

NZNO/HNZ SAFE STAFFING PARTNERSHIP

PURPOSE

To Ensure the CCDM Programme is adapted for the specific context of Aotearoa NZ taking into account the cultural needs of staff, patients and whānau and recognising Te Tiriti responsibilities towards Māori in its design, implementation and outcomes

NZNO Members Expectations

A CCDM System that –

- Delivers patient safety
- Is an equal partnership, with shared governance and decision making
- Honours and reflects Te Tiriti principles
- Is fully implemented – whole of sector
- Shares information, data and analysis
- Benefits all members
- Is an independent unit with independent governance
- Has independent monitoring

CURRENT SITUATION

- Safe staffing is still not achieved. Still not business as usual or whole of sector after 19 years
- Has extensive distrust
- Was subject to an extensive review 2012/22 which was very critical
- In a number of cases, the CCDM methodologies, calculations and implementation have worked and resulted in increased safe staffing but....
- Te Whatu Ora have –
 - ❖ Not enacted current and previous safe staffing recommendations
 - ❖ Forced NZNO members to take industrial and legal actions to enforce existing obligations
 - ❖ Not fully actioned all recommendations from the 2022 Nursing Advisory Report – most importantly ‘Review the Programme design to recognise and uphold Te Tiriti responsibilities
 - ❖ Poorly resourced safe staffing (budget, support structures etc)
 - ❖ Undertaken little response to failure measures
 - ❖ Made unilateral decisions
 - ❖ Prioritised budget over patient safety and staff well being
 - ❖ Made unilateral changes to the foundational CCDM partnership processes eg FTE Standard Operating Procedures (SOP), assumptions and ignored NZNO response to these.

Current Situation (cont)

Te Whatu Ora have –

- Been self monitoring and ‘ticking own boxes’
- Not agree with NZNO on a process of analysis and evaluation
- Undertaken insufficient independent quality and safety monitoring, independent research and effectiveness monitoring
- Withheld important data and information from NZNO and members

Te Whatu Ora Response to NZNO Member Concerns

- Provided no evidence of what is the problem that the current arrangements, if implemented properly, would not address
- No 'reason to believe' in why change away from current arrangements properly implemented is needed
- Staffing decisions to be made by Te Whatu Ora (not jointly as is required by partnership) and be subject to budget that is determined elsewhere
- Ignores that the problem is implementation of current arrangements rather than a system that is inherently faulty

Te Whatu Ora Response to NZNO Member Concerns (cont)

Te Whatu Ora has –

- Provided NZNO with their unilaterally designed CCDM programme improvement plan which has no evidence as to
 - ❖ Why full implementation has not been achieved
 - ❖ Why this plan is necessary when the programme has been evaluated twice as a validated method for resourcing nursing
 - ❖ Why there is such a variation in implementation
 - ❖ Why budget takes priority over patient need
- Provided no indication of how data and information will be shared with members
- Presented an improvement plan for CCDM with no prior consultation or discussion with NZNO and NZNO representatives
- Paused the uplifted in required FTE while they sorted their own failure to ensure effective and standard use of CCDM and in so doing shifted the risks of understaffing onto patients and staff
- Suggested a new proposed governance structure that has little or no decision making power to achieve safe staffing as a priority (over budget).
- Suggested agreement to Terms of Reference for the proposed structure that supports reviews to models of care and potentially supports reduction s of regulated nurse skill mix and deregulation of nursing work.

What Has Happened to Date?

Safe Staffing Health and Well Being Governance Group (SSHWGG) discussed in October 2024 that the partnership had become strained due to the following –

- Te Whatu Ora's unilateral decision making and enacting changes to the CCDM programme
- Te Whatu Ora stalling on providing the SSHWGG with the CCDM core data set it needs to provide and to monitor programme effectiveness and progress
- New SSHW GG members not having an adequate understanding of the CCDM programme to provide the necessary level of governance

A Partnership Workshop was delayed due to Te Whatu Ora collective agreement negotiations

Te Whatu Ora arranged the Partnership and Governance Workshop but extended the invitation outside of the Governance Group to include other Te Whatu Ora participants but without consulting the other governance partners including NZNO

The Partnership and Governance Workshop was held on 26 March 2025. Attending from NZNO were the Kaiwhakahaere, President and CCDM Coordinator.

At the workshop, NZNO participants stated –

- Te Whatu Ora undertook to come back to participants with their thinking
- Critically, their understanding of partnership does not include shared decision making. NZNO's view is that when decision making is to be made by one partner only and is to be subject to budget over need then it is not a partnership.

Position of Te Whatu Ora

The following slide was provided by Te Whatu Ora in their summary of the 26 March Te Whatu Ora Partnership and Governance workshop.

Safe staffing is multifaceted and interconnected. The ongoing governance of the CCDM program will be through National Professional Councils and Service Specific working groups that come together to and have a multidisciplinary approach.

National Professional Councils – Nursing, Midwifery and Allied Health

Partnership includes:

National Chief, relevant union/s and relevant clinical leaders

Core Functions:

- Real time reporting and visibility of safety and risk (i.e VIS tools and VRM).
- Annual FTE calculations in line with budgets to adjust the base FTE as required.
- Use of patient acuity/activity tools to align with work practices.
- Ensures the application of nationally consistent tools.
- Ensure adherence with relevant collective agreements.
- Staff wellbeing and experience.

National Professional Councils are decision makers as per TOR and relevant terms in CA

Service specific, multi disciplinary improvement initiatives

Partnership includes:

Multidisciplinary team, inclusive of patients and whānau

Core Functions:

- Use quality data, pt experience, outcomes and staff experience data to inform programs of work.
- Lead interprofessional model of care review.
- Culture and leadership development.
- Working groups will vary in duration and membership depending on the objective.

These working groups would be established as required, some maybe time limited others may be ongoing.

NEXT STEPS

- Given the importance of safe staffing to NZNO members we will be sharing the proposals and our position with members
- Given NZNO members made the decisions relating to setting up the SS Governance arrangements, plus ratified the CAs to provide Safe Staffing through different clauses including the Healthy Workplaces Agreement, they need to know and contribute to the conversation
- NZNO members to be provided with a briefing on what is taking place and why and their views sought on NZNO response
- Re engage with Te Whatu Ora based on member feedback to construct a program which will draw on the existing obligations and in which nurses will have confidence that it will address safe staffing based on identified need
- NZNO is prepared to renegotiate the terms of the Partnership on the basis of the existing principles and if there is evidence of changed circumstances affecting effective implementation.
- Any new arrangement will need to be on terms that it will be a genuine partnership with shared decision making – not a consultative forum or ‘working group’.