



Clerical and administration staff in the DHBs are a critical part of the health workforce. We keep the health system working alongside other DHB staff.

Large groups of DHB workers have settled new collective agreements this year - nurses and allied staff (including groups such as physiotherapists, occupational therapists, and care assistants), and most recently support staff such as cleaners and orderlies. Their pay settlements have recognised the value their work brings to the DHBs across New Zealand – nurses and allied staff have reached settlements which generally increase their pay by between 9% and 15% within the next two years, and lower paid staff have achieved gains of up to 40%, using the Living Wage as the basis of settlement. All of these settlements have required government involvement as they have been outside DHB budget parameters.

Clerical and admin staff in the DHBs have thus far not been treated in a similar way to these colleagues in our bargaining, and have not yet been able to reach pay settlements. Negotiations continue to be delayed, because DHBs keep deferring negotiating dates due to 'not being able to make us an offer'.

Alongside our normal collective agreement negotiations, we lodged a Pay Equity claim in April this year. The DHBs have accepted we have a legitimate claim, but have again continually deferred meetings, and have not been willing to agree to an implementation date. To this end, we are very supportive of the draft Pay Equity legislation which includes defined implementation dates.

Clerical and administration staff carry out a large variety of roles which are critical to patient care. Just some examples of clerical/admin work are:

- Ward and Emergency Department clerks – the initial face of patient care from the ED to the ward setting. Work includes coordinating the patient journey from admission to discharge, completing the required paperwork to allow clinicians and doctors to see and spend time with patients;
- Medical transcriptionists – type up doctors' notes and letters. This allows doctors to see more patients. A high level of understanding of medical terminology is required;
- Clinical coders – coding is required to receive appropriate funding. Being able to read doctors' hand written notes is a must for this role. A high level of understanding of medical terminology is required;
- Patient booking and scheduling – schedules patient appointments, and schedules theatres, doctors, nurses, anesthetic techs etc, - coordinating every role required for surgery;
- Community administrator – manages doctors' and clinicians' diaries, manages vehicle fleets, patient appointments, first point of patient contact, inpatient and external agency liaison.

Our work is integral to patient care, and we are worth 100%. *Worth 100%* is our logo for Equal Pay – that includes pay equity, but also our usual negotiations. We are low paid workers in the DHB, with pay rates as low as \$35356 per annum (\$17 per hour).

We are calling on the government to intervene in our negotiations in a similar vein to the intervention which saw our colleagues achieving reasonable pay increases for the first time in many years. Our work is essential to a highly functioning public health system, and we are worth 100% of what our colleagues are worth for percentage pay increases.

We are asking you to talk urgently with your government colleagues to confirm funding to progress bargaining for our large group of predominantly low paid women workers who are integral to the health of New Zealanders.