

NZNO Submission on Plunket Equity Planning Draft

Royal New Zealand Plunket Society

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Contact

ANNA MAJAVU - ORGANISER

DDI 027 2760947 OR 0800 283 848 | E-MAIL ANNA.MAJAVU@NZNO.ORG.NZ | www.nzno.org.nz

NEW ZEALAND NURSES ORGANISATION | PO BOX 2128 | WELLINGTON 6140



About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 47,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse.*

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Equity Planning Draft.
2. NZNO has consulted its members and the professional nursing advisor in the preparation of this submission. NZNO notes that it was not asked to comment on this draft and was instead told that the changes were not significant enough to warrant a union submission and that the changes were widely supported by the NZNO members. NZNO draws Plunket's attention to clause 7 of the collective agreement "Co-operation, consultation and management of change" which states that the union should be consulted with the members prior to any organisational change that may affect members.
3. An overwhelming majority of members consulted oppose the planned changes and had grave concerns about associated matters.
4. NZNO members at Plunket in Auckland believe that Plunket management should solve the short staffing and staff retention problems before introducing changes that will not alleviate these problems.
5. NZNO members were very concerned that the under staffing meant that often new babies are only seen now when they are 12/13 weeks old and expressed that this has almost become the new norm. Babies were missing out on care. Nurses find it very stressful when clients

voice that they have not been able to get an appointment for months or years.

DISCUSSION

6. The first consultation document (appendix A) details a proposed new area layout for Plunket in the Greater Auckland Region. This entails changes of manager or place of work for many NZNO members.
7. The second consultation document (appendix B) mentions, almost in passing, that it is proposed that Plunket nurses and health workers change their focus by dividing clients up into high and low needs clients, and that it is proposed that Plunket run a “progressive universal service”.
8. These are major changes which are not elaborated on, and which the union has concerns about.
9. These are our concerns about the proposed new “progressive universal service”:
 - There is no definition of the term in this document. A universal service is by definition one that applies to all, equally. The term “progressive universal” is a contradiction. A service that is only offered to some people is no longer a universal service.
 - Reducing the universal service offered to all new parents/caregivers has many implications for professional nursing practice.
 - Members report that at verbal briefings, they have been told that Plunket will be cancelling home visits and full clinic visits for some clients and replacing these with ‘speed clinics’ or ‘drop in clinics’ where those clients can arrive without appointment to have their babies weighed only. This appears to be what the new “progressive universal service” is, but this has not been made explicit.
 - The affected clients are ‘low needs’ clients.
 - NZNO members have been told that in the absence of a formal definition of what a ‘low needs client’ is, parents/caregivers from affluent areas are deemed to be ‘low needs’ unless there is an indication otherwise. Not everyone who lives in a high decile area is wealthy and not everyone who lives in a low decile area is poor. There is a potential professional risk to the nurse who is being asked to decide which client is ‘low needs’ and whom is ‘high needs’ without clear or objective criteria for this decision. NZNO members’ experience is that not all affluent parents are

low needs and not all poorer parents are 'high needs'.

- NZNO and its members have not been told what information needs to be recorded in order to meet the Ministry of Health requirements for a visit.
- While geographic areas are already determined by Plunket to be broadly 'high' or 'low needs' according to their socioeconomic deprivation profile, the Plunket nurses and health workers currently assess each client and family and decides on a case by case basis if each client is 'low' or 'high needs'. If a client has strong family support, can access services and has good awareness regarding parenting then they can be deemed to be 'low needs'. There is no current practice where all the clients are labelled 'low needs' or 'high needs' simply because of the community they live in.

10. These are the union's concerns about the proposed speed clinics/drop in clinics:

- Nurses have been told that they will run 10 minute appointments only. This is not enough time, even for an appointment where a baby is only weighed. Current clinic appointments are roughly 45 minutes including documentation and referral time.
- A very tiny minority of NZNO members consulted saw any merit in speed/drop in clinics and then only if these could be extended beyond 10 minutes if needed.
- There are privacy concerns about having two nurses seeing different patients in the same room, which has been proposed.
- Nurses felt that it is unlikely that parents/caregivers would want to wait in a very crowded area for lengthy periods for their baby to be weighed. Weigh and measuring can be done at a GP practice by appointment with a nurse – having Plunket run this service undermines the skills and ability of the Well Child nurses. The Plunket staff are also needs assessors and the new speed/drop-in clinics undermine that role.
- These clinics are currently being trialled in the Hobsonville/Kumeu/Massey area. The union was not consulted on this trial despite it being a major change to nurses' working conditions. The trial is not complete and therefore no report has been made available. Despite this, Plunket managers have told NZNO members that the speed/drop-in clinics are a great

success and that they will be rolled out in other parts of the city imminently.

- These clinics appear to be a response to short staffing in Plunket. Nurses have allegedly been told not to follow up clients who are offered a drop in clinic service but don't arrive. Plunket should instead hire enough nurses to deliver the universal service, instead of reducing the service.
- It is not clear to the nurses what parts of the appointment can be omitted in a speed/drop-in clinic. For example, there has been no professional guidance on whether the nurse should simply welcome the client, weigh the baby, inform the parent/caregiver of the baby's weight and record the baby's weight on the electronic records system (ePHR), or whether the nurse should they ask questions about sleeping, feeding, domestic violence and others that are included in a regular appointment? What happens if a client presents as suicidal, suffering from post-natal depression or discloses a serious issue that requires discussion or follow up? 10 minutes is not enough for the nurse on duty to deal with these issues. This again puts the nurses' practicing certificates at risk.
- Ministry of Health Guidelines state that multiple, direct questioning about intimate partner violence elicits higher levels of disclosure. Weighing babies without including an adequate time to maintain a trusting professional relationship and thus an ability to meet Ministry and professional obligations around family assessment is contradictory and will create moral distress for staff while allowing people to miss the critical contact points and function of the NZ Plunket service.
- Bearing in mind that those clients identified by Plunket as 'low needs' will not be offered home visits or full clinic appointments, an alternative likely scenario is that with nurses being rushed to read records and complete a weigh in the speed or drop-in clinic, there will not be time to establish rapport and this could deter clients from asking for help or making disclosures. This erodes the service currently on offer and has already been the source of much stress for the Plunket nurses and health workers, who pride themselves on offering the best possible service to communities.
- In the trial area, these speed clinics have apparently been advertised in GP surgeries without it being stated that they are for low needs clients only. Therefore, 'high needs' clients could well present at a drop in clinic. The previous two bullet points

refer in this case. Plunket itself has correctly identified as a risk that clients could “fall through the gaps”.

- We assume that since the clients will not have made appointments, nurses will have to call up each client on the electronic records system at the start of each 10 minute appointment and read their baby's notes before beginning the appointment. To not do so would be a clinical error. Again, it is unlikely that 10 minutes is enough to do this.
- Plunket has correctly identified in the risks section of appendix B that there will not be continuity in case management and that clients' expectations may not be met. This seems much more likely than not.
- Short appointments at speed or drop-in clinics will not help to ease Plunket's current short staffing problem because Plunket is so short staffed in high growth areas (such as Hobsonville, areas of new housing developments on the North Shore) that even if every baby born came only to a speed/drop-in clinic, there still would not be enough nurses to see all the babies.
- NZNO is concerned that apparently linked to this, was the recent announcement of the cancellation of Saturday clinics. These clinics are fully booked until the end of the year and it is not clear where these clients will go. Many clients cannot bring their children to appointments during the working week. Redistributing Saturday appointments to the working week also negatively impacts the workload of nurses, who are already fully booked from Monday to Friday. NZNO received an email from Plunket saying the cancellation of Saturday clinics had been rescinded but has since been informed that members are still being told in some teams that Saturdays are cancelled and in other teams that Saturday clinics will be cancelled in November. Again, no formal communication has been sent to the union as is required by the collective agreement.

11. NZNO would like to raise the following concerns regarding the new area layout (appendix A):

- We understand that some clinical leaders may wish to relocate from one part of Auckland to another and will therefore need to leave their current teams - this cannot be helped. However, some teams have had four clinical leaders in the space of two years which has meant there is no continuity of clinical leadership.
- NZNO members were very concerned that all these changes were being made in a hasty manner while two of the three

clinical services managers and the regional operations manager roles are filled by temporary staff in acting positions.

- NZNO believes that clinical leaders who resign or retire should be replaced as soon as possible, and that Plunket should not simply redistribute the nurses and health workers among remaining clinical leaders.
- Many of the current teams are serving their geographical area very well and do not see the need to be split up and transferred to new managers.

12. NZNO is concerned that the new area layout means some staff members will have to move place of work:

- The Penrose office in Hugo Johnston Drive is being closed and the new proposed office is much smaller and not fit for purpose as there is not enough parking. We understand that the proposed new premises is leaky.
- Some of the staff currently based in Penrose will be relocate 17kms away to the South Auckland hub at Vogler Drive, or even further to the Papakura office. For some staff, this will add an extra 40 kilometres travel each day to their journeys. NZNO does not agree to teams from Penrose being moved to the South Auckland hub at Vogler Drive. To drive from Vogler Drive to Mellons Bay/Bucklands Beach to see clients is a one hour trip. No 9am visits will be possible. We also do not support nurses currently based in Penrose being made to move to the Papakura office.
- Penrose administrators were not invited to the meeting where the closure of this office were discussed and heard via other staff. An office is needed in Pakuranga.
- Some of the nurses in West Auckland may be moved back to Alexis Ave, Mount Albert but will continue to service West Auckland. It is suggested that these staff should be able to pick up a pool car from Henderson instead and go out to their appointments from Henderson.
- The Alexis Ave office in Mount Albert is too small for the number of staff expected to work from there. Owairaka and Lynfield are understaffed and moving nurses from one team to another will not solve that problem. More nurses need to be hired.
- Vogler Drive also cannot accommodate more staff. This office is full, the parking lot for the Plunket pool cars at this office is full, and there is no parking for any personal cars. There is no

public transport to the office. The union has raised multiple complaints about the parking situation at Vogler Drive and we do not support any further NZNO members being transferred there. This Plunket office shares a premises with a glass factory and until very recently, nurses and health workers had to walk down a long driveway scattered with broken glass and also had to share this driveway with trucks. The broken glass is no longer an issue but the trucks are still a health and safety hazard. NZNO members park their cars along the public road up to 1.5 kilometres away because Plunket decided in December 2016 to withdraw the Plunket cars from staff which they previously used to drive to and from home, even though there was no parking at Vogler Drive for the NZNO members' personal cars.

- There is not enough parking for nurses and health workers' own cars in the nearby streets of this industrial area. Neighbouring factories and businesses have started putting out orange cones to prevent the approximately 80 Plunket nurses and health workers from parking in sections of the public road. Several nurses and health workers' personal cars have been damaged from parking on this busy road. There is no pedestrian crossing for nurses and health workers who have to park on the left hand side of the road, which is a danger to them with many trucks speeding past. The situation is particularly dire in winter with nurses and health workers walking long distances to the office in the rain. NZNO recommends that the pool cars be returned to the existing staff at Vogler Drive to solve the current parking problem.
- Because the glass factory uses water as part of their glass making process, members report that this Plunket office does not have running water all day. At certain times there is no water pressure and the number of toilets then have to be reduced, water does not come out of basin taps and nurses have to use hand sanitiser instead. As a result, often, nurses go elsewhere to use the toilet.
- The Otara team does not want to merge with Papatoetoe and should be with Flatbush.
- The changes can negatively impact clients too – residents of Manurewa / The Gardens currently use Manurewa Clinic, and under the new plan may have to go to Botany Clinic which is further away. If Plunket keeps moving clients around, it is likely that many will stop going to clinic.

- Members feel that Otahuhu is part of ADHB, not Counties Manukau DHB, and it will create confusion for this team to be moved to South Auckland.
- A joint plan needs to be developed with staff in the Franklin area for the proposed 800 new homes planned for Ramarama, with potentially more than 5000 new homes in Paerata and Drury, another 1000 or more in Waiuku, and a further 800 planned for Pokeno. Nurses have already offered to track new developments in the area. NZNO members in this area support the plan to have two clinical leaders allocated to this fast growing area.

13. The following concerns were raised about the general workplace culture of Plunket:

- Plunket nurses and health workers are overworked across the city of Auckland. These staff members report that they are still working after hours to complete notes and are not getting their breaks.
- NZNO members feel that this proposal is “a stab in the dark”, representing “constant change which is stressful for us”. NZNO members cited the current workplace stress as the reason for many resignations and were unhappy at receiving an email that frontline staff won’t be replaced if they resign.
- Related to this are problems with the new laptops/tablets. These are faster but not as robust. Nurses and health workers say they can no longer type on their laps and the machine bends when balanced on one leg. Some of the keys pop off. The tablets cannot be charged by car charger. Nurses need to rush to a clinic at lunchtime and charge their tablets as they reported the tablets shutting down every day once the battery drops to 15%. This has a negative impact on the efficiency of nurses and health workers.
- Many associated concerns were raised about the lack of professional development – it appears that professional development days no longer take place.
- The NZNO members at Plunket were offended by a recent communication from management in which they were allegedly asked to consider Plunket’s money as their own and not to waste it, as Plunket is in a \$6 million deficit.
- Nurses and health workers are very concerned that there is no cover for nurses who leave or take annual, sick or parental

leave. Nurses are burning out from having to cover each other's work.

- The proposal is not very transparent and seems to be a cost cutting exercise. NZNO members would be keen to know if the ministry of health has changed what constitutes a core visit.
- Transparency is needed around what an outcome is. Currently there is no uniformity and giving a food parcel to a client or handing out a book are sometimes said to count as 'outcomes'. Nurses and health workers felt that these are not clinical outcomes.
- NZNO is concerned that last week, casual nurses were all told that because of financial constraints, they were no longer needed. There are not enough Plunket nurses in Auckland to cope with the patient load and the casual nurses (most of whom are experienced, former Plunket nurses who want to work reduced hours) were of great assistance. It is not clear who will take on the clients that these casual nurses would have seen.

CONCLUSION

14. In conclusion NZNO recommends that you:

- Discard the idea of speed/drop-in clinics.
- Develop a plan to offer the current universal service across rapidly growing parts of Auckland, in consultation with staff and the union.
- Develop a staff recruitment and retention plan which is based around improving the working conditions for Plunket staff and reducing workplace stress.
- Do not move any more staff to the Vogler Drive premises and maintain or establish fit for purpose office closest to the communities being served.
- Return the pool cars to the current Vogler Drive nurses and health workers to eliminate the serious parking problem, allow nurses and health workers less time on the road and to facilitate earlier visiting times.
- Develop a proper relief plan and rescind the cancellation of casual nurses' work.

REFERENCES:

Fanslow J L, Kelly P, Ministry of Health. 2016. *Family Violence Assessment and Intervention Guideline: Child abuse and intimate partner violence* (2nd edn). Wellington: Ministry of Health.