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3rd COMMONWEALTH NURSES AND MIDWIVES CONFERENCE

Toward 2020: Celebrating nursing and midwifery leadership

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The Commonwealth Nurses and Midwives Federation (CNF), founded in 1973, is a federation of national nursing and midwifery associations in Commonwealth countries.

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Appointed Officers



Jill Iliffe
Executive Secretary



Angela Neuhaus
Honorary Treasurer

from the PRESIDENT



Ramziah Binti Ahmad
CNMF President

This edition of The Commonwealth Nurse highlights the 22nd CNMF Biennial Meeting which was held in London on Friday 11 March. The 22nd Biennial Meeting was attended by representatives from sixteen CNMF member countries, with delegates from Sri Lanka, Cameroon, Nigeria, and Zimbabwe unable to obtain visas to attend.

I would like to take this opportunity to pay tribute to the hard work of the CNMF Executive Secretary, Ms Jill Iliffe, who has made an outstanding contribution to the CNMF since taking office in 2008 and to the development of nursing and midwifery across the Commonwealth. I would also like to thank CNMF Board members for their ongoing support to the CNMF in their regions. I acknowledge particularly Mrs Paula Hancock who has been CNMF Board member for the Europe Region and Ms Lee Thomas, Board member for the Pacific Region who have now completed their terms of office. And I would like to welcome Ms Annie Butler from Australia who has been elected CNMF Board member for the Pacific Region and Mr George Saliba from Malta who has been elected Board member for the Europe Region.



Farewell to Mrs Paul Hancock



Farewell to Mrs Angela Neuhaus

I would particularly like to acknowledge Mrs Angela Neuhaus who has been the CNMF Honorary Treasurer since 2008 and who will be retiring from this position at the end of this financial year. Mrs Neuhaus has been a diligent treasurer and an active member of the CNMF Board, organising CNMF activities, representing the CNMF in different forums and pursuing funding opportunities. Mrs Neuhaus will be sadly missed and I hope she continues to be involved in CNMF events and we hope to see her at the Biennial Meeting in 2018.

I would also like to congratulate Sierra Leone in bringing so many delegates to the meeting despite the crisis in their country with Ebola and the tragedy of loss of life of so many nurses, midwives and other health professionals.

I would like to welcome new members to the CNMF: the Rwanda Nurses and Midwives Union to full membership; the Nurses for Nurses Network to affiliate membership and CGFNS International to associate membership.

The CNMF is deeply indebted to the Royal College of Nursing (RCN) for their ongoing support. It would be very difficult for the CNMF to function effectively without that support and the provision of office space and other administrative support. Thank you to the RCN President, Ms Cecelia Anim, RCN Chief Executive Officer, Ms Janet Davies, and the RCN Council. I would like to congratulate the RCN on their 100th Anniversary and hosting a reception following the Biennial Meeting to celebrate. Delegates should be aware that the RCN is hosting the CNMF Board meeting and the CNMF Biennial meeting and has provided event management support for the 3rd Commonwealth Nurses Conference.

Members of CNMF participated in three policy debates at the Biennial Meeting and thank you to those members who led the debate. The policy issues discussed are outlined below and members decided to continue the policy discussion over the coming two years.

- Whether there are advantages for a professional nursing or midwifery association also being a trade union.
- Whether lower level cadres doing nursing work such as nursing assistants or health care assistants are nurses who should be part of the nursing family and be licensed by a nursing regulatory body.
- Whether career structures should be developed for nurses who wanted to remain in clinical practice.

It was a delight to welcome a former CNF President to the Biennial Meeting to address delegates. Mrs Peggy Vidot, who is Principal Secretary, Seychelles Ministry of Health shared with delegates her journey as a nursing leader and the lessons she had learned along the way.

The keynote speaker for the Biennial was Ms Linda Lewis, Chief Executive of the American Nurse Credentialing Centre (ANCC) who were major sponsors for the 3rd Commonwealth Nurses and Midwives Conference reception. Ms Lewis gave an inspiring address to delegates about her personal vision and her ongoing journey as a nurse in achieving that vision. The CNMF is grateful to the ANCC for their financial support for the conference and to Ms Lewis for accepting the invitation to be the keynote speaker at the Biennial Meeting and a plenary speaker at the Conference.

NURSING AND MIDWIFERY

LEADERSHIP: 200 years of making the extraordinary ordinary

Professor Mary Chiarella



Professor Chiarella said she has long believed that what nurses and midwives do is to make the extraordinary ordinary, the intolerable tolerable, and the unbearable bearable. It is one of our great strengths that we have the ability to alleviate suffering, even when a disease cannot be cured.

Whatever we are doing about global health isn't enough: we didn't meet the MDGs by 2015 and there are still huge variations in the quality of health care services across the world:

- Unequal distribution of health care workers with many migrating to developed countries or leaving the profession.
- Increases in communicable and non-communicable diseases (TB, Malaria, HIV, diabetes, heart disease).
- A need for new models of care both at community and hospital levels – primary health care and preventing ill health.
- Ad hoc introduction of new cadres of health workers.
- Unequal access to technologies.
- The challenge of drug and treatment affordability and availability.
- The need for skilled birth attendants to meet UN Sustainable Development Goals.
- The imposition of western models of health service delivery through conditions of international bank loans.
- Adverse event science reinforces what we get wrong instead of promoting what we get right.

But what we know doesn't make us change unless we can imagine what we need to do to make things better. We have to RE-IMAGINE what is possible.

New ways of integrating health care

- Do people want to be cared for mostly IN hospitals or mostly OUT of them?
- Do people want to have interventions mostly BEFORE they get sick or AFTERWARDS?

New partnerships with our communities of care – co-production of health, woman-centred care

- Does the public want to decide how their health care ought to be delivered?
- Do people want to be partners in the design of their health care services?

New ways of defining our health care workforce

- Ought families and friends to be recognised as the 'real' health care workforce and health care professionals as the auxiliary workforce?

New ways of funding health care

- Ought the public to decide how their health care dollar is spent, rather than health professionals?
- Ought we to give the money to the public to spend, rather than remunerate practitioners directly for service items?
- Ought we to take stock of what the public wish to spend their money on?

How far have we come since Nightingale? Here's what we know:

- What we currently do is unsustainable – nationally and globally.
- We are big spenders on health and illness – both from a government and personal perspective.
- Neither of these forms of expenditure works properly. We need better evidence to know what works.
- We need debate – public debate. That means debate with the public, not just with us.
- We need to decide what functions we want government to pay for and what we are prepared to pay for ourselves. Then we need to decide what forms each of those should take.

We all need to reflect and we all need to join the debate. The question is always "what is to be done?" The conversation must be had at our tables, in our workplaces, outside the school gates, on our Facebook accounts, on Twitter, and whatever other personal media we use. Nightingale would have had a Twitter account, she would have had her own Facebook page. She knew all about the social media of her day.

Then we must engage professionally. We mustn't just pay our fees to our professional associations – we must lobby them. We mustn't just vote for our politicians – we must lobby them. We must sign petitions, go to rallies – the world will only change one person at a time. We can influence others, but we can only change ourselves. This we can achieve by 2020.

MY LEADERSHIP JOURNEY: 26 years using the Magnet® model roadmap

Dr Linda Lewis



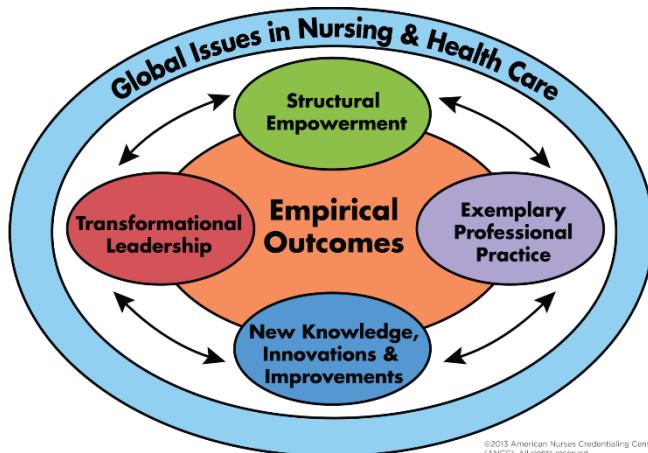
Having a global model of excellence for nursing was never in my vision, nor in my strategy when I first became interested in leadership. Rather, it was a need to change the way things were being done in the organization. My personal leadership journey has been mentored through the work and the principles of Magnet. The 'Fourteen Forces of Magnetism' are the foundation for excellence in leadership and continue today as the sustained infrastructure for the global nursing model, the Magnet Recognition Program. As the ANCC credentialing programs CEO, I hope you will learn from my experiences and how I used this global model for nursing to shape the future in my country and around the world.

FORCES OF MAGNETISM

1. Quality of nursing leadership
2. Organisational structure
3. Management style
4. Personnel policies and programs
5. Professional models of care
6. Quality of care
7. Quality improvement
8. Consultation and resources
9. Autonomy
10. Community and health care organisation
11. Nurses as teachers
12. Image of nursing
13. Interdisciplinary relationships
14. Professional development

As an innovative and transformational leader, my focus has been on the implementation of creative models of care delivery, workforce engagement, and advancing nursing leadership's decision-making power.

I joined the American Nursing Credentialing Center (ANCC) in the spring of 2013, as the Director for the Magnet® Recognition Program and in February 2014 began my newest journey within ANCC, with my promotion to Chief Officer responsible for the overall mission, vision and value worldwide. My leadership has focused ANCC's innovation and programs on global expansion of certification, research and accreditation.



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Under my leadership at ANCC, innovative credentialing initiatives have been created and implemented. The newly patented portfolio credentialing process offers ANCC the ability to attest to the expertise, knowledge and skill sets required for a nationally certified specialty. As a result, transformational nursing specialties emerging to address the broad range of health population needs can be rigorously evaluated and credentialed to serve the public and nursing profession with confidence.

The ANCC World Division has been created which focuses on the development of international credentialing programs in partnership with the country's health care governing bodies and their national nursing organisations. Substantial evidence demonstrates the Magnet, Pathway and Accreditation programs, improves quality, excellence in nursing, and patient outcomes. This quality advancement is considered by many health ministries as the "road map for health care excellence", including the World Health Organization and the International Council of Nurses. The research and science that has been developed and continues to evolve has set nursing strategies to achieve the post-2015 sustainable development goals and universal health coverage practices.

I enjoy being at the forefront of advancing health policy and practice through the generation, synthesis and dissemination of nursing knowledge particularly in the context of credential science. This has allowed me to broker partnerships that will influence the implementation of health care reform in our nation and worldwide. The certification of professionals and organizations ensures the public of the competency and knowledge of the clinicians care for the health of populations.

THERAPEUTIC HUMOUR IN CLINICAL PRACTICE: Leading with humour

Mr Eric Grech and Ms Marie-Claire Pellegrini



Dwight D Eisenhower said: *A sense of humour is part of the art of leadership, of getting along with people, of getting things done.*

Mr Grech and Ms Pellegrini said humour and laughter are being increasingly used in a variety of therapeutic situations and they have joined forces to introduce therapeutic humour into their workplace. Research into the use of therapeutic humour tells us it has the power to motivate, alleviate stress and pain, and improve one's sense of wellbeing.

Types of leadership styles can be closely aligned with types of humour.

Autocratic leaders centralise power and decision making within themselves. They give orders and assign tasks without consulting their employees. Their sense of humour is often aggressive and potentially detrimental toward others. It is characterised by the use of sarcasm, put-downs, teasing, ridicule, and humour used at the expense of others.

A laissez-faire style of leadership avoids power and responsibility, passing on decision making to subordinates, takes no initiative and gives no directions. A laissez-faire leader has a self-defeating type of humour, letting others make fun of them, and in that way receiving approval from others by being the 'butt of the joke'.

A paternalistic leader ('papa knows best'), guides and protects his subordinates as if they were members of his family. But instead of gratitude, this style of leadership often generates antagonism and resentment.

The sense of humour style of a paternalist leader is often self-enhancing; they have the ability to laugh at themselves and the circumstances in a constructive and non-detrimental manner.

Democratic leadership is characterised by consultation with subordinates and their participation in decision making, leading by persuasion and example rather than by fear and force. The sense of humour style of a democratic leader is affiliative in nature, used to enhance relationships with others in a benevolent and positive way. In an organisational setting, affiliative humour has been shown to increase group cohesiveness and promote creativity in the workplace.

Humour enhances leadership skills. It creates more opportunities and builds credibility. The benefits of therapeutic humour are numerous. Laughter has been compared to 'inner jogging' because it increases heart rate, improves blood circulation, and works muscles all over the body. Humour improves employee creativity, communication and wellness, which results in organisational renewal and greater effectiveness. Humour is a powerful tool in building more cohesive groups and this is important because cohesive groups work together better in pursuing common goals, especially in situations where there is an expectation of high performance.

Through humour we can get our message across in a more acceptable way. This allows us to lead better because it makes us better communicators.

A range of therapeutic humour interventions have been introduced into the Mater Dei Hospital in Malta.



Humorous videos which cover a range of topics such as hand hygiene; tissue viability; safe practice within the clinical environment; and safe handling of patients have been developed and have been very well received, getting a serious message across in a visual, inoffensive and memorable way.

Special awareness days (such as kidney health day), and difficult topics (such as incontinence) can be sensitively and effectively dealt with using humour.

Humour and laughter are useful caring tools. Nurse and midwife leaders should aim to increase the amount of laughter in their environments for patients as well as staff.

NIGHTINGALE: The collected works of Florence Nightingale

Professor Lynn McDonald



2020 marks the bicentennial of the birth of Florence Nightingale. This conference celebrates the leadership of Nightingale, the founder of modern nursing, the first nursing theorist, a great nursing leader, and a role model for nurses everywhere. All the available surviving writing of Florence Nightingale, edited by Lynn McDonald, has now been published in the sixteen-volume: *Collected Works of Florence Nightingale*, much of it for the first time.

The Collected Works of Florence Nightingale makes available Nightingale's major published books, articles and pamphlets (many long out of print) and a vast amount of previously unpublished correspondence and notes. Known as the heroine of the Crimean War and the major founder of the modern profession of nursing, Florence Nightingale (1820-1910) was also a scholar, theorist, researcher, statistician, political activist, and social reformer of enormous scope and importance.

Nightingale was a national heroine in her own day and unofficial consultant on numerous matters of public policy for decades. As early as the 1860s she had formulated the central principles of a public health care system. Her work can be seen now, in an age more sensitive to environmental issues, as greatly prescient in integrating factors of the biophysical environment with social and economic factors. Some attention has been paid to her work in applied statistics but little to her expertise more generally in methodology, philosophy, theology and spirituality, and women's issues.

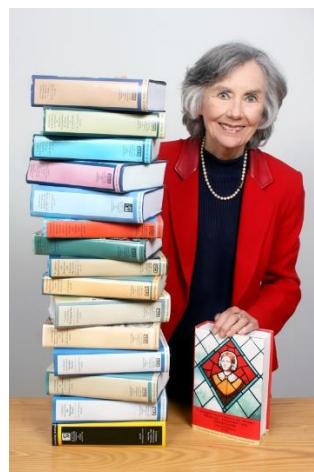
She was in touch with an extraordinary cross-section of people: royal personages, prime ministers and Cabinet members, leaders in medical science, philosophers, and theologians, the military, literary figures and natural scientists.

The introductory book, *Florence Nightingale at first hand*, reports what Florence Nightingale said and did, based on her writing. Published to commemorate the centenary of Nightingale's death, it presents Florence Nightingale as an author of great style and wit, a systems thinker and pioneering public health reformer.

- Volume 1: *Life and family*
- Volume 2: *Spiritual journey*
- Volume 3: *Theology*
- Volume 4: *Mysticism and eastern religions*
- Volume 5: *Society and politics*
- Volume 6: *Public health care*
- Volume 7: *European travels*
- Volume 8: *Women*
- Volume 9: *Florence Nightingale on health in India*
- Volume 10: *Social change in India*
- Volume 11: *Florence Nightingale's suggestions for thought*
- Volume 12: *The Nightingale School*
- Volume 13: *Extending nursing*
- Volume 14: *The Crimean War*
- Volume 15: *Wars and the War Office*
- Volume 16: *Florence Nightingale and hospital reform*

Available online from:

<http://www.uoguelph.ca/~cwfns/publications/index.htm>



Professor Lynn McDonald from Canada is the editor of the sixteen volume: *Collected works of Florence Nightingale*. The volumes are also available as e-books.

Of significant interest to nursing scholars are Volumes 12 and 13.

These volumes bring to light much unknown material about the founding of the Nightingale School of Nursing at St Thomas' Hospital and Nightingale's guidance of its teaching for the rest of her life and her mentoring relationships with emerging nursing leaders. The volumes also cover the introduction of professional training and standards beginning with London hospitals and others in Britain, followed by hospitals in Europe, America, Australia and Canada; and Nightingale's evolving views on nursing. Struggles with cost-conscious hospital administrators are part of the story, as is the challenge to keep nurses safe at a time when hospitals were dangerous places.

22nd CNMF BIENNIAL MEETING IN PICTURES



Cyprus



Australia and Cook Islands



Trinidad and Tobago



United Kingdom



Bahamas



India



Ghana



Malaysia

22nd CNMF BIENNIAL MEETING

The 22nd CNMF Biennial Meeting was held in London at the premises of the Royal College of Nursing UK on Friday 11 March 2014. CNMF members from Australia, Bahamas, Botswana, Cook Islands, Cyprus, Ghana, Jamaica, India, Malaysia, Malta, Sierra Leone, South Africa, Rwanda, Tanzania, Trinidad and Tobago, and the United Kingdom attended the Biennial Meeting.



Ms Cecelia Anim, President of the Royal College of Nursing who hosted the CNMF Biennial, welcomed delegates to the RCN and officially opened the proceedings. Members received reports from the President, the Executive Secretary, and the Honorary Treasurer. CNMF Board members presented reports covering activities in their regions. Retiring Board Members were acknowledged: Mrs Paula Hancock (Europe Region); and Ms Lee Thomas (Pacific Region). Mrs Angela Neuhaus, the CNMF Honorary Treasurer since 2008 announced her retirement from her position at the end of the financial year. Both the CNMF President and the CNMF Executive Secretary paid tribute to the hard work and dedication of Mrs Neuhaus during her time with the CNMF.

New Board members were welcomed: Ms Annie Butler from Australia (Pacific Region) and Mr George Saliba from Malta (Europe Region). New members were also welcomed to the CNMF: the Rwanda Nurses and Midwives Union; the Brunei Darussalam Nurses Association; CGFNS International; and the Nurses for Nurses Network.

A special tribute was paid to the delegation of nurses and midwives from Sierra Leone, who despite the Ebola crisis and the poverty in their country had 12 representatives from their country at the Biennial meeting.



Keynote speaker at the Biennial Meeting was Ms Linda Lewis from the American Nurse Credentialing Centre (ANCC). Other guest speakers were Mrs Peggy Vidot, Principal Secretary, Seychelles Ministry of Health and a former President of the CNMF; Ms Fleur Anderson from WaterAid and the WASH Initiative; and Dr Joanna Riha from the UK All Parliamentary Group on Global Health.

Delegates considered three policy issues were had been identified as priorities by members:

Policy discussion 1: Are there advantages for a professional association in registering as a trade union and if so, what are they?

The policy discussion was led by Barbados, Trinidad and Tobago, and Jamaica who shared their experiences in transforming their professional associations so they also had trade union responsibilities and could represent nurses and midwives industrially and act as bargaining agents for salaries and conditions in the workplace.

Policy discussion 2: Lower level cadres doing nursing work (nursing assistants, health care assistants etc) - Are they nurses? Should they be regulated by the nurse regulatory authority? Should there be nursing input into standards, education, and scopes of practice?

The policy discussion was led by Ghana, the Bahamas, and South Africa. These countries considered that any health worker who was doing nursing work should be part of the nursing family. They should be well educated so they could provide safe practice; registered nurses should have input into their education and scope of practice as they would be working with them and delegating care to them; and that any health worker providing care to patients or clients should be licensed and regulated by a regulatory authority.



Policy discussion 3: Clinical career structure development. What are some of the options for developing a career structure for nurses who want to remain or specialise as clinicians?

The policy discussion was led by Malaysia, the United Kingdom and Australia. Delegates considered that having a clinical career structure was extremely important however were undecided as to what was the most appropriate structure. Malaysia, the UK and Australia shared the clinical career structures from their own countries.

Following the policy discussions, CNMF members resolved to continue the discussions by email over the coming two years to share experiences, ideas and solutions.



EXECUTIVE SECRETARY REPORT 22nd CNMF BIENNIAL MEETING

JILL ILIFFE

Ms Iliffe briefly highlighted with a power point presentation the key activities of the CNMF over the past two years under the headings: governance, administration, finances, communication, liaison, membership and programs.

GOVERNANCE: Ms Iliffe advised that elections had been held for CNMF Board Member for the Pacific Region and the Europe Region. Ms Annie Butler from Australia was elected to the CNMF Pacific Region and Mr George Saliba from Malta was elected to the CNF Europe Region.



Ms Annie Butler



Mr George Saliba

ADMINISTRATION: Ms Iliffe said that all administrative processes for the CNMF were running smoothly including the records system and the data base. Ms Iliffe said the CNMF Board had discussed a project to digitise all paper based CNMF files and this would be a priority over the next two years.

FINANCES: Ms Iliffe reported that the CNMF was in a stable financial position. Revenue was derived from membership fees, project grants, and consultancy work. Revenue from the consultancy work for the African Regulatory Collaborative was an important source of revenue for the CNMF allowing further project work, support for Board members, and accumulation of reserves which has not been possible in the past. Ms Iliffe reminded members that in November 2013, the CNF was registered as a limited private company with Companies House in the UK. Registration was essential for the CNF to be able to apply for grants. Ms Iliffe also reported that the CNMF Board had considered the establishment of a Commonwealth Nurses and Midwives Foundation to be able to accumulate funds specifically for project work.

COMMUNICATION: Ms Iliffe reported that the three main mediums for communication were the monthly e-News, the bi-annual journal, The Commonwealth Nurse, and the CNMF website.



<http://www.commonwealthnurses.org>

The e-News was sponsored by the RCN Publishing Company and had a distribution of 1,600.

The CNMF journal, The Commonwealth Nurse, now has its own website and is produced digitally to reduce printing and postage charges which were very high. Ms Iliffe reported that some of the past issues of The Commonwealth Nurse had become corrupted and are in the process of being re-keyed. Ms Iliffe encouraged members to contribute articles to The Commonwealth Nurse.

The CNMF website, is managed in-house to reduce costs and is regularly updated and redesigned to keep it fresh and interesting. A redesign was done when the CNF became the CNMF and a new logo developed.

LIAISON: The CNMF keeps in regular contact with the Commonwealth Secretariat and the Commonwealth Foundation; the Commonwealth Health Professions Alliance; the Royal Commonwealth Society; C3 Collaborating for Health; The Burdett Trust; ICN and ICM; Health Information for All; and various other international organisations.

The CNMF also liaises with the South Pacific Nurses Forum, the Caribbean Nurses Organisation, ECSACON (the East, Central and Southern Africa College of Nursing) and the West Africa College of Nursing.

MEMBERSHIP: Ms Iliffe reported that membership is stable however there are some Commonwealth countries who are still not members of the CNMF, particularly midwifery associations. Countries are often slow to renew their membership and require continual follow-up. Ms Iliffe reported that the new membership categories for the CNMF have been slow to grow but an increase in membership is necessary to achieve the objective of the Board, that membership fees are sufficient to pay the salary of the Executive Secretary so that the organisation is self-sufficient.

PROGRAMS: Ms Iliffe outlined the projects the CNMF has been involved in over the past two years including the mental health legislation reform project; the involvement in ARC meetings and provision of technical assistance; development of a task sharing policy; and the maternal health education program.

African Regulatory Collaborative

The African Health Professions Regulatory Collaborative (ARC), is a four year innovative to engage and build on the capacity of Africa's health professional leadership for nursing and midwifery. The partners are the United States Centers for Disease Control and Prevention (CDC); Emory University's Lillian Carter Center for Global Health and Social Responsibility; the East, Central and Southern Africa Health Community (ECSA-HC), and the Commonwealth Nurses and Midwives Federation. The initiative is funded by the United States *President's Emergency Plan for AIDS Relief* (PEPFAR). The aim of the collaborative is to improve health professional standards and practice in the region, particularly in relation to HIV prevention, care and treatment, using local solutions and peer-based learning.

The CNMF supports the partnership by assisting with administrative arrangements for the meetings; writing the reports of the meetings; providing technical assistance to countries with their projects; and maintaining the ARC website. This generates income for the CNMF.

- (a) Meetings: Namibia February 2015; Johannesburg July 2015; Zimbabwe November 2015; Johannesburg February 2016.
- (b) Technical assistance: Uganda for scopes of practice for nurses and midwives; Botswana for scopes of practice for nurses and midwives; Seychelles for scopes of practice for generalist and specialist nurses working in the area of HIV; and development of a national continuing professional development program; Zambia for development of a national continuing professional development program; Namibia for evaluation of their national continuing professional development program.

Mental health legislation reform project

The CNMF was successful in a funding application to the Commonwealth Foundation for a Participatory Governance Grant to work with two Commonwealth countries to assess their mental health legislation against the United Nations Convention on the Rights of Persons with Disability, recommend areas where reform is indicated, and if recommended, develop drafting instructions for a new mental health Bill. The two countries participating are Botswana and Seychelles. The National Mental Health Advisory Committee (NMHAC) in Seychelles met in November 2014, and April, September and October 2015, and February 2016 and in Botswana, the NMHAC met in February, May, August and November 2015. Both countries concluded that a new mental health Act was required and it is anticipated drafting instructions will be completed by June 2016.

Maternal health education program

Two maternal health education programs were conducted in Zimbabwe funded by The Beit Trust. Two programs were conducted in Lesotho funded by The Burdett Trust. A further two programs have been funded by The Burdett Trust in Tanzania and another two in Malawi. These are scheduled for 2016. The program is run over four days and is designed to be a an opportunity for midwives to reflect on and refresh their midwifery skills from antenatal to postnatal care and also to be introduced to current maternity teaching resources. The programs are evaluated highly by participants.

Task sharing policy project

The CNMF was engaged by the Public Health Informatics Institute in Atlanta to work with the Botswana nursing and midwifery leadership to develop a task sharing policy for nurses and midwives. The program of work included a comprehensive survey of nurses and midwives about their perception of and experience with task sharing. The policy is scheduled to be submitted to the Botswana Ministry of Health in June 2016.

Seychelles capacity building

The CNMF was asked by the Seychelles Ministry of Health to provide capacity building training for nurse managers. Two programs have been conducted to date, one on leadership and the other on infection prevention and control. Three programs were also provided in partnership with the national nursing association on documentation, legal and ethical issues and women's health.

In concluding her report, Ms Iliffe paid tribute to the support, commitment and contribution of the CNMF President, Vice President, Board Members and Honorary Treasurer.



ARC Summative Congress Johannesburg South Africa



ARC West Learning Session Doula Cameroon



Inaugural LARC Meeting Johannesburg South Africa



National Mental Health Advisory Committee Seychelles



National Mental Health Advisory Committee Botswana



Capacity Building for Nurse Managers Seychelles



Botswana Task Sharing Policy Project Advisory Committee



Maternal Health Education Program Lesotho



Continuous Professional Development PAC Seychelles



Leadership training Brunei Darussalam



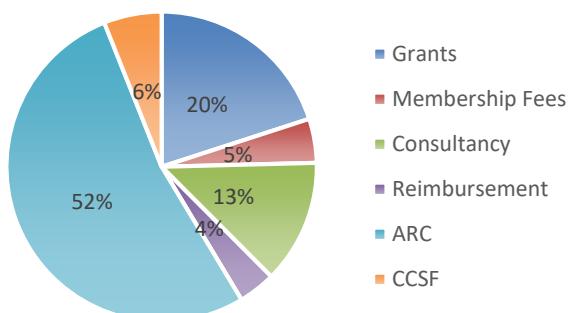
HONORARY TREASURER'S REPORT 22nd CNMF BIENNIAL MEETING

Angela NEUHAUS

The Treasurer's report covers the financial years 2013-2014 and 2014-2015.

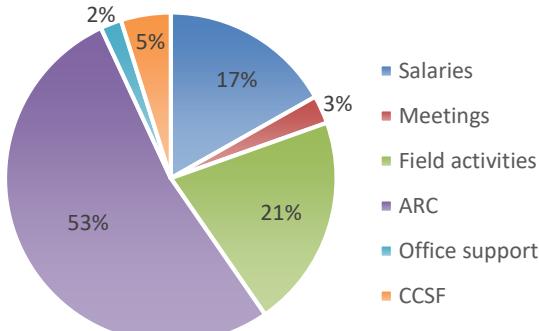
INCOME

2013-2015



EXPENDITURE

2013-2015



NOTES TO 2013-2015 ACCOUNTS

INCOME

GRANTS

The Commonwealth Foundation ceased its annual grant, which included core funding, for Commonwealth accredited civil society organisations at the end of the 2012-2013 financial year. In 2014, the CNMF was successful in obtaining £10,000 in transition funding which enabled the Board to examine the CNMF income and expenditure to identify cost savings and make plans to generate income to offset the loss of the annual grant from the Commonwealth Foundation. One decision of the Board was to expand CNMF membership categories which resulted in a change to the CNMF constitution endorsed by the 2014 Biennial Meeting. The CNMF now has to rely completely on generating its own funds either through membership fees, grants, donations or fundraising activities. I would urge delegates to consider ways in which they might access and generate new sources of funds for their region and to take responsibility for doing so.

Commonwealth Foundation: Reforming mental health legislation across the Commonwealth

In 2014, the CNMF was successful in a grant application to the Commonwealth Foundation, one of 11 successful grants out of 435, to work with the governments of Botswana and Seychelles to review their mental health legislation. The grant was for £51,406 over two years.

The Beit Trust: Maternal health and leadership workshops Zimbabwe

The Beit Trust provides small grants for activities located in Zimbabwe. I was successful in obtaining US\$5,000 which, with local 'in-kind' support, was sufficient to run three training programs in Zimbabwe.

The Burdett Trust: Maternal health education and training

The CNMF was awarded £50,000 by the Burdett Trust to extend the successful maternal health education updates previously conducted in Sierra Leone to Lesotho, Malawi and Tanzania.

OTHER INCOME

African Regulatory Collaborative (ARC)

ARC is a partnership between CDC in Atlanta; Emory University; the East, Central and Southern Africa Health Community; and the Commonwealth Nurses and Midwives Federation to work with nursing and midwifery leaders in the ECSA region to improve regulation and standards particularly in relation to HIV prevention, care and treatment. The CNMF generates income through ARC by assisting with meeting administration, writing meeting reports, and providing technical assistance to countries with their ARC projects. The ARC ECSA initiative was due to finish at the end of 2015 however it has received funding for a further two years and ARC West has commenced with three countries in West Africa including Cameroon. The ARC 'income' shown in the 'receipts' line of the audited accounts is offset by the expenses in the 'payments' line of the accounts. The net income to the CNMF appears in the consultancy line. ARC income and expenditure in any given financial year is influenced by the number of meetings held in that financial year. The differences in receipts and payments for ARC in the accounts are due to income and expenditure overlapping within different financial years. The partnership with ARC helps raise the CNMF profile in Africa, as well as generating much needed funds, and the travel involved gives scope for 'piggy-backing' other activities and attending crucial meetings. The amount of ARC funds that pass through the CNMF accounts are an indication of the amount of work involved. It should be remembered however that this is time-consuming, often relentless, and leaves less time for other activities. After spending four out of the last five years in Zimbabwe, I can testify to the very high regard in which Jill is held within the region, and by extension the CNMF, as a result of her enormous commitment to ARC.

Public Health Informatics Institute: Task sharing policy for Botswana

This is a consultancy project which, when complete at the end of this current financial year, will generate a net income of US\$ 46,935.00 to the CNMF.

Reimbursement

This line is for expenditure that can legitimately be reimbursed by a third party.

Consultancy

As explained above, this is income earned by consultancies to ARC and to PHII.

Membership Subscriptions

Membership subscriptions were last increased at the Biennial Meeting in 2014. There is no recommendation from the Board to increase membership subscriptions in 2016. The small amount of membership subscriptions in 2014 was the result of moving subscriptions to a calendar year rather than a financial year which countries found very confusing. Some countries also pay two years' subscriptions at one time saving on transaction costs which can be prohibitive. It is becoming increasingly difficult to collect membership subscriptions with few countries renewing without several reminders.

2nd Commonwealth Nurses Conference

While income is shown, expenditure is included in 'Field Activities'. The CNMF expenditure on the conference was £43,124 which resulted in a small loss.

2015 Commonwealth Civil Society Forum

The CNMF acts as secretariat for the Commonwealth Health Professions Alliance (CHPA). The CHPA puts in a funding proposal to the Commonwealth Foundation each year to host a Commonwealth Civil Society Forum (CCSF) in conjunction with the Commonwealth Health Ministers' meeting. The CNMF acts as the budget holder for the CCSF. The 'income' for the CCSF is offset by the 'expenditure'. Any unspent funds are returned to the Commonwealth Foundation.

EXPENDITURE

Executive Secretary – consultancy fee

In 2008 when the present Executive Secretary commenced in the role, the position was for 18 hours per week at £13.35 per hour. The Board at the time made a decision that, if the CNF (as it was then) was to flourish and thrive they needed, not only to increase the number of hours for the position, but also increase the hourly rate. The first objective was to increase the paid hours and from 2010 to 2014 the number of paid hours was gradually increased from 18 to 30 hours at the same hourly rate. From 2014, the plan was to gradually increase the hourly rate in conjunction with the paid hours so that at the end of the period the position could attract a viable and highly qualified successor to the current Executive Secretary when she exited the position. The challenge for the CNMF will be to ensure there is sufficient income to pay this amount into the future.

Members' travel and accommodation

This line relates predominantly to Board Members in the UK, specifically our Vice President Professor Kathleen McCourt and outgoing Europe Region Board Member, Mrs Paula Hancock, attending functions in the UK representing the CNMF.

Officers' travel and accommodation

The biggest item of expenditure is always the annual Commonwealth Health Ministers' meeting in Geneva. The 'reimbursement' in the income line offsets some of this expenditure.

Field activities

Field activities are now recorded a little differently. Without the annual core grant, most 'field activities' have to be recorded against the specific grant eg: PHII Task Sharing Project, Mental Health Legislation Reform, and ARC.

Office attendance

This is kept low by 'piggy-backing' office attendance with other meetings, particularly meetings where the costs have been met by other organisations such as the Commonwealth Secretariat or the African Regulatory Collaborative.

Administrative functions

Most of the administrative functions are relatively stable or show a reasonable increase from one financial year to the other. Streamlining and reorganising office and publication arrangements have significantly reduced costs. I should like to add my thanks to the RCN for their generous ongoing support which significantly assists the CNMF in this regard.

Currency exchange (gain)/loss

The CNMF operates two accounts: a UK £ account and an Australian \$ account. At the end of the financial year an adjustment needs to be made for currency fluctuations. Sometimes this results in a gain and sometimes in a loss.

Website

Website costs are able to be kept low because website maintenance, such as uploading and removing items from the website, is done 'in-house'.

Subscriptions

The CNF is a member of Health Information for All and the Royal Commonwealth Society.

Auditor Fee

I would also like to record my thanks to our auditor, Mr Peter Westley, who has been our auditor for longer than I can remember. Despite the vastly different and more complicated amounts now passing through our books his fee has remained modest and has always been exceedingly generous with his time and helpful with his advice. The CNMF, in order to attract grant funding, was required to be registered or have charitable status. As a first step, the CNMF became a UK private company limited by guarantee in November 2013. This has necessitated annual and taxation returns that the CNMF has not previously had to complete.

End of year result in both financial years showed a small surplus which is necessary to build up reserves over time, however it is important to minimise surpluses on which corporation tax must be paid.

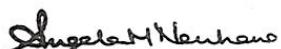
SUMMARY

The CNF achieves a great deal with very little funding. There is increasing recognition of the high quality, scope and cost-effectiveness CNMF activities provide. This is making it easier to attract grants and expand field activities. The loss of funding for core activities is a major problem. In previous years, the core grant together with membership fees made possible the secure employment of an Executive Secretary. Efforts must be made to replace this core funding. The consultancies through partnerships such as the African Regulatory Collaborative and the PHII have boosted the CNF income. And lastly, I should like to record my thanks to Jill Iliffe whose meticulous accounting and sheer hard work has always made my job so much easier. She and I have made a point of meeting at regular intervals wherever we can in the world and going through the books together, but she has done the lion's share of recording and accounting for the CNMF.

**COMMONWEALTH NURSES FEDERATION
RECEIPTS AND PAYMENTS ACCOUNT**

Year ended 30 June 2015

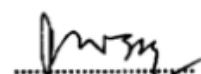
Receipts	2015 £	2014 £	2013 £
Grant Income - Commonwealth Foundation	11,380	15,000	22,500
Grant Income - The Burdett Trust	10,000	29,584	8,179
Reimbursement	2,908	9,886	5,291
Sponsorship	0	1,700	6,776
Consultancy	21,355	21,231	25,445
Member subscriptions	12,760	2,375	11,950
African Regulatory Collaborative	61,808	111,554	56,606
Commonwealth Nurses Conference	0	40,425	0
Biennial Meeting	0	1,000	0
Commonwealth Civil Society Forum	19,888	0	0
PHII Task Sharing Project	2,702	0	0
	142,801	232,755	136,747
Payments			
Executive Secretary - consultancy fee	33,243	25,336	19,120
Meetings - members' travel / accommodation	1,284	510	0
Meetings - officers' travel / accommodation	5,607	2,152	8,206
Biennial Meeting expenses	0	1,370	0
Field activities	10,812	53,394	24,168
PHII Task Sharing Project	2,523	0	0
Mental Health Legislation Reform Project	5,706	0	0
African Regulatory Collaborative	52,836	130,681	56,308
Commonwealth Nurses and Midwives Conference	803	0	0
Publications	35	514	7,508
Office attendance	1,184	1,165	718
Office services - stationery, printing, postage, telephone etc	3,690	1,143	3,159
Bank fees - CNMF	368	585	550
Currency exchange (gain) loss on AU\$	4,370	(1,477)	455
Auditor's fee	500	500	500
Website	1,387	66	1,144
Capital equipment	0	0	732
CHPA	145	0	252
Commonwealth Civil Society Forum	16,937	0	7,582
Subscriptions	100	153	50
Commonwealth Fellowships	0	11,838	0
CNF Registration	224	0	823
Miscellaneous adjustment	299	274	0
	142,053	228,204	131,275
Surplus for the year	748	4,551	5,472
Surplus brought forward at 1 July 2014	24,637	20,086	14,614
Surplus carried forward at 30 June 2015	25,385	24,637	20,086
Surplus represented by:			
Bank balance	53,013	112,330	13,657
Add debtors and prepayments	49,134	858	50,519
	102,147	113,188	64,086
Less creditors and un-presented cheques	(76,762)	(88,551)	(44,000)
	25,385	24,637	20,086

 Honorary Treasurer

 Executive Secretary

AUDITOR'S REPORT

I have audited the Receipts and Payments Account of the Commonwealth Nurses and Midwives Federation (CNMF) with the books and vouchers of the CNMF and have obtained all the necessary information and explanations. In my opinion the receipts and payments are properly drawn up so as to exhibit a true and fair view of the affairs of CNMF for the year ended 30 June 2015.



Peter Westley BA, FCCA, Chartered Certified Accountant
04 December 2015