

## MERAS update – health professionals and unions focus on climate change



**Jill Ovens,**  
**MERAS Co-Leader**  
**(Industrial)**

Prime Minister Jacinda Ardern once famously said climate change was her generation's "nuclear

free moment".

At a recent climate change forum hosted by the tripartite Health Sector Relationships Agreement, of which MERAS is a member, health professionals, administrators and union members recognised that as citizens, we are collectively responsible for what happens in our world, both in causing the degradation of our environment and choosing to do something about it.

Alex MacMillan, University of Otago environmental health senior lecturer, highlighted how health professionals are uniquely placed to lead the framing of climate change issues in terms of wellness and fairness.

She challenged DHBs to anticipate growing civil disobedience internationally by doctors and other health professionals through the Extinction Rebellion movement. But she also challenged the doctors' unions ASMS and RDA to take a lead in advocating the reduction of air travel by doctors to international

conferences, a significant factor in health sector emissions.

The health system impacts directly on our environment in its generation of large quantities of waste (more than 60% of health sector carbon footprint is due to procurement, for example of single use products) and emissions (17% of health sector carbon footprint is due to building energy use).

Climate change also affects the health system directly and indirectly. Counties Manukau Health Sustainability Manager Debbie Wilson outlined direct effects such as extreme weather events (floods, storms, fires, droughts, heatwaves) that impact on frontline health services.

Reducing the health sector emissions and waste also save money that can be better used to fund health care staff and care provision to those seeking it.

Debbie also highlighted indirect impacts including a decline in water quality, changes in land use, and air pollution leading to infectious diseases, malnutrition, respiratory problems and allergies. In New Zealand, sea level rise will result in large scale population displacement of Pacific peoples with associated health and social impacts.

The social impacts of climate change are placing an inequitable burden on the poor, Māori and Pacific, the young and the elderly, Debbie said.

Associate Health Minister Julie Anne Genter said the Government was encouraging DHBs to switch to more sustainable energy sources such as bio-mass and was supporting greater energy efficiency in new hospital buildings in Taranaki and Dunedin, which will meet Green Star 5 standards.

She said business cases for investment in more energy efficient hospitals needed to take into account costs across the life of the buildings.

"Political discourse has been how we can spend less, rather than how we can get better outcomes."

A focus of the forum was on how unions can promote engagement of health sector workers in climate proofing our workplaces, for example by reducing use of single-use products, cycling to work and using public transport, and using Zoom instead of air travel for meetings.

Health professionals and their unions can also advocate for food services based on locally sourced ingredients, cooked fresh in hospital kitchens and using more plant-based food. Food waste breaks down to methane and leachate in landfill so we

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can advocate for hospitals to compost or find alternatives to placing food waste in the waste stream.

Putting climate change on the agenda of DHB board meetings and executive meetings, as well as service level staff meetings was one way to put a climate lens on health sector decisions, participants agreed. An added advantage to this focus was more efficient use of health dollars.

### **Midwives champion midwifery in pay equity interviews**

Midwives have been passionately outlining the work they do in more than 30 interviews across eight DHBs. Core midwives, Clinical Charge Midwives, Charge Midwives and midwives working in specialty areas such as diabetes, maternal fetal monitoring and lactation have been interviewed, mainly in pairs so they could bounce their input off each other.

A team of MERAS and DHB interviewers have been capturing the key knowledge, skills and responsibilities of the midwives' role to compare with interviews that will be held with those in similar male-dominated professions or occupations.

One of the MERAS interviewers, Victoria Christian, said all the midwives were very well prepared and provided lots of good examples of the wide variety of situations midwives encounter.

"One that particularly stuck out exemplified the importance of midwives when it comes to caring for women who choose not to engage with medical

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professionals, but will engage with midwifery care," she said.

Victoria also noted that it was fascinating to see the differences between DHBs, for example with staffing issues, which related to one of the factors being considered, that of working conditions.

The interview material is being compiled into summary profiles, which will provide the evidence of undervaluation and therefore underpayment due to gender discrimination that we need for the final stage of bargaining a pay equity settlement.

An oversight group comprised of DHB representatives including midwifery leaders, MERAS and NZNO representatives, and the TAS project managers (the DHBs' Technical Advisory Services) has been working through male-dominated or historically male-dominated professions to identify which meet the requirements. For example, we need to be able to access their terms and conditions, including elements of their remuneration, which means they are likely to be covered by collective agreements. And they need to be willing to be interviewed!

The next step is for TAS to approach the employers in the proposed comparators' occupations to get their agreement to proceed with interviews using the same tools as were used in the midwives' interviews. We hope to be in a position to get these lined up for early 2020.

Any adjustment to DHB-employed midwives' pay will result in a variation to the DHBs' MECA and be backdated to 31 December 2019.

### Audit of Holidays Act compliance underway at three Auckland DHBs

Auditors have begun their process to review compliance of the Holidays Act at Auckland, Waitemata and Counties Manukau DHBs, which are in the first tranche of DHBs to undertake the reviews along with Northland DHB.

Ernst and Young have been contracted to audit compliance at the three Auckland DHBs, whilst TAS (the DHBs central Technical Advisory Service) is auditing the Northland DHB's compliance.

MERAS is actively involved in the processes around the audits with Jill Dale, Helenmary Walker and Yvonne Morgan representing MERAS on working groups at these DHBs. The three recently attended workshops that have been going through potential breaches, including which allowances should be included in calculations for annual leave.

The process follows earlier audits carried out at three DHBs by the Labour

Inspectorate that found non-compliance with the Holidays Act in all three. A further three DHBs previously advised the Labour Inspectorate that they were aware of non-compliance and had started work to address the problems.

MERAS has joined other health sector unions in signing a Memorandum of Understanding to review payroll systems at all 20 DHBs, to fix problems in the payroll systems going forward (remediation), and to pay out both employees and former employees where there has been non-compliance going back to 2010.

I am on the steering groups at those DHBs in the first tranche of the roll-out.

Annual leave is supposed to be calculated based on gross earnings over the last 52 weeks at the time the leave was taken, averaged to provide a weekly amount (AWE) or ordinary weekly pay (OWP) at the time the leave was taken, whichever is the greater. OWP may be based on the previous four weeks' pay where this is variable.

Some DHBs have taken the 52 weeks calculation, without comparing with ordinary weekly pay at the time the leave was taken to see which was the greater amount.

One of the areas of non-compliance relates to allowances not having been included in OWP that should have been. In other

cases, some allowances were incorrectly excluded from AWE calculations.

Miscalculations of annual holidays, sick and bereavement leave, public holidays not worked and alternative days will have flow-on effects on calculations of final pays where employees have left the DHB.

One problem DHBs will have is to track down former employees who may be owed money as a result of the miscalculations. A suggestion has been to have a central on-line facility for employees who have left one or more DHBs since 2010 to register their contact details.

Another area where breaches have occurred in at least one or more of the DHBs that have already been audited has been where employees have been deemed to be "casual" but have not been provided with an alternative day where this was an "otherwise working day" in accordance with the Act. Such workers have also been denied sick leave and bereavement leave where they met the tests for entitlement under the Act.

MERAS has been raising the need to recalculate backpay in relation to annual leave, sick leave and bereavement leave. While this has been done correctly in the four DHBs so far, we know this is a problem in at least one DHB that is in the second tranche of DHBs to undertake the review process.

### Reps raise short staffing issues with Minister

5 November 2019



*Taking it to the top: Wellington reps joined around 150 other union members at a recent Council of Trade Unions/ Government Forum at Parliament. Left to right: Emmaleen Bowman, Jessica Maxwell and Diana Griffin.*

MERAS reps have been raising the visibility of midwives at forums the CTU has been running with Government ministers and MPs around the country. At the CTU-Government Forum held in Parliament, the reps asked Minister of Health David Clark what he was doing to address chronic staffing shortages of DHB-employed midwives. The Minister

pointed to progress in the recruitment of midwives as a result of \$38 million in additional funding the Government committed in the 2019 Budget.

MERAS has subsequently asked the Ministry of Health to check on the recruitment figure that has been quoted in the media. Midwives have been questioning where the other 100+ new midwives are.

The latest update from the Safe Staffing Healthy Workplaces Governance Group is reporting only 27 FTE midwives as having been recruited as a result of the additional funding. Caroline Conroy represents MERAS on the SSHW Governance Group.



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