



Lance O'Riley
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Ref: AVOIA2023-20

03 MAY 2023

Tēnā koe Lance

Response to your request for official information

Thank you for your follow-up request under the Official Information Act 1982 (the Act) on 17 April 2023 regarding maternity staff pay.

"It is great to see you responded to my second request asking for correspondence in relation to my first (overdue request). However, you are yet to adequately answer the first request.

This is particularly disappointing as the correspondence you provided clearly shows that your office was well aware of the scope of this request and by extension have chosen to not answer the question in full.

Please see prior emails and provide an appropriate response."

Before responding to your request, I understand your reference to the "first request" is regarding AVOIA2023-20 and was made on 7 November 2022. I have reconsidered answers previously provided and have outlined them below. I apologise that the first response was not as clear as it could have been. This response has been broken down into eight specific points that explain what was previously provided to you.

1. *What additional funding has been provided to midwives in New Zealand since 2017 and how has this been allocated to staffing.*

The previous response to your request directed you to publicly available information on this topic, and it was therefore refused under 18(d) of the Act. The locations of this information are included again here for your information:

<https://www.beehive.govt.nz/release/242-million-boost-mothers-and-maternity-services>

<https://www.beehive.govt.nz/release/government-acts-support-midwives>

<https://www.beehive.govt.nz/release/increased-support-midwives>

The information regarding how this funding has been allocated to staffing is not held by my Office or Te Whatu Ora – Health New Zealand, and therefore this part of the request is refused under 18(g) of the Act.

2. *Average pay increase for all maternity staff*

This question was answered as per Appendix 1 of the previous response sent on 7 March 2023. This outlined the Total Base Salary cost broken down by FTE, average and percentage change from 31 December 2017 to 30 September 2022. This is reattached as Appendix 1 to this letter.

3. *Average pay increase for all maternity staff who have had one on one time with a patient in the last 18 months.*
4. *Average pay increase for all maternity staff who have had one on one time with a patient in the last 12 months.*
5. *Average pay increase for all maternity staff who have had one on one time with a patient in the last 6 months.*
6. *Average pay increase for all maternity staff who have had one on one time with a patient in the last 3 months.*
7. *Average pay increase for all maternity staff who have had one on one time with a patient in the last 30 days.*

Please further break this down by year and region.

In order to respond to your request, the relevant agency, in this case Te Whatu Ora, would need to divert personnel, including clinical directors, from their core duties and allocate extra time to complete this task because they do not hold this level of data. The diversion of these resources would impair Te Whatu Ora's ability to continue standard operations. As such, your request is refused under section 18(f) of the Act, requiring substantial collation.

Te Whatu Ora have considered whether they would be able to respond to your requests given extra time, or the ability to charge for the information requested. I have concluded that in either case, Te Whatu Ora's ability to undertake its work would still be prejudiced.

8. *How much funding has been allocated and spent on publicity and the promotion of policies related to funding for midwives.*

Please further break this down by year and region.

This information is not held by my Office, and I am additionally advised it is not held by Te Whatu Ora. Therefore, this part of the request is refused under 18(g) of the Act. You may be interested to know that historical information for the former district health board spending on publicity and promotion activities is made available in the Annual Reports and Health Select Committee reviews. This information is available on the New Zealand parliament website at: parliament.nz/en/pb/sc/scl/health/.

Information broken down by region is not held and is refused in accordance with section 18(g) of the Act.

You may be interested to know that any additional information about midwives can also be found on the New Zealand College of Midwives website at: midwife.org.nz/midwives/college-roles-and-services/pay-negotiations/.

As you are aware, under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Nāku noa, nā



Hon Dr Ayesha Verrall
Minister of Health

Appendix 1

* All data was extracted from the HWIP database on 22 December 2022 and reflects people employed by the 20 districts as at 30 September 2022.

* HWIP collects data from the 20 districts as at the end of each quarter, and data as at 30 September 2022 is the most current data available.

* Data excludes casuals, contractors, and people on parental leave or leave without pay.

* All FTE values are contracted FTE (where 1 FTE = 2086 hours per year).

* Data includes employees reported in roles grouped under the Midwifery Occupation Group.

* Total Base Salary cost (Base Salary * contracted FTE) has been calculated on an individual employee basis.

Period	Total Base Salary cost (Base Salary * contracted FTE)	FTE	Average Base Salary per FTE	Percentage change
31-Dec-17	\$67,621,390	943.2	\$71,696.06	
31-Dec-18	\$78,706,881	1036.7	\$75,923.05	5.90%
31-Dec-19	\$91,183,986	1059.7	\$86,045.34	13.30%
31-Dec-20	\$92,921,900	1060.4	\$87,630.22	1.80%
31-Dec-21	\$96,556,048	995.9	\$96,954.45	10.60%
30-Sep-22	\$94,145,437	972.7	\$96,792.58	-0.20%

Disclaimer:

While reasonable care has been taken to prepare this material, we give no guarantee that it is free from errors or defects. It is the best available data.