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Board report to the AGM

JUNE 7, 2010

I stand before you two short years following my inaugural address as President of CNA. On behalf of the board of directors of the Canadian Nurses Association, I am indeed, very pleased to present to you the report of the activities of the board, which you will find starting on page 58 in the *2009 Annual Report*.

While my report will convey highlights of key 2009 activities; I also want to note some of the very important events that have been part of my tenure. I will then open it up to you to share comments and any questions you have of the board.

To begin, I want to acknowledge the commitment, contributions, and investments of the CNA board of directors who are here before you. The privilege of serving on a board like ours requires a steady commitment that translates into the contribution of time and travel away from loved ones; and it calls for an important investment, given the fiduciary responsibilities these members bring to their role. They are all leaders, who brought energy, vision

and critical thinking to their role over the past year. Please join me in thanking the board.

I have had the opportunity to navigate the transition in our most senior operational role with Rachel Bard, who began as the CNA CEO in January 2009. Rachel, it has been a tremendous privilege to work with you and such a dedicated and knowledgeable staff. I want to acknowledge, on behalf of the board of directors, your exceptional leadership.

One of the most distinctive honours that I have had throughout my tenure has been to meet and engage with you the nurses of Canada. And as you and others have shared your stories and realities, you have kept me grounded and focused on the issues, the challenges and the priorities that are fundamental to our practice and our health system. You have inspired me, with your tenacity within a system that has often makes it difficult to provide quality care, and with your enduring commitment and the genuine concern you bring to your work. I also want to acknowledge the valuable input and the work of the Canadian nurses who have contributed to CNA's programs and projects, publications and conferences throughout 2009. Your wisdom, expertise and insights are invaluable.

The Board Report provides an overview of some of the priorities central to our discussions; we considered and debated issues as diverse as health human resources, climate change and the environment, nursing education

and research, professional practice, nursing roles, service delivery models, along with spirituality and nursing practice.

Like many of you, our attention was captured, and our energies immediately focused by the H1N1 outbreak. Once again it showed the central role of the nursing profession, from the immunization clinics set up in the communities across Canada, to the important advocacy and considered attention drawn to occupational health and safety by our CFNU colleagues, under the leadership of Linda Silas.

And while my time as your president has taken me to many places, to meeting new people, and to corridors of power to represent the nurses of Canada and the future of our health system in the interest of the public, I have been reminded time and again of the extent to which a strong, unified national voice representing Canadian RNs, is so necessary and valued. I hear this from nurses from sea to sea to sea across our great nation. I also hear it from nurses globally, as was the case when I led CNA's delegation to the International Council of Nurses and World Health Organization meetings in May. CNA is looked to for its excellence in policy and programming across the country and by global colleagues. Yet times are changing, and so too must we.

Since our last AGM, our board has overseen a governance task force, formed to bring recommendations on CNA's governance structure. Composed of our members and experts in legislation, regulation, health systems and the nursing profession, we brought together the best thinking so that CNA could evolve in ways that would meet the changing mandates and needs of our jurisdictional members and the nurses of Canada.

In March, the governance task force delivered a set of recommendations for strengthening, renewing and, where necessary, changing to the governance structure to meet new and emerging realities. On Friday, our board, with the support of its transition task force, approved 31 recommendations.

To me, this work was at the core of my tenure as your president. The results of these investments, while they will be phased in, are foundational to renewal, and in some areas, *transformation* – to a revitalized CNA, a CNA that aims to be responsive to emerging priorities and needs, actively engaged with its members, and strategically present at decision-making tables with evidence informed, grounded innovations and solutions for our health system. The main indicator of a strong CNA will be reflected in the robustness of our health system, our profession, our professionals and, ultimately, in achieving our aspirations to improved the health of our population.

In the past months, many of you have contacted me about developments in BC. In response to legislative changes creating the CRNBC in 2005 and resulting changes to the organization's mandate, CRNBC conducted a legal and policy review of its relationship with CNA in 2009. In April of this year, the CRNBC board passed the motion to initiate a measured and managed withdrawal as our jurisdictional member for BC.

The CRNBC board will bring this decision to its AGM on June 25 for a vote. CNA made a significant effort to work with CRNBC to try to address their concerns. As one of our earliest members, CNA has benefitted from the voice and investments of CRNBC (and before, RNABC) over the years. We will continue to pursue collegial links now, and into the future.

It's hard to witness the planned departure of a member; it opens the door to many questions and to possibilities that we are yet to identify. CNA firmly believes that Canadian nursing is stronger with the nurses of British Columbia as part of the CNA. And importantly, we believe that the nurses and people of British Columbia are better served when the voices of BC nurses are heard at a national.

We are not alone in this, as there is a new reality emerging in BC.

In May I flew from the World Health Assembly meetings to be with the RN Network of BC as they announced the creation of the new Association of Registered Nurses of British Columbia (ARNBC). I was very pleased to be amongst the filled-to-capacity hall to address BC RNs about the current

change, and the opportunities for the future. ARNBC is in the process of filing for incorporation under the BC Societies Act, and have appointed an interim board co-chaired by Rob Calnan and Susan Duncan, both of whom are with us today. CNA's board anticipates that the establishment of ARNBC will contribute to the voice of the profession in BC.

We recognize that a change to the professional landscape in Canada is of concern to each and every one of us. We aim to be open, frank and forward thinking as we share what we do know with you. And notwithstanding the reality of these changes, our board is charged with the possibilities awaiting CNA as it moves forward with strength as the national voice to advance nursing excellence and health public policy.

As we completed our meetings on Friday, our board spoke of its support for strong national nursing voices for the advancement of the profession, for profession-led regulation and the realm of socio-economic welfare. CNA will embrace every opportunity to work with national colleagues to achieve a strong unified voice to advance nursing and health in the public interest.

Before I finish, I really want to share with you just a few of the highlights from our strategic plan – as we modified our objects and adopted a new mission and goals to guide our work into 2014. CNA's primary, over-arching object is *To advance nursing excellence and positive health outcomes in the public interest*. While enabling a broad mandate, this first object also

specifies our focus. Our board adopted three objects that further define our mandate:

- 2. To promote profession-led regulation in the interest of the public*
- 3. To act in the public interest for Canadian nursing and nurses, providing national and international leadership in nursing and health*
- 4. To advocate in the public interest for a publicly funded, not-for-profit health system*

Our mission has been renewed and to bring the mission to life we have approved five substantive goals that will hone our focus on:

- The role of RNs to strengthen nursing and the Canadian health system,
- Healthy public policy at the provincial/territorial level, nationally and internationally,
- Nursing leadership for nursing and for health

Getting there speaks to our fourth and fifth goals; it will mean a new commitment to engaging with nurses and strengthening our governance processes.

We are intent on a genuine reinvigoration of CNA to achieve a new kind of community of nursing that is more effectively connected and connecting with members in meaningful ways and in strategic ways.

Now that the new goals and directions have been approved, our board has asked the CEO to proceed with developing business, transitional and communications plans, to be reported back to the board at its forthcoming meeting in October.

Your president elect, Judith Shamian, has been at my side during this journey and is poised to take this important work forward.

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Let me close by saying once more, what a privilege it has been to hold this office as your president. I am with you for a few more days, and I intend to make the most of them. I want to thank my colleagues, the CNA board of directors, and invite you to ask questions or offer comments to the board on the report before you.

Thank you.