APEX TO THE POINT
APRIL 2017

## Laboratory Workers Vote to Join with APEX

We are pleased to announce that members of the NZMLWU have overwhelmingly voted in favour of joining with APEX. In addition to further strengthening alliances between AST professional groups, combining forces will cement APEX's role as the representative for Allied, Scientific and Technical Health Practitioners in NZ.

The process of amalgamation still has to go through the process of due diligence, which will be completed by the AGM scheduled for July 3 when the new Medical Laboratory Workers Division of APEX will be formed and membership transferred to APEX.

Ahead of that however, a huge welcome to our laboratory colleagues.

## Quick-Tip of the Month

**Check your payslips:**
Always check through payslips or kiosk to ensure you're getting paid correctly, including any allowances or entitlements owed under your collective agreement. Claims for arrears in wages can only go back 6 years.

# What APEX Means to Me

Someone to turn to for advice when my voice is just not being heard. APEX have been fighting in our corner for so many years it is hard to remember the early days. I know for a fact that one of the best battles they ever fought was when I was a 3rd year MRT student and was told not to come to clinical practice due to industrial action! I later found out those were the qualified MRTs fighting for a better salary so that I would be better equipped to pay back my student loan and actually have the means to have a good work / lifestyle balance when I became a qualified MRT. My starting rate went up $10,000 from what I would have been initially offered upon completion of my degree.

What makes APEX stand out for me is the length and depths it will go to in order to support members through not only the difficult times but the down-right horrid. MRTs were being suspended because they were bold enough to engage in strike action to simply get the employers back to the table with an open mind and not a predetermined offer which could in fact NOT be bargained upon!

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APEX is not so proud as to offer genuine advice and help to the employers in order to get the message across of what is an MRT and why we are a separate entity and should therefore have our separate arguments heard and addressed (we are not like the nurses, nor are we like the RTs). MRTs are becoming overworked and it is not necessarily a salary issue for people anymore - we are being used far more these days as a diagnostic screening tool and we need more MRTs on deck. However fast-tracking candidates from overseas and shortening up training or offering up a route of MRT assistants is not going to solve the issues long term. This is what APEX is helping us with and why we use them as the mechanism for communication between a HUGE group of trained professionals and the employers.

APEX co-ordinates our voices and helps organise our arguments in a manner which has hugely improved our terms and conditions as a collective and I am proud to be a union member, not only for myself but for the next MRTs who are coming along and the future MRTs in years to come.

Pam Aitken

# High Performance High Engagement

## Managerial brilliance or common sense?

High performance high engagement, or HPHE, is the latest managerial trend to strike the health sector. It is not new, and some say just common sense in that it promotes high engagement with staff and unions as a means to lift productivity. If you do a Google search you will find thousands of references but more specifically in NZ:

- "Air New Zealand has spent the past 18 months working with its staff and unions on high performance engagement designed to lift productivity by allowing worker participation in decision-making." And HPHE appears to have worked in Air NZ where the bottom (financial) line proves real value/benefits. Of note, their Board invested millions in training and support before reaping these benefits. Will our Boards do the same?
- "The Dairy Workers Union and EPMU set up the Centre for High Performance Work in 2008 to work with New Zealand businesses on developing work practices that lead to increased productivity and business growth by integrating workers' shop-floor knowledge into day-to-day decisions and reaching consensus on change." This reference noting that "faced with shrinking membership and revenue, unions worldwide have seen high performance engagement as a way to maintain their relevancy … rather than being shut out of the conversation." This is not an issue for Health where the health specific unions enjoy very high membership and widespread engagement with management within our sector. But that to one side, if that is "what's in it" for the unions, and improved productivity is the attraction for employers, what is the benefit to staff? We are told this lies in greater decision-making and job satisfaction arising from a (more) highly productive workplace, but wonder if this alone will be enough?

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

Quite possibly the latter. 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 due to clinical priorities and certainly not by us, but politicians;
- Budgets are not set by a "mutual process" nor the all too often outcome of a cap or freeze on staff appointments;
- Wage movements are set by a central agency (ERSG) restricting bargaining to an outcome that costs no more than….
- The list goes on.

Will the big $ decisions be the subject of mutual agreement and what happens to the relationship at grass roots, or at the board table when a decision from outside is made and/or imposed? Whilst DHBs often dislike the political decisions, they affect them less than those having to work within the constrained environment but still achieve targets or simply manage an ever-increasing demand.

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We doubt anyone would disagree that collaborative, on the ground decisions to improve productivity are great, but at what point do the staff see any real 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 that 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 of financial benefits for improved productivity is not part of the deal. Contrast this with Air NZ again for a minute, which shared the gains made with staff in the form of bonus payments in direct line with improvements in the airline's bottom line.

And what if the decision, made by consensus of all those at the table, has a negative impact on a union's members; to close a department and thereby see members made redundant for instance? 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 the impact minimized (number of redundancies reduced for instance) by their ongoing lobbying on behalf of members, activities that could be prevented under HPHE.

We don't currently face many redundancy situations in health, but we have done and we still have technical redundancies occurring such as with food services, laboratories and more recently radiology. But putting that scenario to one side: what about changing hours of work to include weekends as ordinary pay? It would certainly be more productive to run a full 7/7 service if no penal rates applied; productivity would certainly rise, but in this example, staff would effectively have paid for that gain. Full 7/7 services but keeping penal rates would need an injection of money – where is that going to come from?

And then there is our culture of bullying; how can HPHE flourish in an environment plagued with bullying? We asked the CEO of Air NZ this question – his answer was as clear as it was short: 'it can't'. That being the case, the DHBs might be better spending what money they have for management consultants on changing our bullying culture first, and once that is done turn our attention to HPHE?

We are keeping our minds open - any decisions will 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, that includes job satisfaction. So if management consultants (and yes, there is a team of these involved in training and supporting the HPHE process) come knocking, let us know. In the interim, let us know any thoughts you might have on the above.