

08 February 2019

[REDACTED]

Dear Ms [REDACTED]

Official Information Act (1982) Request

I write in response to your Official Information Act request, received by us on 14 January 2019. You requested the following information:

I am looking to conduct an outcome analysis on the health sector in New Zealand.

While there is data maintained by the Ministry of Health on output variables such as number of inpatients, length of stay etc. at each public hospital, the input information such as staffs, expenditure, or number of beds are only available at the DHB level. It would serve the research project better if the input information is also available at each individual facility level (i.e. for public hospitals).

Therefore, could you please provide me with the following information for each public hospital within the DHB.

- 1. Number of beds at each public hospital** (*this could be monthly, quarterly or annual data*).
- 2. Number of Full-time employees at each public hospital** (*especially doctors and nurses*).
- 3. Expenditure information categorized for each public hospital** (*expenditure information need not be itemized for each category; it can be general categories such as medical devices, clinical supplies, personnel expenses etc.*).

Please let me know if you can provide me this information (preferably in an excel format).

The desired timeframe for data is 2007 – 2017. It would be ideal to have monthly data, but if it is not available you can provide me with quarterly data.

Counties Manukau District Health Board provides health and disability support services to the population of Counties Manukau (pop. over 577,000), and also provides specialist regional and national services (for spinal rehabilitation and Burns patients). Our community is culturally diverse, growing rapidly and we have a significant number of people living in the most socioeconomically deprived areas of New Zealand. The allocation of Vote: Health funding to each DHB using a population based funding formula (PBFF) goes some way to recognising this context, and includes adjustors for a range of factors. There is more information on the PBFF methodology on the Minsitry of Health website.

Our Annual Report (publicly available on our website), provides further information on our services, service performance, workforce establishment and financial situation.

- <https://countiesmanukau.health.nz/about-us/performance-and-planning/planning-documents/>

You have asked for information on our 'input information' - including capacity, expenditure and workforce on a 'per DHB hospital facility' basis. We do not manage our services and financial systems and allocation of budgets in that way.

Our largest facility (Middlemore Hospital) forms a hub for most CM Health provided services, and the site is a significantly larger and more complex campus than other DHB sites. Consequently, it would be misleading for us to try to summarise the allocation of costs out to these smaller facilities.

We hope that the following notes may assist your understanding of our organisation.

- Our acute (medical & surgical) inpatient and diagnostic (radiology, laboratory) services are mainly delivered from the Middlemore Hospital campus (approx. 950 beds),
- The elective surgical and ambulatory services mainly based at the Manukau Health Park (45 resourced beds/ 78 max. capacity), and ambulatory services also occur at satellite units are Botany, Pukekohe and in community settings.
- We also have small (less than 30 beds each) specialist services at Baird Road (spinal rehabilitation, regional mental health), Waiuku (Aged Residential Care), Papakura and Botany (Primary Birthing Units).
- We fund and deliver a range of mental health, community nursing and rehabilitation, children's and maternity services in the community and patient homes.
- At a DHB, we also have a function to plan and fund provision of services via Primary Care and Non-government organisations what work with us in delivery of health care and support services.

While based at Middlemore, many of our workforce work across one or more sites, and our health services are delivered from a "continuum of care" perspective, rather than replicated at all DHB sites equally. This means there are key input and output differences between DHBs in New Zealand, only some of whom - for a variety of reasons may operate similar services from multiple sites, and makes comparison at a facility level problematic.

Providing only directly attributed financial data at a facility level will not accurately represent a facilities cost. We use a range of mechanisms to allocation some costs across the financial year for items such as pharmaceuticals, and facility costs, which are now managed centrally. In addition, there are a range of corporate costs, that are managed at a DHB or regional (multi-DHB) level - such as Finance, Human Resources and Information Technology that are not allocated to facility budgets.

We also note the DHB incurs costs for Governance activities, and as the DHB is also a Funder, there are financial arrangements for contracts with Non -Government Organisations to provide health services, that would be distorted in reporting as you have asked.

We believe that the most appropriate source of information for your request remains the Ministry of Health information accessible on their website, reporting data by DHB on performance, and which also

provides more information that may be helpful to you, including provider and funder budgets and expenditure, FTE numbers, and other schedules per month.

- <https://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/district-health-boards/accountability-and-funding/summary-financial-reports>

Our Annual Reports (also available on our website) provide full annual financial statements, which include expenditure by the main categories you requested, and also be performance outputs across the continuum of care delivery.

Attached (**appendix 1**) is a summary of the current maximum physical capacity at our hospital sites. Please note that within this, we also 'flex' the capacity available to reflect and best match clinical, seasonal and capacity demands. We can 'open/close' beds on a daily basis, and do not plan to operation at 100% capacity. Our emergency department has a further 146 beds, including Resuscitation and monitored area, Medical and Surgical Short stay and Assessment, and Paediatric short stay areas. Additionally, there are "chairs and other non-beds" provided, which support delivery of acute assessment, day and procedure units, outpatient clinics and diagnostic rooms, day-stay surgery, delivery suites, emergency department trolley's.

We have previously released information on daily occupancy and capacity, from 2007-2016, and are providing this to you are relevant to your query (**appendix 2**).

I trust this information satisfactorily answers your query. Please contact us if you wish to discuss the response further. 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,



Fepulea'i Margie Apa
Chief Executive