

BARGAINING UPDATE

Southern Psychologists & ATs: APEX has provided the DHB with customised merit progression frameworks which, if adopted, would benefit both members and employers. We're meeting again on 5 December.

T-Lab has settled for a 27-month term, including improvements in rest periods after call backs, and a new roster.

The terms of the offer are being finalised for **Waikato Biomedical Engineers**.

We're meeting for bargaining on behalf of **Hawke's Bay CSSD** on 7 December.

NDHB Social Workers have met twice for bargaining and are continuing to work through claims. A further meeting is planned.

And we have had one session bargaining for a new SECA for **Northland Occupational Therapists**. We meet again on 11th December. In the interim, a joint APEX/DHB working group is reviewing and re-designing a fit-for-purpose merit progression clause to present in bargaining on the 11th.

APEX'S APPROACH

The strength that APEX brings to bargaining is our ability to be nimble, flexible, well researched, and completely attentive to the needs and views of our members. You may be aware that the Nurses' Organisation is currently balloting its members on a proposed settlement of their MECA. The deal has a number of strong features, but is over a 36-month term, which appears unpopular among nurses. They have a point. In the current environment, APEX will aim to achieve shorter-term collective agreements (maximum 2 years) so that we can remain responsive to changes both in our sector and in the economy generally. We will, of course, remain open-minded to the pros and cons of any bargaining package (as our employers are fond of describing their offers), including those relating to term, when they are put to us. Sometimes that may mean that a longer-term agreement is appropriate. The key is that there is no one-size-fits-all option. **If you are in bargaining, please stay up to date with what is happening: it is, after all, your decision what to settle for.**

A NEW GOVERNMENT

The formation of the new government promises to bring substantial change in both industrial relations and public health. We can make the most of this opportunity by reflecting the government's focus in our collective bargaining. Raising incomes, strengthening union rights, supporting families and improving the health system are all highly relevant areas of focus.



Paid parental leave

The Government's first bill extending Paid Parental Leave to 26 weeks, and the Prime Minister's focus on children and their families, will ease financial pressure on those taking parental leave. We can support this focus by improving provisions in our agreements for flexible working conditions.

Fair pay agreements

The Government has also signalled an intent to create "fair pay agreements", incorporating industry standard conditions that prevent a "race to the bottom" in industries dominated by contracting out and precarious work and where MECA bargaining is impossible. The first to benefit from these changes may be the cleaners and caterers who are essential to the running of our public health system. However, strengthening the integrity of MECA bargaining will also create de-facto "fair pay agreements".

Health

Prime Minister Ardern reiterated Labour's proposed improvements to health:

"Health will also be a top priority. This government will restore funding to the health system to allow access for all."

Minister for Health David Clark will oversee increased funding for GP subsidies and free doctors' visits. Funding for drug and alcohol addiction services will also increase, with promises to treat drug addiction as a health rather than a criminal justice issue.

Mental health: a special focus

Ardern has promised "a special focus on mental health." Part of the inquiry will need to determine if the MOH and DHBs covered up the extent of our mental health crisis and hid the scale of the problem through waiting lists, eroding the standard of care, and failing to resource services adequately.

As healthcare professionals, we can support the government's focus on providing the highest levels of healthcare by ensuring our collective agreements value the service improvement work we do – updating service policies, taking part in quality improvement activities and clinical audits, improving professional leadership and expertise in specialty areas.

Industrial relations

The Prime Minister, in the Speech from the Throne, stated, "The government's 100 Day Plan includes a commitment to raise the minimum wage to \$16.50 an hour from April 1, rising to \$20 an hour by 2020. With the final increase to take effect in April 2021."

"This government will consider the long-term changes which need to occur to our systems of welfare and employment and education, to look at how we value people, how we define decent employment and how we ensure people have sustainable incomes. It will eliminate the gender pay gap within the core public sector and encourage the private sector to do the same."

The combination of a minimum wage rising on average around 6.1% p.a. and an increased scrutiny on the value of work performed in majority female occupations (such as some healthcare professions) will have a significant impact on bargaining. In order to make the most of this opportunity, members and delegates going into bargaining will need to consider not only what the appropriate across-the-board percentage rise will be, but also look to ensure salary scales are at the right level for experienced professionals.

The Prime Minister has also signalled changes to the Employment Relations Act that will make it more difficult for our employers to frustrate or undermine collective bargaining. These changes include:

- restoring the duty to conclude bargaining
- restoring the right of union access to members at their workplace
- removing employers ability to deduct pay for work to rule and other low-level strike action
- tightening the rules regarding pass-on
- bringing back the right of workers to initiative collective bargaining.

THE CURIOUS CASE OF NIGEL MURRAY

As each new and juicy morsel of the unauthorised expenses scandal is drip-fed into the public imagination by journalists, there is a risk that Nigel Murray's legacy at Waikato DHB will be obscured by details of extravagant dinners and luxury travel. Given the suffering of the staff at Waikato during Murray's reign, that would be unfortunate.

Murray's background

Prior to his career in public health management, Nigel Murray was a senior medical officer in the New Zealand military, and reached the rank of Lieutenant Colonel.



The military by its nature is governed by an authoritarian and hierarchical system whereby power is concentrated at the top of the chain of command.

Dr Murray was also involved in two United Nations healthcare projects, in Iraq and Bosnia. The UN, despite its noble aims to serve an impoverished population, is somewhat clunky and bureaucratic, and has been routinely criticised for lack of transparency, and the incongruence of senior officials leading lavish lifestyles in some of the world's most impoverished countries.

Life in a DHB

In contrast to the organisations where Dr Murray spent the formative years of his career, New Zealand's District Health Boards are democratically governed, and the principles of employee consultation, co-operation and partnership are tightly woven into their legislative DNA.

Public health is staffed by public servants regulated by codes of ethics, who often expect themselves to work unpaid overtime or in unsafe conditions to ensure our communities get the best possible care. The parachuting of Murray into the culture was destined to be a poor match.

Erosion of goodwill

After Murray's appointment in 2014, this poor match manifested itself in an aggressive approach to employee and union relations. The DHB chose to require staff who did not consent to a flu vaccination to wear masks; senior managers ignored concerns from staff about inadequate resourcing; and there was a spate of unfair dismissal claims. As the DHB's approach ground on, the goodwill between staff and managers crucial to the public health partnership began to erode, and then gradually to disappear.

A command-and-control type of mentality trickled down through the senior manager level, disrupting service operations as managers ignored employee advice, convinced of the superiority of their own view.



A perfect storm – of problems

Compounding the problems with Murray's appointment were multiple institutional gaps – DHB Board members seemingly in the dark, a DHB Board Chair who had ignored advice not to hire Murray and who now sought to be vindicated, and a Minister of Health who appeared uninterested and unengaged. However, despite all that, Murray did only last 3 years before the system caught up with him, and we must hope now that the damage he caused will be repaired as a priority by new management. The curious case of Nigel Murray reinforces the lesson that the people who manage and govern public health should reflect the culture and values of our communities.

THE SILLY SEASON

The run-up to Christmas leads to a spike in personal grievance work for APEX, as employers rush to clear their desks. It could be that pressures have built up all year (and not been attended to when they should have), or it may be that employers suddenly think that if they don't resolve a perceived problem before the New Year then the world will end. Or it may be both.



Often the first casualty is reasonableness: behaviour can become impulsive and erratic. It has been a stressful year, and whilst it is true that Christmas can bring additional stress, January *will* come on the other side and the world can continue then.

If it looks like your employer is about to create a "Christmas Crisis", a quick call to your advocate may be in order so that they can bring your employer back from the edge. Sometimes they just need to be slowed down and encouraged to take a deep breath; 2018 will come and many issues can wait until then.



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