

30 July 2018

Caleb Armstrong
Via email – FYI.org

E-mail: fyi-request-8159-8f0135dd@requests.fyi.org.nz

Dear Mr Armstrong,

Official Information Act (1982) Request

I write in response to your Official Information Act Request, dated 02 July 2018. You requested the following information on three matters, Pacific Health Services, our allocation of funds, and separately on education programmes at Ko Awatea.

You asked:

1. What payment has the Pacific Health Development made to any Niuean sports teams, and is there any other sponsorship that are made in the Pacific from DHB funds?

Our Pacific Health services team advises that they have made no payments to any Niuean sports teams, in this or past years.

The Pacific Health team delivers contracted services in the pacific on behalf of a number of government agencies, including Ministry of Foreign Affairs and Trade (MFAT), and the Ministry of Health. There has been successful completion of this contract work, including training of clinical health professionals from Fiji, Samoa and Kiribati.

The DHB and Ministry of Health both support a number of initiatives to increase the Pacific health workforce in New Zealand, including scholarships for students to attend New Zealand tertiary education. These are not part of the Pacific Health Development funds.

2. What percentage of funding received by the DHB is spent on treating patients?

- **Please enumerate areas of spending, such as staff expenses - patient contact staff, staff expenses - non-patient contact staff.**

Another way of expressing it which would be useful would be to express it as a ratio of money spent on treating patients vs total budget spend.

We attempted to clarify your definition of “spent treating patients”, on 02 July 2018, and did not hear back from you. We have therefore used the CM Health FY 2017/18 expenditure budget, and used the definition of “direct health service delivery” for “treating patients”. This includes delivery of services for prevention, diagnosis/ screening, treatment and rehabilitation. It also includes services paid by CM

Health but delivered by other health providers (NGOs) (e.g. Community providers, General Practice, Pharmacies, Aged Residential Care facilities and Home-based Support Services etc).

In 2017/18 CM Health had an expenditure budget of \$1,651.6m, of which 88% was allocated to direct health service delivery. More detailed reporting is provided each year in the publicly available CMDHB Annual Report and Annual Plan documents, which are available on our website.

The table below details the expenditure into its major components.

**Counties Manukau Health
2017/18 Budget expenditure (\$Ms)**

Expenditure Type	As a percentage of total expenditure		
	Direct Health Service Delivery	Indirect Health Service Delivery	Total
• Clinical Staff	30%	1%	31%
• Non Clinical Staff	4%	2%	7%
• Outsource staff	2%	3%	5%
• Clinical supplies	7%	1%	8%
• Infrastructure & Overheads	2%	6%	8%
• Providers (NGOs)	42%	0%	42%
Total	88%	12%	100%

3. With regard specifically to Ko Awatea,

- **What programmes have been successful?**
- **Who accredits the in-house courses?**
- **How much does each course cost for participants, and how is value for money assured?**

CM Health employs in excess of 7,500 staff, across a wide range of professional and support roles. All staff can access appropriate training programmes as part of their work, and we also provide monies for external training opportunities as a part of employment agreements for most clinical staff groups.

With regard to your questions on Ko Awatea education provision, we are providing a summary below.

There are two main components to the CM Health facilitated training offered at the Ko Awatea Centre.

Ko Awatea

- a) **Ko Awatea LEARN (e-based learning)** – this is a health-sector focused e-Learning and education community, with a wide-range of programmes, courses, and community forums available via an on-line portal. Currently, LEARN has 15 DHB partners across New Zealand, and many of these DHBs are also facilitating access for their PHOs, NGOs and primary care partners. Currently the portal offers over 100 internal e-learning courses.

The goal is to create a collaborative learning environment for DHB staff and the wider health sector to continue their professional development journey, helping to create a safe and competent professional workforce, delivery a high standard of care. The e-LEARN provides a platform for skills and knowledge to be introduced and taught, include patient safety (e.g. clinical assessment skills,

medication safety), patient-centred care (such as co-design), quality improvement, effective communication and leadership.

Access to e-LEARN is free of charge for all CM Health staff. These courses are not accredited with a training board. As many of the courses are shared between DHBs, we are unable to quantify what the cost of development and ongoing costs are per participant.

b) **Ko Awatea facilitated programmes:** focussing on Improvement and Innovation, Co-Design and Research and Evaluation, via a range of workshops and programmes. In 2017 these programmes included bi-annual courses on:

- *Monitoring & Evaluation Basics*
- *Improvement Advisor Programme*
- *Fundamentals of Improvement*
- *Data for Improvement*

Along with supporting a Creative Writing programme for Doctors and Medical Students, a community driven Mental Health First-Aid programme, and training for our staff in mindfulness and resilience skills.

Access to these programmes is free of charge for all CM Health staff. The courses are provided as internal training development, and are not accredited with a training body. Ko Awatea and DHB staff provides the facilitation for training sessions in their established areas of expertise.

- **CM Health Building Capability**

The CM Health Building Capability Team supports the wider organisation in education and learning to develop high-performing individuals and teams, who can deliver safe patient and whaanau-centred care. The focus of all programmes is on improving the effectiveness and efficiency of the health system to transform the health of patients, clients and the community.

Workforce competency requirements drive our in-house training programmes, and Professional Leads and Service Managers identify training requirements suitable for their workforce to deliver safe patient care. The CM Health Executive Leadership Team (ELT) approves the organisational training policy, which has training needs identified for each workforce group listed.

Accreditation for this type of internal employee training is not required by any registered or external education body. Many of the programmes are legislation-driven (such as the Health Practitioner Competency Act), and must meet the standards and requirements as laid out in law.

CM Health also facilitates access for appropriate staff to access Health Workforce NZ and other scholarship and funding streams to support enrolment in post-graduation qualifications via the NZ Tertiary sector, which are accredited by NZQA, and staff can also access Continuing Medical Education and other professionally recognised training programmes with support from the DHB.

The Learning and Development education service maintain the learning records for all the coordinated training in a learning management system. This function includes supporting provision of sessions from a range of corporate and clinical services across CM Health, such as by Clinical Training Education Centre (CTEC), Human Resources, and Occupational Health & Safety services.

We are unable to provide data on cost, or return on investment, as this information is not collected for just our internal training activity. The CM Health Building Capability team manages a training budget for all CM Health staff, which is used for planned programmes as approved by the ELT, but there is no breakdown available to identify a per head cost.

All workshop/ programme participants are asked to complete a feedback survey at the conclusion of their training, and this is incorporated into programme development. Course running costs, volume of enrolment numbers and opportunity are also collected and considered where appropriate.

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 'GJ', with a long, sweeping horizontal line extending to the right.

Gloria Johnson
Chief Executive (Acting)