on the Monday or Tuesday.

Most DHBs have recently required union members to use their day in lieu earned for working the weekend day (or annual leave) on the day they are rostered off on the Monday or Tuesday. In effect this means that members get nothing extra for working the public holiday in the weekend. Where DHBs have deducted the day in lieu without an employee's consent, we can have this credited back, as this is a breach of the Holidays Act.

When an employee is asked, prior to the public holiday, to consent to use the day in lieu on the Monday or Tuesday and has not agreed to do so, some DHBs have stipulated that they would not be paid for the Monday or Tuesday they are rostered off. Our position on this is that if Monday or Tuesday is an ordinary day of work, then the member is contractually entitled to be paid for it and receive ordinary salary. It is management's choice to roster an employee off: they still need to pay for it. We will be working on getting agreement going forward on this, so it will not arise as a problem when the next round Mondayisation of public holidays occurs in three years' time.

INDIVIDUAL GRIEVANCES

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 has the tendency of inexperienced HR staff to turn the simplest of a performance issue into an investigation/hearing type situation.

As already stated, 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 were their own. Waiting lists in particular have become the focus of some members, feeling the need to somehow "keep up" with a ballooning list. The stress this can engender can be enormous and unmanageable; a waiting list is not of any one practitioner's making, nor likely to be in any one person's ability to resolve.

Our advice is to be realistic about what you can and cannot control. Employers will always accept more work from you, even if this comes at personal cost. However, rewarding you for that work will not, in our experience, be so forthcoming, nor will general resource to support your work. If you think about it, why would a DHB put more resources into an area that doesn't have a waiting list, or even one where the list is being controlled?

BARGAINING IN 2016–2017

Our plan to improve CPD/CME provisions for the AST groups has now borne fruit, with sufficient agreements containing appropriate structures to become the "norm". We have two systems in operation: the individual allocation of funding and leave, which applies in our postgraduate groups, and pooled funding with joint committee arrangements for others. Whether the quantum of leave or funding is sufficient remains to be seen, and will no doubt declare itself as we start using the new structures.

A second area that will require attention is that of call back. With the recent high profile cases, including the sleep-over case, plus the spotlight on fatigue, we need to look carefully at whether call is reasonably being used or if it is hiding understaffing and/or imposing fatiguing rosters. We also need to look at work being done from home (in situations in which members can work from home), and what appropriate remuneration is attached to this scenario.

DIVISIONAL REPORTS (in no particular order)

For a copy of any divisional report, please email us on ask@apex.org.nz.

SUMMARY

APEX continues to grow, and with the impending amalgamation with the NZMLWU will be proudly able to own the role of the sole specialist Allied Scientific and Technical Union in NZ.

With our growth, our role continues to be recognized. We must live up to this recognition if the best is to be achieved for our membership: equal recognition alongside nursing and medical practitioners. The continued slowness of the health sector to acknowledge and give appropriate due regard to the value of allied scientific and technical practitioners, not simply now but into the future with changing models of care and the opportunities held in the NZ Health Strategy, requires us to be front and centre of many debates and opportunities. Expecting advancement to simply come to us will not be a successful strategy.

We have also successfully navigated a better deal on CPD for most of our members, culminating in activity in 2016. This saw us setting a series of benchmarks for appropriate systems and funding, and these can now be used as standards and adapted as required for individual circumstances. Hopefully the days of CPD only being allowed for allied scientific and technical if it is "in the budget" are over, with contractually required minimums now provided.

The issue of merit continues to be a challenge. Whilst merit is not simply correlated to duration of service, it is still an area for which some DHBs will avoid recognising genuine value if they can. We intend to perform a review of the entire AST merit systems in 2017, to assess where common strengths and weaknesses lie in our variable processes. This will allow us to better assist local delegates and their teams in targeting what will work for them.

Pay disputes continued, and Holidays Act compliance is an increasing issue. Payroll problems abound and appear to be getting worse, with payrolls failing to deliver a quality experience for far too many of our members. The tried and true employers' saying of "if you do nothing else, you must pay them" seems to have been tempered with a failure to appreciate that paying "them" correctly is part of the deal!

Undoubtedly, our bread and butter work of protecting and advancing conditions of employment for members and continuing to push on health and safety (especially issues around fatigue and excessive workloads as in 2016) will dominate our work in 2017.

To our national executive members: as always, our thanks. Your collective oversight is hugely valuable; this is activity that members see little of, but nonetheless provides an ever present rudder that steers us. Our entire national executive contributes a wealth of talent, knowledge and commitment worthy of thanks from us all.

And again: a special thanks to Peter Gene, whose 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 course. My admiration and thanks to Peter for his support, advice and wise counsel.

And thanks too to our delegates, who never cease to amaze me with their common sense, energy and (sometimes against the odds) perseverance. Whilst we might at times get lost in the day-to-day grind, delegates nonetheless 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 strengthened by the support their members provide; we must never forget that each and every delegate deserves the support of each and every member to be effective.

We expect APEX to continue to grow, and to meet the ongoing expectations of current members as well as those of new members. Communication systems will be improved, with Facebook joining the ranks of our communication platforms. We will need to start targeting communication better, from divisionally relevant material through to national issues and those that may be of interest to most (if not all) members. Giving members the opportunity to "pick and mix" what they receive or access to stay informed (but not overloaded) is part of the plan. We look forward to feedback from you all on how we are going on that front.

I look forward to 2017, on the assumption that all our allied scientific and technical practitioners will be under the one umbrella union, gaining collectively from our individual strengths and experiences, learning from our inevitable mistakes, and pushing together for a better future for all.

Dr Deborah Powell
National Secretary