




APEX

# Under the Microscope

Apr 2018

## DHB DEFICITS: IMPACT ON LABS

It has now become a case of: "Who hasn't got one?" Recent news headlines such as "[Funding in Auckland health sector not keeping up with population](#)" and "[Waikato DHB's 21 million budget hole](#)" demonstrate the extent of the problem.

DHB forecasted variances against budget for the 2017-19 financial year

DHB	Variance
Auckland	-3.5
Bay of Plenty	-2.7
Canterbury	-55
Capital & Coast	-21
Counties Manukau	-20
Hawke's Bay	1.5
Hutt Valley	-5.8
Lakes	-3.7
MidCentral	-5.3
Nelson Marlborough	3.5
Northland	-8.5
South Canterbury	0.01
Southern	-17.5
Tairāwhiti	-5.3
Taranaki	-2
Waikato	22.3
Wairarapa	-5.1
Waitemata	breakeven
West Coast	-2.8
Whanganui	-2.6

The labs affected are not isolated to DHBs. NZBS and the private laboratory providers including SCL, TLab and Pathlab all report increasing work volumes and complexity without proportionate funding increases. Gone are the days of "private labs pay better": most private in this sector don't even achieve pay rises equal to ACOS (annual cost of settlement) – the DHB bargaining parameter – which is currently sitting at 1.7% per annum (although signs are this is set to increase). All this happens while our members continue to work harder and smarter.

### HOTSPOTS

In the worst cases we see loss of accreditation; however, members have also reported building and space issues, and multiple instances of corrective action reports (CAR) from IANZ audits. This is often due lack of investment in training, staff or accommodation.

Examples from 2017:

- Auckland Anatomical Pathology – loss of accreditation due to accommodation and ventilation problems.
- Northland DHB – loss of accreditation at their blood bank due to lack of suitable/adequately trained staff, staffing levels and accommodation.
- Northland DHB - under-staffing across regional and base hospital labs, and old and unsuitable accommodation. APEX has intervened to increase FTE for adequate training across disciplines and better rostering, plus plans for a new lab build.
- SCL Nelson Marlborough – inadequate staff to maintain out-of-hours roster.
- CDHB – a member of staff contacted MOBIE over unresolved issues with the lab building, resulting in a Provisional Improvement Notice (PIN) and set dates to remedy the issues.

APEX is certain that the effect of under-resourcing is also being felt beyond these sites.

Sometimes these problems are due to management, but more often than not it's budgetary constraints that make the manager powerless to get more funding, and at times APEX have needed to escalate the issues.

Northland and Auckland DHBs claim their deficits are linked to unforeseen population increases. These DHBs are actively encouraging local communities to complete their census forms, the results of which are used for funding decisions. However, we fear that this will still not capture the growth of the upper-north-island's population, or the increasing complexity of patients who are aging and already have high health needs.

For other regions there are the issues of the aging population, non-compliant facilities and lack of capital investment, for example, Southern DHB, Hawkes Bay but not far behind Taranaki.

There is also the move to automation which has not seen the perceived decreased workload, and inherent savings, but a shift in the type of work. There have also been unforeseen issues with IT systems all at additional cost work and stress to staff.

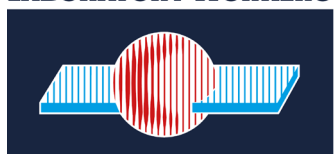
## WELCOME BACK!

This is the first issue of the new-look and rejuvenated *Under the Microscope*, APEX's newsletter for our Medical Laboratory Workers' Division. If you have ideas for content or things you would like to see included in this communication, get in touch with us at [lab@apex.org.nz](mailto:lab@apex.org.nz). It's great to be back!

## SIGNS OF UNDERSTAFFING

- Increased overtime, often masked by staff enjoying the extra pay, but ultimately this is unsustainable.
- Staff starting early, leaving late, not taking breaks – and also not claiming overtime.
- Increased workload and/or acuity of work without corresponding increased staff numbers.
- Inability to implement safe rostering guidelines.
- Staff reporting that they are overworked and fatigued.
- Staff struggling to have leave approved or taking leave at all.

**MEDICAL  
LABORATORY WORKERS**



DIVISION OF APEX

## WHAT CAN WE DO?

Although the employer may be in deficit, budget cuts cannot be at the expense of employee health and safety. With the changes to the Health and Safety Act, and as registered scientists, medical laboratory technicians and medical laboratory pre-analytical technicians, you have an obligation to ensure you practice safely.

Speak up if your lab is under resourced. In the first instance engage with your direct team leader or manager. If you don't get an adequate or timely response, involve your delegate then let us know in the office, and we will escalate.

# LAB WORKERS VOTE FOR SAFE STAFFING

## GISBORNE HOSPITAL

Laboratory scientists and technicians at the Gisborne Hospital medical laboratory which is run by a private laboratory – Medlab Central - have turned down their employer's latest offer unanimously at a meeting held to discuss the offer.

Although 6 months of collective bargaining has brought a commitment for a new roster to reduce the number of consecutive days scientists will be expected to work, our members remain concerned about understaffing of the roster leading to fatigue. We have asked the employer to come back with a commitment to guaranteed staffing on the after-hours roster of nine scientists to ensure adequate rest and time for staff to take leave.

Our members also unanimously rejected the employer's offer of linking pay rises to increases in the employer's service arrangement with the DHB, and have asked the employer for a 2%+2%

arrangement over 24 months.

A unanimous indicative ballot in favour of taking industrial action if Medlab Central does not guarantee safe staffing and fair pay was also passed.



## A GOOD OLD-FASHIONED SAGA

### TARANAKI LAB SERVICES

The ongoing saga of the future of Taranaki Medical Laboratory Services has all the ingredients of a good novel and then a certain feature movie spinoff.

The story has long historical roots, personal intrigue, changing corporate structures, and a feisty workforce that won't be duped. Just like in a spy movie, the investigating agency – APEX – has its photocopier printing hundreds of pages of block-black redacted information.

So, let's recap. We recall that late in 2016 Taranaki DHB announced that it was seeking a tender from its one single preferred laboratory services provider – Taranaki MEDLAB – to run a single Hospital and Community Laboratory to

be situated at the base hospital. This approach breached any number of rules and guidelines for public services procurement and spending, which APEX brought to the DHB's attention. Needless to say, APEX opposed the process and made that very clear.

The DHB disagreed that they were acting against Ministry guidelines, and refused to discontinue their single-provider process and go to an open tender as APEX suggested. They also refused to supply the union with documentary material that the Board had relied upon to make their decision.

APEX then requested the information through the Official Information Act, which eventually elicited a hundred-odd pages of almost entirely redacted material, including many pages of

solid-black redaction. APEX then complained to the Ombudsman, whose office has been investigating.

Under pressure from the Ombudsman, more material has been made available to APEX. The Ombudsman's office has been in touch with us to confirm that much of the redacted material was in fact irrelevant to our request, and that the DHB should have explained that when giving (or not giving) us the material.

The office recommended to the DHB that there is further material that should be made available to the union; they gave them until the end of March to comply with that request. We consider it a minor victory that the DHB complied, and we are now in possession of the unredacted information.

Meanwhile, as a result of the continued pressure from the union and others in the sector, the DHB discontinued its single-supplier tender process and went out to general tender late last year. We understand that the Board is due to consider and decide on a preferred tender at its April meeting. We know that this time the process includes tenders from a number of credible possible providers which hopefully means that the competition between them will ensure a result that is best value for the public purse, the Taranaki community, and, most importantly from our perspective, protects the jobs of laboratory staff.

We also know that Taranaki MEDLAB has now been absorbed into the larger Medlab Central group, which adds a new perspective to any bid from that group.

So, some more waiting. We have the unredacted information, but we need to wait until the DHB's April meeting to hear the result of the competitive tender process.

