



Human Resources : Strike Action
Proactive Release: 12 June 2019

06 June 2019



E-mail: [REDACTED]

Dear [REDACTED]

Official Information Act (1982) Request

I write in response to your Official Information Act request, dated 16 May 2019. You requested the following information, and our responses are below each question:

Provide the following information in relation to the Resident Medical Officer (RMO) strike that has taken place from 29 April 2019 to 4 May 2019:

- 1. Any remuneration, including but not limited to incentives, of RMOs, Senior Medical Officers and any other employee for work carried out as a result of the strike actions.**
- 2. Any ancillary costs incurred by the DHB as a result of the strike action including, but not limited to, meals provided, business related travel and accommodation and/or alternative days off.**
- 3. Further to item (1) above, detail of all costs associated with and time spent by any other staff such as administrators, payroll staff and managers undertaking tasks resulting from the strike action including, but not limited to, rescheduling of patients, contingency planning, calculating pay alterations as a result of strike action, drafting communication with the public and other staff regarding the strike.**
- 4. The loss of revenue from rescheduling of surgeries during the period of the strike.**

We note this is a similar request to the one you submitted on 08 March 2019, and consequently some of answers remain unchanged from our response sent to you on 05 April 2019.

- 1. Any remuneration, including but not limited to incentives, of RMOs, Senior Medical Officers and any other employee for work carried out as a result of the strike actions.**

Registrars and House Officers who are part of the Resident Medical Officers Association (NZRDA) were on strike on four occasions between January 2019 and February 2019, as well as between 29

April and 04 May 2019. District Health Board Senior Medical Officers provided cover whilst the Registrars and House Officers were on strike. Registrars who are part of the SToNZ MECA worked as usual during this period.

For the strike that took place from 29 April and 04 May, processed claims from SMOs (as at 30 May 2019) totalled \$786,675.

We note that job size is defined as the mutually agreed average weekly number of hours required for the employee to undertake all duties (i.e., Clinical, Non Clinical administration, teaching/supervision, quality assurance, professional development and research, and After-hours on-call duties).

2. Any ancillary costs incurred by the DHB as a result of the strike action including, but not limited to, meals provided, taxi chits and/or alternative days off.

We do not collate ancillary costs incurred as a result of Industrial Action, as these are managed directly between employees and managers as claims for reasonable expenses. Collating this information from across all areas of our large DHB for just the periods of industrial action, and confirming they were solely and directly attributed to the industrial action would require significant collation and research. We are declining this element of the request under Section 18(f) of the Act.

In the context of other payments made during the period, we believe the amounts that could be identified would be negligible, and related to showing goodwill for efforts in exceptional circumstances.

3. Further to item (1) above, detail of all costs associated with, and time spent by any other staff such as administrators, payroll staff and managers undertaking tasks resulting from the strike action including, but not limited to, rescheduling of patients, contingency planning, calculating pay alterations as a result of strike action, drafting communication with the public and other staff regarding the strike.

We do not have a means to accurately distinguish the costs and specific time involved in work related to responding to any industrial action by other CMDHB and related staff, and therefore do not hold information on this detail. Addressing contingency planning and responding appropriately, including these specific tasks listed, forms a part of many roles across our organisation. These employees will manage this work within their available capacity, and the impact is on the ‘opportunity costs’ involved in other work that cannot be done at the same time.

4. The loss of revenue from rescheduling of surgeries during the period of the strike.

We are aware of 292 re-scheduled surgeries arising during the five strike periods in 2019. Of that total, surgery for 69 people was deferred due to the April/May strike. A variety of outpatient clinics and procedures were also postponed and will be rescheduled. Our initial analysis indicates that this will have approximately \$350,000 impact on our Elective Programme. The final impact will be determined by capacity in May and June.

I trust this information satisfactorily answers your query. If you are not satisfied with this response you are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act.

Please note that this response or an edited version of this may be published on the Counties Manukau DHB website.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "M. Apa".

Fepulea'i Margie Apa
Chief Executive Officer
Counties Manukau Health