



## Management challenges in a Third World setting

Like New Zealand, Afghanistan has just picked its way through the intricacies of a national election process. Reports in our newspapers would suggest that the electoral problems they face are a little different from ours. Therefore one might take the liberty of assuming the challenges facing hospital managers in Afghanistan and others recovering from internal disruption, would be different from those we have to deal with in New Zealand. Not necessarily so. As I listened to Joyce Hood, our August seminar guest, recount her experiences as a Red Cross 'delegate' I could go snap, snap, snap. How do these issues stack up against what you are dealing with?

- √ HR
- √ Budgets
- √ Pay
- √ Supplies
- √ Staff shortages
- √ Outdated equipment
- √ Inadequate time for training
- √ Management – clinical tension
- √ The policies of central government



Joyce Hood with an attentive audience

But wait; as the TV infomercial shouts, there is more!! Toss in little subtleties like females having to wear an all enveloping burkha; complete gender separation for both patients and carers along the clinical pathway; and the differences start to emerge.

For the past six years Joyce has worked with the NZ Red Cross as an overseas delegate with missions in Afghanistan, Sudan, Kenya and East Timor. She has worked as a ward nurse, emergency nurse, health delegate, flight nurse and a project manager. She is therefore well positioned to comment on differences between New Zealand and the third world in which she has served.

Joyce trained as a nurse in England before coming to NZ in 1965. Since then she has mainly worked in emergency departments and acute areas. She was involved in opening the first private accident clinic in NZ in Auckland in 1988 and has been practice manager of another private accident clinic in Auckland. These days, in between Red Cross missions, she works as a practice nurse in Auckland.

There are two different arms of Red Cross. The International Committee sends teams into conflict areas- these days mostly internal conflicts, while the International Federation responds to natural disasters, such as tsunamis and famines. They are two totally separate groups operating quite independently of each other; each supported by a central bureaucracy providing administration, accounting, training, education and publicity services. Joyce has been a delegate for the International arm and shared her experiences on her recent postings.

In Juba in southern Sudan, where Joyce was head nurse, patients commonly presented with

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either gunshot or crocodile and hippo injuries. Gun shot injuries are not unexpected in a conflict zone – be it in Africa or an American ghetto but the crocodile and hippo injuries have probably been endemic in the area since time immemorial. The local people and fauna share the White Nile for washing, recreation and food and the fauna appears to get grumpy when disturbed.

Communication around the 9 hectare Juba hospital campus was difficult. With the area under the control of the government military, radios were banned so “communication by walk about” was the only way of getting equipment or passing information. A night curfew in place made even that approach problematical.

The closest surgical hospital was across the border at Lokichokio in northern Kenya. Medical air transport from remote locations in Sudan to the hospital has stayed much the same for the last 50 years. The aircraft certainly have. The well travelled DC3 in use, with no heating, cooling or toilet, probably saw service in World War II. When deployed as a flight nurse Joyce’s first task was to triage patients squatting under the wing of the plane on the sun baked air field and then after loading those selected for care, trying to keep them warm in the -8 deg cold upper air during the flight to Lokichokio.



A patient getting a head start via a 6 foot ambulance in her journey towards an air ambulance.

Joyce’s ten month spell in Jalalabad, Afghanistan was as a Hospital project manager in charge of the whole surgical team and as support for the hospital administration. Health services in Afghanistan are under tight central control from the Ministry of Health. Local managers have no job descriptions and

no clear reporting lines. While they understand management tools they tend not to use them. Red Cross International management support is quite good and they support the hospitals by supplying all their consumerable supplies from a warehouse in Pakistan.

In a strategy to improve the standard of care, Red Cross offers cash incentives (1 per bed) to ward staff. With more than one staff member per bed, the sharing of the incentive is a constant headache to overcome. Complicating the issue is the demand by local managers to “clip the incentive ticket” as it passes through.

Every July Red Cross International has an annual planning for results meeting where both the general and specific objectives for each mission are set. Once they are decided, accountants work out a budget which then goes off to Geneva for approval. Six months in the objectives are reviewed and adjusted for any changed circumstances. If more money is wanted it might be available or conversely the environment may have deteriorated and staff withdrawn so the money is not needed.

Senior Red Cross delegates usually have tours of about nine months which can be extended. Joyce was in Jalalabad for ten months. With clinical staff deployed for six months or less, there is a constant churn making a long term approach very difficult

In her assignment in Kandahar Joyce was the head nurse in a 78 bed women’s ward during the Taliban time. Her role was more a supervisory and teaching one. While she was excused wearing a burkha, she had to wear a big shawl all the time – even in temperatures >50 deg.

In Afghanistan women have no autonomy. While they are not allowed to sign consent forms for their treatment, their juvenile male children can sign on their behalf. Wards are locked down – no males can get in and no visitors are allowed; so women might not see their husbands for months. In contrast, East

Timor, where Joyce was in charge of ED and Outpatients, was like a holiday spot with lots of beaches and better equipped hospitals.

In both Afghanistan and Timor the nurses are very task orientated and leave relatives to look after the patients. Therefore the wards got completely crowded and chaotic as each patient had at least one carer and usually two or more children with them.

Change will take a many years. Afghanistan has no money and is dependant on funding from the World Bank, USAid and the EU.



A young land mine victim

Joyce’s piece de résistance was to produce a burkha and invite members to try it on. Those who took up the offer declared it was a once only experience. ; nut something they will dine out on for weeks to come. Which raises the question, how do you identify different staff members when they are all wearing burkhas? By looking at their shoes of course.

We wish Joyce well as she heads back to Jalalabad in early October for another ten month assignment. She will get plenty of opportunities to check out the shoes of her nurses. §

# Whose free ticket is it? Does your organisation have a conscience?

You are flying to an important meeting and during a spot of turbulence spill coffee on your suit. You are travelling light and this is the only business clothing you have with you. Your hotel provides dry cleaning services so you present looking spick and span. It is just the wash up that is a little messy. Your company policy is that dry-cleaning expenses are non-reimbursable; but since this is a business trip and the meeting is important to your company you believe the expense is justified. Given your company's policy, which option would you choose?

- Not seek reimbursement;
- Charge to "laundry", include a receipt and hope for the best;
- Charge to miscellaneous expenses with no explanation;
- Charge to meals and do not include a receipt or include a false receipt.

An answer appears later in this article.

Business travel is an inevitable curse for most managers. Considering that most of the dollars spent on business travel are ultimately paid for by employers and deducted as business expenses, do credit card and/or travel rewards connected with that travel belong to the employer? Should the employee be entitled to the "perks" as compensation for time away from family and the many inconveniences of travel in today's hectic world? And should the employer allow these benefits to go to the employee as part of the benefit package?

Some organisations utilize rebates in travel expenses to improve the bottom-line. Others consider the administrative expense of accounting for such pay-backs end up outweighing any financial benefit. Plus, often the club memberships and air miles are already in the name of the employee. In the absence of any formal policy, who should benefit from credit card and travel rewards earned through employee travel: employer or employee?

By now you may be asking, what is this all about? You are honest and follow the rules and policy set by your organisation. The health sector has an established ethical culture and ethics committees are now embedded in that cul-

ture. But "business ethics doesn't flow along the same river. I am picking up a level of disquiet in the air. This article is published in response to reader requests. It seems some people are not comfortable with going along with the concept of rules without rationale. ("this is just the way we do things around here")

Rules and policy on travel expenses are

Management is ultimately responsible for their firm's moral maturity level, and therefore needs to be held to a *higher* ethical standard than regular employees.

Management's commitment to organisational ethics sets the tone for the ethical direction and performance of the entire organisation.

Management determines whether that direction is positive, negative, or stagnant.

a minor but highly visible face of many companies' ethical policies. But there is far more to business ethics than the probity of expense claims. There is a nexus between ethics, cultural practices, and corporate responsibility. Further, without an ethical underpinning, our quality and risk management programmes sit on shaky ground.

It is not sufficient to just have an ethics or corporate responsibility policy. If that was all it took, Enron, World Com and Direct Broking would still be flying high. Culture failure is one of the leading preventable business expenses, yet it gets the least investment in prevention.

Real ethics and corporate responsibility depend on ethical reasoning skills and cultural practices, not policy. Ethics policies often cannot be logically applied to every situation uniformly. Yet organisations expect them to be followed absolutely and tend to enforce them selectively. Bad ethics policies can actually cause unethical behaviour to emerge in organisations.

Unethical behaviour is caused by the convergence of reasoning flaws, atti-

tudes, pressure and opportunity. Severe forms of frustration in the organisation are symptoms of ethics and culture failure. Managerial action to merely deal with symptoms of frustration, instead of preventing its root causes, usually makes the culture failure worse than if nothing had been done at all.

Ethics policies are not tactical or symbolic monuments that executives can erect and delegate, or worse yet ignore. Ethics policies are only as valid as the commitment management give to them. Management is ultimately responsible for their firm's moral maturity level, and therefore needs to be held to a *higher* ethical standard than regular employees. Management's commitment to organisational ethics sets the tone for the ethical direction and performance of the entire organization. Management determines whether that direction is positive, negative, or stagnant.

Therefore, ethics policies themselves are not the primary indicator of an organisation's moral maturity. Management's commitment to preventing poor organisational reasoning and conduct, and their willingness to hold themselves to a higher standard and lead by example, are the two greatest indicators of ethics excellence in the organisation.

There are three drivers for people making unethical choices:

## **We Do What's Most Convenient**

An ethical dilemma can be defined as an undesirable or unpleasant choice relating to a moral principle or practice. What do we do in such situations? Do we do the easy thing or the right thing? For example, what should I do when a shop assistant gives me too much change? What should I say when a convenient lie can cover a mistake? How far should I go in my promises to win a client?

As human beings, our personal ethics are constantly challenged. Why do we do something even when we know it's wrong? Do we cheat because we think we won't get caught? Do we give ourselves permission to cut corners because we rationalize that it's just one

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time? Is this our way of dealing with pressure?

The concept of corporate business ethics is not new. Back in the 80's Kenneth Goodpaster and John Mathews, in a Harvard Business Review article, asked "Can an Organisation Have a Conscience?" They answered their question by promoting a concept of "responsibility of persons," - the idea that people should be held responsible regardless of the ethical dilemma, as long as they understand the rules.

In their argument, an ethical organisation exists only when ethical behaviour is the company norm. And, while most organisations will argue that they've always had ethics policies, in the whirlwind corporate environment of the 80's and 90's, very few companies enforced them. Business leaders have learned that the correct answer to the question "if we looked the other way once or twice, who got hurt?" is "maybe, me." The press coverage of Enron and other similarly afflicted organisations focused on the massive losses of employees' retirement savings after they had been induced to hold a large portion of their pension savings in improperly valued company stock.

Type business ethics into your search engine and you will be flooded with examples of companies loudly proclaiming their rules and policy with how to treat expenses and gifts the only apparent values. So, how should business ethics be perceived? Are they an organisation's published rules and regulations that employees must memorize and follow? Or are they values that permeate a corporate culture from the top down, touching all levels of decision-making? Let's consider some likely implications of these two possibilities.

If business ethics are viewed as a set of rules and regulations:

- An environment develops of compliance rather than informed decision-making.
- Employees find the rule that applies to each situation; if there is no rule, they assume they can behave as they please, since there is no defined or expected action.
- A company will need to continually update its rules and

regulations. Unless it ensures employees are informed of those changes, the employees can't be held accountable for their behaviour.

- Rules and regulations that are not regularly enforced become a dusty manual on a bookshelf.

On the other hand, developing a set of corporate values that form the framework within which to make all business decisions:

- Provides a context of principled reasoning that can be employed in any number of situations.
- Allows an employee to evaluate a situation and make an informed decision that fits the ethics framework and corporate values rather than search for a rule that fits a specific situation.

As it is nearly impossible to create a set of rigid, unambiguous rules that will be appropriate to all circumstances, the proper emphasis of a well-constructed business ethics policy is to develop a tendency toward "right thinking."

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Going back to the question posed in the opening paragraph. If your company's policy were tempered by ethics, the rule might have been to disallow cleaning expenses except for business related expenses. This would allow you some decision-making flexibility. You could choose from the four options after considering your own and the company's ethical values.

This isn't to say that you will make the right decision every time when faced with an ethical dilemma. However, using a "principle" or "value" based approach to corporate policy does help foster behaviour that is more

consistent with ethical practice than rules alone.

## 2. We Do What We Must to Win

Most people hate losing. Managers in particular desire to win through achievement and success but may think they have to choose between being ethical and winning.

If you believe that you have only two choices: to win by doing whatever it takes, even if it's unethical; or to have ethics and lose – you are faced with a real moral dilemma. Few people set out with the desire to be dishonest, but nobody wants to lose. They may believe that embracing ethics would limit their options, their opportunities, and their very ability to succeed in business.

## 3. We Rationalize Our Choices with Relativism

Many people choose to deal with such no-win situations by deciding what's right in the moment, according to their circumstances. That's an idea that gained legitimacy in the early 1960s when Dr. Joseph Fletcher, dean of St. Paul's Cathedral in Cincinnati, Ohio, published a book called Situation Ethics. In it he said that love was the only viable standard for determining right from wrong.

This philosophy spread rapidly throughout the theological and educational worlds...Since the 1960s, situational ethics has become the norm for social behaviour. After spreading rapidly through the worlds of education, religion, and government, it penetrated into the business world.

Critics say that according to Fletcher, love can justify anything—lying, cheating, stealing...even murder. The result is ethical chaos.

Everyone has their own standards, which change from situation to situation. And that stance is encouraged. A course entitled "The Ethics of Corporate Management," offered at the University of Michigan, says in its description, "This course is not concerned with the personal moral issues of honesty and truthfulness. It is assumed that the students at this university have already formed their own standards on these issues."

So whatever anyone wants to use as the standard is okay. Making matters worse is people's natural inclination to be easy on themselves, judging

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themselves according to their good intentions-while holding others to a higher standard and judging them by their worst actions. Once our decisions were based on ethics, ethics are now based on our decisions. If it's good for me, then it's good. This is a road without end.

### An Effective Ethics Policy

Do you want to just *appear* to have corporate responsibility, or do you want to truly *have* corporate responsibility? Is your ethics policy effective?

The first objective of any ethics policy is to facilitate legitimate ethical reasoning activity. It is impossible to merely glance at an ethics policy and judge its "goodness." The true test of any ethics policy is how it actually works within a specific organisation. The following attributes are frequently missing in weak ethics policies, and are positive drivers in strong policies:

**Addressing the "Big E"** (not just the "little e"). Policies not only need to address compliance issues (the "little e") but the "Big E" issues such as reasoning, prevention and performance. The "little e" is more about control and compliance, whereas the "Big E" is about assuring that intents, means, and ends are "good." For ethics policies to truly improve ethics and contribute value to the organization, they need to be more about the "Big E" than the "little e."

**Universality:** Ethical policies must be based on sound logic and universal ethical principles (such as The Golden Rule and The Greatest Good), and

these universal principles must be capable of trumping compliance policies.

**Sound Logical Reasoning:** Most ethical reasoning flaws begin with logical reasoning flaws. Ethical reasoning is a process that is a component of organisational reasoning capability. Without sound ethical reasoning the organisation becomes less capable of solving problems and making sound decisions. Ethics policies need to reflect a commitment to developing ethical reasoning capabilities at every level of the organization. Developing and sustaining such skills requires an organizational commitment to training, practice and rewards.

**Prevention:** Ethical policies need to emphasize the importance of identifying "bad" ethical rationale and transforming them to "good" ethical rationale, "before the fact." Most ethics policies are compliance based and merely catch wrongdoing "after the fact" when many of the failures, if they had been identified earlier, could have easily been prevented. A good ethics policy incorporates early warnings and checks and balances, not merely to catch and punish violators, but to identify emerging risks, facilitate behaviour change, and to prevent ethics failures.

**Organisational Change Orientation:** Organisational processes and practices impose a dominating influence on individual ethical behaviour in organisations. Ethics policies need to encourage and reward the willingness to adapt values and behaviour patterns to improve the organisation's moral maturity. Policies need to confront *processes* more than *individual's actions*, and focus more on awareness and change than just compliance.

Adherence to fixed value positions at the exclusion of systematic causes in an organisational context can itself become a cause of unethical behaviour, posing an even greater liability to the group than minor issues of non-compliance. Moving the entire group to the next moral maturity level is far more important to organisational well-being than punishing an employee for a petty violation that should have been prevented in the first place.

**Employee Training:** Ethics policies should require uniform ethics training around logically applied universal ethical principles. Furthermore, after initial training the principles need to be continuously emphasized, integrated

and promoted by a structured managerial effort, team or committee. As a final thought, whether or not your organisation has an effective ethics policy, when all else fails ask yourself the following questions:

- Will I feel comfortable with my decision?
- Could I explain it to my parents or children?
- Can I defend my decision in tomorrow's newspaper?

Answer yes to those three and you will sleep well tonight. §

## An Ethics Test

This test only has one question, but it's a very important one. By giving an honest answer, you will discover where you stand morally. The test features an unlikely, completely fictional situation in which you will have to make a decision.

Remember that your answer needs to be honest, yet spontaneous. You are in Wellington. To be specific. There is chaos all around you caused by a Bola scale storm with severe flooding. This is a storm of biblical proportions.

You are a photojournalist working for a major newspaper and you're caught in the middle of this epic disaster. The situation is nearly hopeless. You're trying to shoot career-making photos. There are houses and people swirling around you, some disappearing under the water. Nature is unleashing all of its destructive fury.

Suddenly you see a man floundering in the water. He is fighting for his life, trying not to be taken down with the debris. You move closer . . . somehow the man looks familiar. You suddenly realise who it is. It's Winston Peters. At the same time you notice that the raging waters are about to pull him under.

You have two options--you can save the life of Winston or you can shoot a dramatic Pulitzer Prize winning photo, documenting the demise of the New Zealand First leader.

So here's the question: Would you select high contrast colour film, or would you go with the classic simplicity of black and white?

# Debt-hit NHS trust forced to cancel operations

Despite the NHS overspending its budget last year by £500 million, financial crises continue to bedevil the system. The Surrey and Sussex Healthcare NHS Trust is stopping all non-urgent surgery at a hospital and closing the waiting list at another in an attempt to reduce its forecast deficit of 68 million. The 92 planned operating sessions across the trust are being cut to 50 and overall treatment at the hospitals will fall by 25 per cent.

The measures, expected to continue for seven months - until the end of the financial year - are part of a list of cut-backs. They will affect thousands of patients who will have to travel to other towns for operations and consultations. Three operating theatres and one ward are being moth-balled, recruitment has been frozen across the trust and some of the most senior nurses face a return to "front-line" duties. About 55,000 follow-up outpatient appointments are being cut, with GPs picking up the work.

The measures, together with other reviews and "rationalisations" are expected to save £17 million. The trust, "zero rated" in this year's [hospital league tables](#), has hospitals in Crawley, Sussex, and in Redhill, Surrey. Crawley patients waiting for surgery will be treated at the East Surrey Hospital in Redhill, except those with minor complaints who will be transferred to the Crawley day surgery unit. At the East Surrey Hospital all patients who have been waiting for less than six months and who have not been given a date will be offered "an alternative hospital". Emergencies and urgent cases will continue to be treated.

Tony Gordon-Wright, medical director of the trust, said in a statement: "Our first commitment continues to be to those patients who are seriously ill who need emergency treatment promptly. This would include patients with cancer, a life- or limb-threatening condition or one which might leave them seriously disabled. "However, we are facing a serious financial situation which needs to be addressed."

Local MPs said the financial problems

at the Surrey and Sussex trust went back several years to the merger between the two hospitals. Crispin Blunt, the Conservative MP for Reigate, said: "They have been in a financial crisis for five or six years. The merger was not a happy one. The administration of health services in the South-East is a catastrophe."

They are about to appoint the fifth chief executive in six years.

There is no point sacking executives and appointing new ones who have to face exactly the same problems.

The only way to deal with this is to write off the deficit.

Peter Ainsworth, the Tory MP for East Surrey said: "They are about to appoint the fifth chief executive in six years. There is no point sacking executives and appointing new ones who have to face exactly the same problems. The only way to deal with this is to write off the deficit."

## Foundation Trust also in trouble

At the same time Peterborough and Stamford Hospital NHS Foundation Trust, which has a deficit of £7.7 million, has just closed three wards, affecting 150 nursing and administrative staff. Foundation status is given to hospitals which can show their financial efficiency and ability to provide a high standard of service. In turn they are given more freedom from central Government.

Monitor, the independent regulator of the 32 existing foundation hospitals, said they were aware of the financial position of Peterborough Hospitals NHS Foundation Trust and will continue to monitor and work with the trust". Earlier this year the Peterborough trust used an external adviser to help develop a financial recovery plan. "This has been put into action and the rate of deficit is now significantly less than last year," a spokesman said. Last

year, with a forecast deficit of £11.3 million, Monitor appointed a new chairman of another foundation trust at Bradford. Earlier Monitor had called in independent financial advisers to help the trust.

Monitor says it will publish a "risk rating" of all the foundation trusts which will rate their performance including their financial performance against the original assessments for foundation status. The full league tables are available at

The number of top performing "three star" hospitals in England has fallen for the first time since league tables were introduced because so many are failing to balance their books. More than 20 hospital trusts achieved "below average" scores for tackling the MRSA superbug, but one in three is running deficits which contributed to the NHS budget blow out.

The hospitals inspectorate said many hospitals were demoted for financial reasons or for failing to treat patients in accident and emergency within four hours. Among those which lost the coveted three-star status was King's College Hospital, London, which fell to two stars for missing financial targets. It also under-performed on targets which state that patients with possible breast cancer must be seen within two months of a GP referral.

Hospital trusts in West Suffolk and South Warwickshire fell from three stars to one star, while Hammersmith, Bedford and Bromley fell from three to two and Epsom and St Helier from two to one. Hospitals which received no stars included Mid Yorkshire and North Middlesex and the Royal Free in Hampstead, north London, which was recently praised for treating 61 casualties after the July 7 bus and train bombings, .

In a statement, the Royal Free claimed that, if reassessed now, it would have two stars. It said the main areas where it fell down were finance, the four-hour target for A&E and "the state of repair of two of the lavatories

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New Zealand Institute  
of Health Management  
A Branch of the Australian  
College of Health Service  
Executives

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Inform Editor Bruce Parkes

## Seminar Programme

**November 9th**

@ Brightside Hospital,  
Brightside Rd, Epsom

5:30p.m. for 6p.m.

We are just finalising an  
exciting speaker for our last  
seminar of the year

Look out for our electronic flyer

Non Members Welcome

Cost

Members Free

Non Members \$25

November Special

Members can bring one guest  
for free

Our seminar programme is  
supported by:



**MEDIREST**  
*Caring Service, Smart Solutions*

across our three hospitals".

The league tables show that many hospitals are meeting waiting times for operations and achieving fewer deaths from cancer and heart disease. But 138 out of 590 NHS trusts failed to break even, 72 out of 303 primary care trusts (GP, dentist and mental health services) failed to balance their books and one in three acute hospital trusts (59 out of 173) overspent.

Anna Walker, the chief executive of the Healthcare Commission, which publishes the tables, said the overspend figure of £500 million accounted for less than one per cent of the NHS's £69.7 billion budget. But the issue was being taken very seriously because patient care was at risk if large deficits remained.

She also had particular concerns about the performance of trusts in south-east England - an affluent region with fewer health problems than more deprived areas of the North. One of those highlighted as among this year's worst performers was Surrey and Sussex Healthcare NHS Trust, which failed a number of key targets including financial management and A&E targets.

Brighton and Sussex University Hospitals NHS Trust was again given no stars, failing on waiting times and financial management. Earlier this year the trust's Royal Sussex County Hospital featured in a Panorama undercover investigation showing a series of failures in care for the elderly. In one scene, a patient was left to die on her own, and in another a patient was left waiting hours to go to the lavatory.

### There was some good news

The league tables show a rise in the number of NHS trusts - as opposed to hospital trusts - with three stars, up 19 from 146 to 165. There was also a fall in the number of trusts with no stars, down 11 from 35 to 24. The number of three-star hospital trusts fell from 61 to 58.

For the first nine months of the year, all hospital trusts met the target of 90 per cent of patients waiting less than four hours in A&E. But when the bar was raised to 98 per cent for the last three months of the year, 62 out of 159 trusts with A&E departments failed.

Around 28 trusts achieved above average scores for tackling MRSA while 21 achieved below average scores. The number of MRSA cases in hospital fell from 7,684 in 2003-4 to 7,215 in 2004-5. The star ratings system has been condemned as too simplistic by critics and next year the inspectorate will rate trusts with an annual health check - a four-point scale ranging from excellent to weak. §

## NZIHM AGM

This year our Institute AGM is being held in Christchurch on October the 10th—to be followed by a presentation from Graham Ewing. Graham's topic "CEO Appointments: The Mystic and the Measurable" will be both entertaining and informative.

For all those many members who find Christchurch a little far to commute after work, the next issue of Inform will carry reports on both the AGM and Graham's presentation §

### Contributions Welcome

1. The Auckland Branch welcomes contributions to **Inform** on subjects of interest to managers in the health and disability sector. Articles may be longer researched contributions, comments on current practice, or shorter notes and/or reviews. The range of possible subjects is very wide.
2. The maximum length is generally 3000 words. Shorter contributions are very welcome. Please include an e-mail address so authors can be contacted and a brief list of key points or an abstract.
3. Copy should be provided by e-mail or on a computer disk.
4. Contributions may be passed to the Editorial Committee for consideration.
5. Make submissions or contact the Editor for more information at [admin@nzihm.org.nz](mailto:admin@nzihm.org.nz)