

13 December 2018



E-mail: [REDACTED]

Dear [REDACTED]

### **Official Information Act (1982) Request**

I write in response to your requests for information on several matters following the Counties Manukau (CMDHB) Board meeting on 31 October 2018, seeking clarification of information contained in the Counties Manukau Health performance reports provided to the Board. We received the questions from you over the period from 14-21 November. We have prepared responses to all of your questions, and are providing these as a collated response. For each question, we have outlined the responses below each question as they were received.

#### **14 November 2018**

- 1. RNZ requests an update on asbestos management across the hospital, and including at Galbraith.**

CM Health continues to manage asbestos in a manner consistent with management of asbestos across all industries and in accordance with current regulation, best practice and CM Health's asbestos management plan (**attached**).

- 2. We also request a summary of the highest levels of asbestos detected anywhere in the hospital, and including at Galbraith, in the last 6 months.**

All areas have and/or continue to undergo regular monitoring, including any monitoring required as part of asbestos management work. These readings have not exceeded the NZ Workplace Exposure Standards and Biological Exposure Indices, that of 0.1 asbestos fibres per millilitre of air, averaged over an 8-hour; or, that related to regulation 44, that of trace (0.01 respirable fibres/mL).

#### **14 November 2018**

- 3. The Oct CMDHB board minutes say the Turn-around Plan is \$1.7m behind budget and "as with 2017/18, non-frontline vacancies will continue to be held throughout the year to offset delay to secure TAP savings".**

**a) Is it correct that this means non-frontline jobs that are vacant are currently not being filled? And are planned to not be filled this financial year, to offset the lack of savings?**

The report you refer to references the Counties Manukau DHB financial position as at end of August 2018, in the context of a \$1.6 billion annual budget.

The annual savings programme for CMDHB was agreed with the Ministry of Health in advance, with a portfolio of projects identified to deliver savings. As we progress through the year, some of these intentions prove to be less viable than was initially assessed. As is common practice for DHBs, we continue to assess further new opportunities to balance our financial commitments within available resources.

As a component of this process, and as is usual business practice when any vacancy arises, we do take the opportunity to review and consider the relative impact and value of the roles, particularly all non-frontline functions, given our commitment is to prioritising provision of high-quality clinical health services. Our workforce and other resources also need to shift and respond to match our evolving strategy and context.

This can result in some vacancies not being filled immediately, or indeed permanently. This is determined on a case-by-case basis.

**b) Please detail re these vacancies:**

**i. How many there are?**

This detail was outlined as a part of the Financial Report section of the 31 October Board report; providing our position at 31 August 2018.

We calculated that at that point we had 65 FTE Management and Admin (non-clinical) vacancy. As at the end of September, we identified that there were 58.6 FTE Management and Admin roles that may be held vacant for some of the financial year 2018/19. The full-year savings related to these vacancies is currently estimated to be \$2.2m.

These vacancies are in the context of more than 1,000 FTE in Management and Administration (and over 6,500 FTE total roles) at CM Health.

**ii. What types they are – how many in each category for instance?**

The vacant roles are all in non-frontline management and administration functions, and do not include roles who deliver clinical services, such as Ward Clerks.

**iii. Any vacancies in the medical or patient services field affected by this?**

No.

**iv. How many are in each tier of seniority?**

The roles are spread across several DHB service divisions, and operational areas, and all vacancy arising are as a result of voluntary resignations. They include roles such as advisors, coordinators and managers. Given the numbers involved, providing further detailed analysis is likely to make individual roles and functions identifiable.

**v. How many senior management roles are included?**

The majority of the roles are middle management and above.

**4. Elsewhere, it says those unrealised savings around 4 out of 5 'red alert' projects cannot be counted on AT ALL and should be removed from the TAP plan.**

**a. Is the TAP target staying at \$18m?**

Yes, our 2018/19 savings target remains at \$18M, in accordance with our financial commitment to the Ministry of Health.

**b. If so, then if you remove the above \$5.3m component, where will CMDHB make up the 30% shortfall in savings? And how many more and ongoing vacancies will that mean?**

The balance will be covered by other initiatives and opportunities. As referred to above, it is usual practice for the original portfolio of savings projects to evolve during the financial year based on results.

**c. If not, what is happening to the target? And how does that impact your long-term plans, and your capital infrastructure upgrades?**

Achieving the 2018/19 savings programme, and therefore delivering to our budget, or better; will ensure the confidence of the Ministry of Health and Treasury. This influences their further support of our ongoing and long-term capital and infrastructure investment requirements. The recent announcement of government infrastructure investment for the DHB is welcomed.

**16 November 2018**

**Further to requests for info ex the Board minutes around TAP, please also provide info today re the following. The minutes say: "Capacity planning remains a key focus to deliver a succinct bed and staffing plan to inform the transition to close 30 beds in Ward 21 from 1 November 2018, with the targeted 36 beds across the provider arm, then validate the savings via the Finance Team"**

**5. Can you please outline how a cut of 30 beds in Ward 21, and another 36 elsewhere (is that correct?) fits with the 2018 Annual Report reference to short-term demands around "urgent inpatient bed capacity" (p18) and of "expansion to meet service capacity demands" ?**

There are both short-term (immediate responsiveness) and long-term investment considerations in planning our available beds and resourced capacity.

The resourcing of ward 21 (30 beds) was specifically approved by our Board and the Ministry of Health in June 2018, to provide additional capacity for the 4 - 6 months of peak winter seasonal demand, when acute illness and admission numbers are known to be higher.

The remaining 36 beds closed are in the context of the 844 total available beds at the DHB, and this reflects a desired reduction patient length-of-stay, that is associated with various 'Whole of System' (community and hospital) initiatives, to improve patient flow throughout any admission.

We are continuing to monitor the programme achievements in improving patient experience and care, as well the impact on our bed capacity requirements, while focused on enabling people to be at home, and back to health sooner. Ultimately, our resourced capacity is managed to meet acute health demands. Changes to the ways we deliver services will help manage our resources and offset future growth of our population.

- 6. As well as how it fits with long-term NRHP that notes on p11? - "Additional capacity will be required to meet the growth in demand. If the 'status quo' hospital service delivery continues, there will be a requirement for significant investment in physical hospital infrastructure. By 2035, we will require additional hospital capacity in our Region to accommodate: 61% growth affecting inpatient bed demand (approximately 2,170 more beds)"**

The Northern Regional Long-Term Investment Plan (NRLTIP) modelling reflects long-term extrapolation of 'status-quo' hospital delivery. Our challenge remains to improve the timeliness of care and improve patient flow.

- 7. Has the ward been closed to save money? - That is how this might be interpreted given it says "then validate the savings via the Finance Team" and given the minutes have repeated references to the savings targets under the Turnaround plan.**

The ward was intended to be open for the four month period July to October. Additional costs were budgeted for this period. In this case, the monitoring (validation) reflects the need to ensure that the ward was not open longer than budgeted for. The ward staff who were allocated to Ward 21 for the winter, have been reallocated to fill vacant roles in other medical wards.

## **21 November 2018**

- 8. On page 72 of the minutes, it lists among the cost-saving measures that are on track: "Reduce caregiver meals" - Please provide details of who is not getting a meal anymore, and what that is saving.**

At times, we provide hospital-meals to some 'partners in care (caregivers)' of critically unwell patients to support these family/ caregivers to be present in our adult acute wards. CM Health does

not currently have a policy for the provision of family and caregivers/ boarder meals on the adult wards at Middlemore Hospital, and a range of interpretations have evolved over time.

Such a policy is currently being developed, to ensure equitable provision of caregiver meals across the hospital. This will help us to align our approach to be consistent with similar CM Health and with other DHBs policies on these matters, to ensure this matter is dealt with appropriately and also relative to the needs of our Counties Manukau community.

Until the new policy is developed and approved, we are unable to specify who will be given an option of a caregiver meal and what, if any, financial impact this may have for the DHB. This work is expected to progress over the next few months.

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 'F. Apa', with a stylized flourish at the end.

Fepulea'i Margie Apa  
**Chief Executive**