GDOs and Clinical Leaders

13 August 2024

Te Kāwanatanga o Aotearoa
New Zealand Government

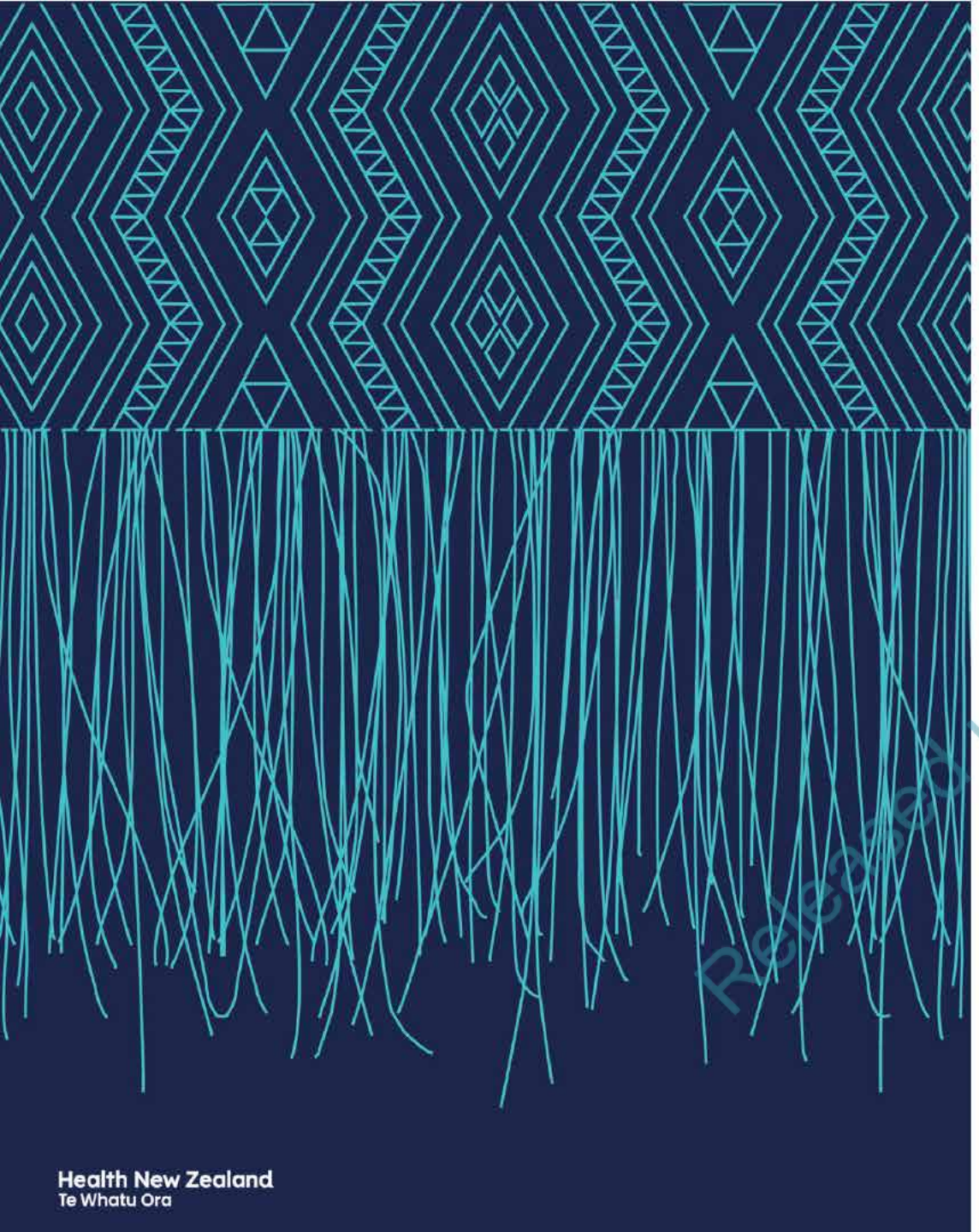
Health New Zealand
Te Whatu Ora

Agenda

1. Karakia and welcome – Mark Shepherd
2. FY 2024/25 - budgets and sustainability programme - Jo Lusk
3. Recruitment update - Mark Shepherd
4. Lifting Performance by Empowering Regions – update (P&C)
5. AOB and Q&As

Karakia

Whakataka te hau ki te uru,
Whakataka te hau ki te tonga.
Kia mākinakina ki uta,
Kia mātaratara ki tai.
E hī ake ana te atakura.
He tio, he huka, he hauhū.
Tihei Mauri Ora!



Health New Zealand
Te Whatu Ora

FY 2024/25 – budgets and sustainability programme

• H&SS Budget allocations for FY 24/25

Background:

- In 23/24 H&SS budget expenditure allocation was $14.396b, and 73,778.7 FTE
- For 24/25 H&SS have been allocated budgeted expenditure of $14.927b and 74,710 FTE
- H&SS Run-rate of expenditure towards the end of 23/24 was above the equivalent of 16.35b, and over 78,000 FTEs, so returning to the allocated expenditure rate will require significant effort.

Regions have already put significant work toward identifying opportunities and initiatives targeting a net 4% reduction in expenditure, however there is a further budget 'gap' of $770m to be closed.

Some central placeholders and identified duplications in pipeline initiatives have reduced this by circa $68m, the remaining $701m now needs to be embedded in Regional and District budgets. The majority of this will be achieved by restricting FTE budgets to the permitted level.

H&SS Savings calculations and allocations

Current Budget Expenditure:	15,697,747,345
Permitted Budget Expenditure:	14,927,000,000
Gap to Close:	(770,747,345)
Savings Indentified to date:	68,944,589
Remaining Savings to find:	(701,802,756)
Found by:	
FTE Alignment to Agreed Level	(562,993,221)
Other Cost Reductions	(138,807,593)
Savings:	**(701,800,814)**

The $701.8m of additional savings has been allocated across the regions as per the below. *The same methodology has been applied consistently across all Regions*.

Regional Totals:

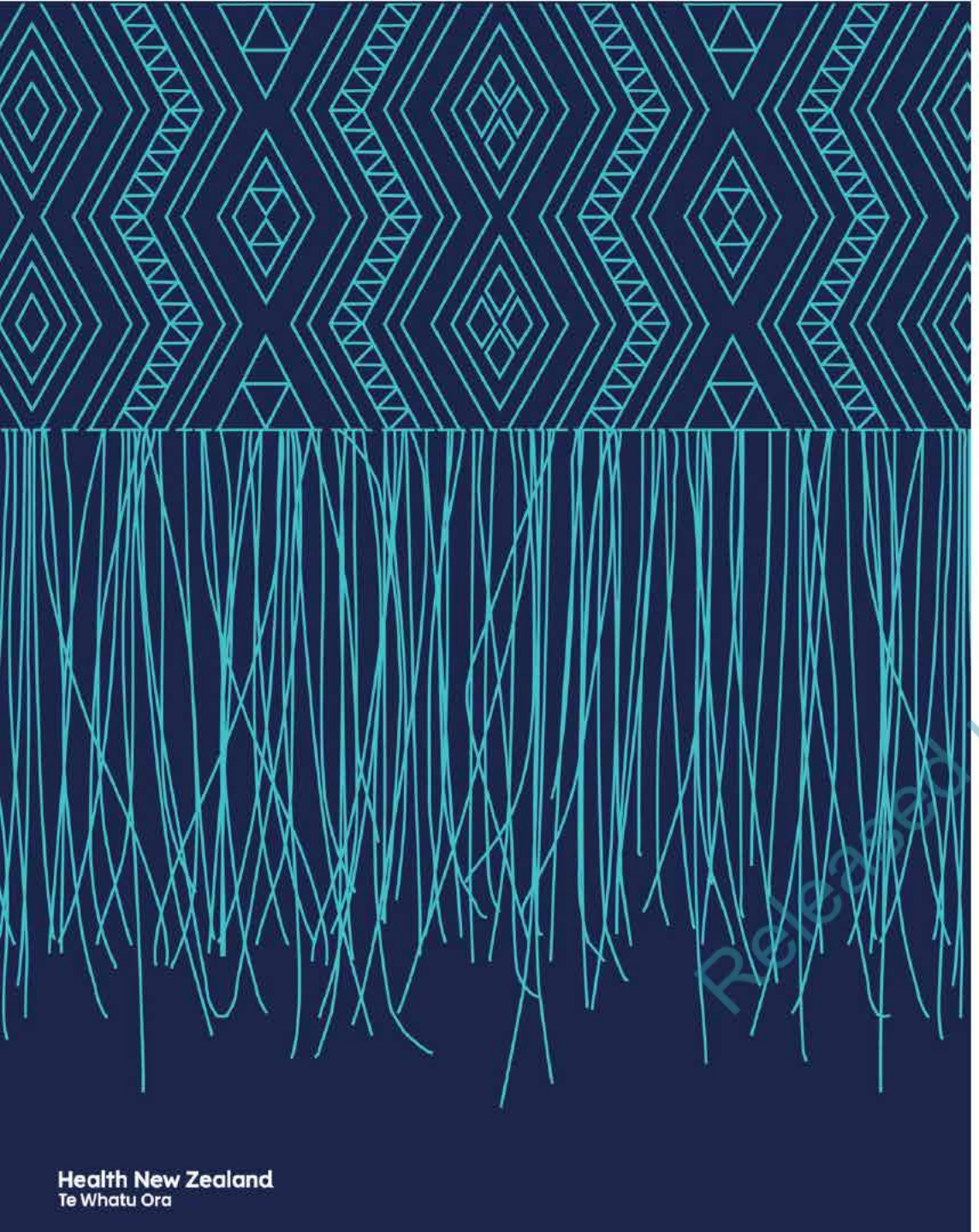
1 - Current Budgeted FTE	Northern	Midland	Central	Southern	PSC&HTM	Shared Services	TOTAL
TOTAL	29,215.2	14,359.2	15,849.2	17,375.4	993.6	110.3	77,902.8
2 - FTE Reductions:	**Northern**	**Midland**	**Central**	**Southern**	**PSC&HTM**	**Shared Services**	**TOTAL**
2002 Medical Employees	(177.2)	(88.2)	(108.3)	(96.6)	0.0	0.0	(470.5)
2202 Nursing Employees	(548.5)	(282.4)	(322.1)	(338.0)	(0.2)	0.0	(1,491.3)
2402 Allied Health Employees	(134.6)	(58.8)	(62.8)	(78.0)	(3.8)	0.0	(338.0)
2602 Support Employees	(28.5)	(10.9)	(5.9)	(17.8)	(4.4)	0.0	(67.5)
2802 Mgmt and Admin Employees	(737.4)	(395.5)	(416.9)	(427.4)	(123.6)	(24.3)	(2,125.2)
TOTAL	**(1,626.3)**	**(835.7)**	**(916.1)**	**(957.9)**	**(132.1)**	**(24.3)**	**(4,492.5)**
	36%	19%	20%	21%	3%	1%	
3 - Final FTE	**Northern**	**Midland**	**Central**	**Southern**	**PSC&HTM**	**Shared Services**	**TOTAL**
TOTAL	27,588.9	13,523.4	14,933.0	16,417.5	861.5	86.0	73,410.3
4 - $ Budget reductions	**Northern**	**Midland**	**Central**	**Southern**	**PSC&HTM**	**Shared Services**	**TOTAL**
2002 Medical Employees	(49,784,507)	(24,260,112)	(24,545,314)	(28,355,787)	0	0	(126,945,720)
2202 Nursing Employees	(70,502,366)	(34,912,895)	(38,962,024)	(43,832,073)	(17,073)	0	(188,226,431)
2402 Allied Health Employees	(15,776,795)	(6,845,828)	(6,890,769)	(9,005,125)	(459,124)	0	(38,977,641)
2602 Support Employees	(2,275,867)	(792,798)	(562,506)	(1,267,215)	(332,788)	0	(5,231,174)
2802 Mgmt and Admin Employees	(74,687,942)	(34,470,347)	(35,885,230)	(42,575,425)	(11,700,421)	(4,292,888)	(203,612,255)
TOTAL	**(213,027,478)**	**(101,281,980)**	**(106,845,843)**	**(125,035,625)**	**(12,509,406)**	**(4,292,888)**	**(562,993,221)**
	38%	18%	19%	22%	2%	1%	
5 - Non Personnel Savings	**Northern**	**Midland**	**Central**	**Southern**	**PSC&HTM**	**Shared Services**	**TOTAL**
Outsourced Personnel	(1,917,622)	(1,760,477)	(2,799,330)	(2,104,005)	(187,986)	0	(8,769,420)
Outsourced Services	(5,860,527)	(6,047,892)	(5,484,229)	(7,192,932)	(213,680)	0	(24,799,260)
Clinical Supplies	(23,151,834)	(11,477,655)	(9,630,276)	(11,865,590)	(724,861)	0	(56,850,215)
Infrastructure and Non-Clinical Supp	(11,468,195)	(8,047,666)	(20,825,671)	(7,427,231)	(608,271)	(11,662)	(48,388,697)
TOTAL	**(42,398,179)**	**(27,333,690)**	**(38,739,506)**	**(28,589,759)**	**(1,734,798)**	**(11,662)**	**(138,807,593)**
TOTAL ADDITIONAL SAVINGS	**(255,425,657)**	**(128,615,670)**	**(145,585,349)**	**(153,625,384)**	**(14,244,205)**	**(4,304,550)**	**(701,800,814)**

• Next Steps

- The savings plans for the initial 4% and the proposed allocations of the additional savings were submitted for review and feedback last week.
- Regional Directors and the Regional Finance Leads have been sent the detailed working files for the additional savings at RC/AC level
- These budget reductions will be embedded into budgets, where we can
- Phasing will take place based on provided assumptions; these reflect working or calendar days with adjustments for stat days and known staffing changes/price uplifts.
- The below shows the final budgets for each region:

Expenditure Only

	Northern	Midland	Central	Southern	PSC&HTM	Shared Services	TOTAL
23/24 Run Rate (March - May)	5,840,676,172	3,034,502,244	3,380,802,171	3,472,364,111	147,054,364	476,610,110	16,352,009,172
Budget Excl Savings	**5,695,566,929**	**2,920,306,911**	**3,323,046,196**	**3,447,144,092**	**143,281,125**	**776,066,857**	**16,305,412,109**
Admin Reduction (Op Model)	(11,438,183)	(5,379,610)	(5,694,919)	(6,361,830)	(1,910,204)	(615,254)	(31,400,000)
4% Savings	(207,407,952)	(112,427,190)	(125,218,484)	(131,211,137)	0	0	(576,264,764)
Budget Brefore Additional Savings	**5,476,720,794**	**2,802,500,111**	**3,192,132,792**	**3,309,571,124**	**141,370,921**	**775,451,603**	**15,697,747,345**
Savings from review of Placeholders	0	0	0	0	0	(68,944,589)	(68,944,589)
Additional FTE Reductions	(213,027,478)	(101,281,980)	(106,845,843)	(125,035,625)	(12,509,406)	(4,292,888)	(562,993,221)
Additional other Reductions	(42,398,179)	(27,333,690)	(38,739,506)	(28,589,759)	(1,734,798)	(11,662)	(138,807,593)
Closing 24/25 Budget	**5,221,295,137**	**2,673,884,442**	**3,046,547,443**	**3,155,945,740**	**127,126,717**	**702,202,463**	**14,927,001,943**



Health New Zealand
Te Whatu Ora

Recruitment update

HSS Regional Updated Recruitment Approval Process

09 July 2024

Overview

Regional / District Pre-Work to Attain Earned Autonomy

Enable s

- FTE #s
- FTE $$ (Re-valued)

Budget

Affordability Assessment

- By district, and professional group

- By district and professional group

Recruit To FTE

FTE Reduction

- De prioritisation of roles based on affordability

Fortnightly Regional Appointment Panels

Information by District

- Vacancies for Approval
- Outsourced Personnel Actuals vs Budget
- Affordable FTE target vs Actual for period by Professional Group
- Fellow, RMO and HO new hires & actuals vs allocation

Regional

- Governance Group Review
- Fortnightly Approvals

Business Rules

Regional recruitment can occur within the rules of earned autonomy as follows;

1. Within the defined fortnightly total district recruit to FTE, taking into account the new hires and exits in the previous period
2. Within the defined total district recruit to FTE for the professional group, taking into account the new hires and exits in the previous period; and any agreed FTE changes for model of care changes
3. With reference to the base budget allocated to the professional group and district

This assumes that:

- Each district commits to an affordable FTE reduction target to within 4 months
- Actual paid FTE = contracted FTE+overtime+ additionnal hours (converted to FTE)
- For districts to have autonomy to recruit overtime and additional hours must be within reduction target for that period
- Outsourced personnel remains within budget
- Business cases for changes to models of care that are "spend to save" initiatives or require transfers of FTE between professional groups are approved regionally and outcomes tracked to ensure delivery of savings (see Slide 5)
- Reductions from current actual to target reduced FTE will be tracked across this time as a " sinking lid" of FTE to achieve the targeted FTE
- Recruitment week to week will be determined by exits and hires for the prior period and take into account the target reduced FTE
- The FTE reduction target for each district will be re-calculated at the end of 6 months if personnel costs still exceed available budget
- Districts remain "On track" month/ytd delivering savings obligations
- Green list roles and NETP appointments are monitored and included in the new hires of the prior period to determine the recruitment total for approval
- Appointments of Fellows, RMOs and HOs are monitored to ensure actuals do not exceed current allocation, i.e. districts take a "1 in 1 out" approach

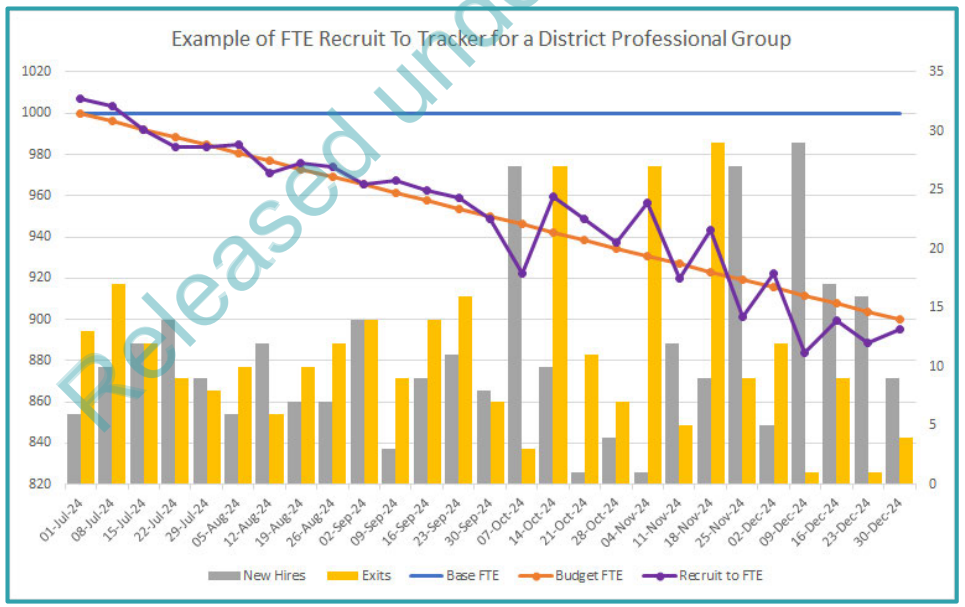
Affordable FTE Target Calculation and Tracking

To achieve earned autonomy, each district will:

1. Determine the first tranche of FTE reduction from their current contracted FTE to the new recruit to FTE target to be achieved over the next 4 months
2. Use the weekly turnover report (leavers and new starters) to determine the actual Recruit to FTE for the period (i.e. sinking lid target FTE, less new hires, plus exits) eg 19 Aug, Sinking lid recruit to target 972 , - 14 exists+ 9 starters (net decrease -3) = 3 FTE recruitment this period
3. For each period, any Outsourced Personnel FTE numbers exceeding budget are deducted from the Recruit to FTE number; and any agreed changes of FTE for model of care changes are also deducted or added to this total
4. Overtime and additional hours need to be within the target % reduction for the period

In the graphical example below:

- The base FTE budget for that district and professional group is assumed to be 1000 (blue line) and the target reduction is 100 for the period 1 July – 31 December (i.e. down to a total of 900). The orange line is the target FTE required each week to meet the 31 December target of 900.
- The yellow bar is the number of exits in the week and the grey bar is the number of new hires
- The purple line is the number of FTE that an be recruited to in that week, i.e. the Recruit to FTE. Any Outsourced Personnel FTE exceeding budget will be deducted from this number.



Regional Recruitment Process Steps for Districts

Budget

Finalise approved budget for each district with:
- FTE base budget, and
- Associated $$ budget revalued to take into account MECA uplift, pay equity etc, and
- District savings targets

Affordability Assessment

Calculate affordability FTE target for professional group for that period
- Target for period to ensure target reduction is achieved by 31 December
- New hires and exits for previous period (including Green List and NETPs)
- Outsourced Personnel FTE actuals vs budget
- Any increases or decreases in FTE by professional group for agreed model of care changes

Recruit to FTE

- Affordable FTE for Period
- Green List roles
- Externally funded roles (with funding confirmed by Finance)
- Fellow, RMO and HO appointments vs budget (confirmed "1 in 1 out" approach)

FTE Reduction

Remove roles from recruitment process based on
- **Affordability assessment; and**
- **Clinical risk assessment**

Regional Governance

Regional Governance Group endorses Recruit to FTE for each district for:
- Roles that meet the district's affordability assessment for that professional group, less outsourced personnel FTE that exceeds budget
- Confirmed Green List roles
- Roles with external funding confirmed by Finance
- Fellows, RMOs and HOs that are confirmed within a "1 in 1 out" approach

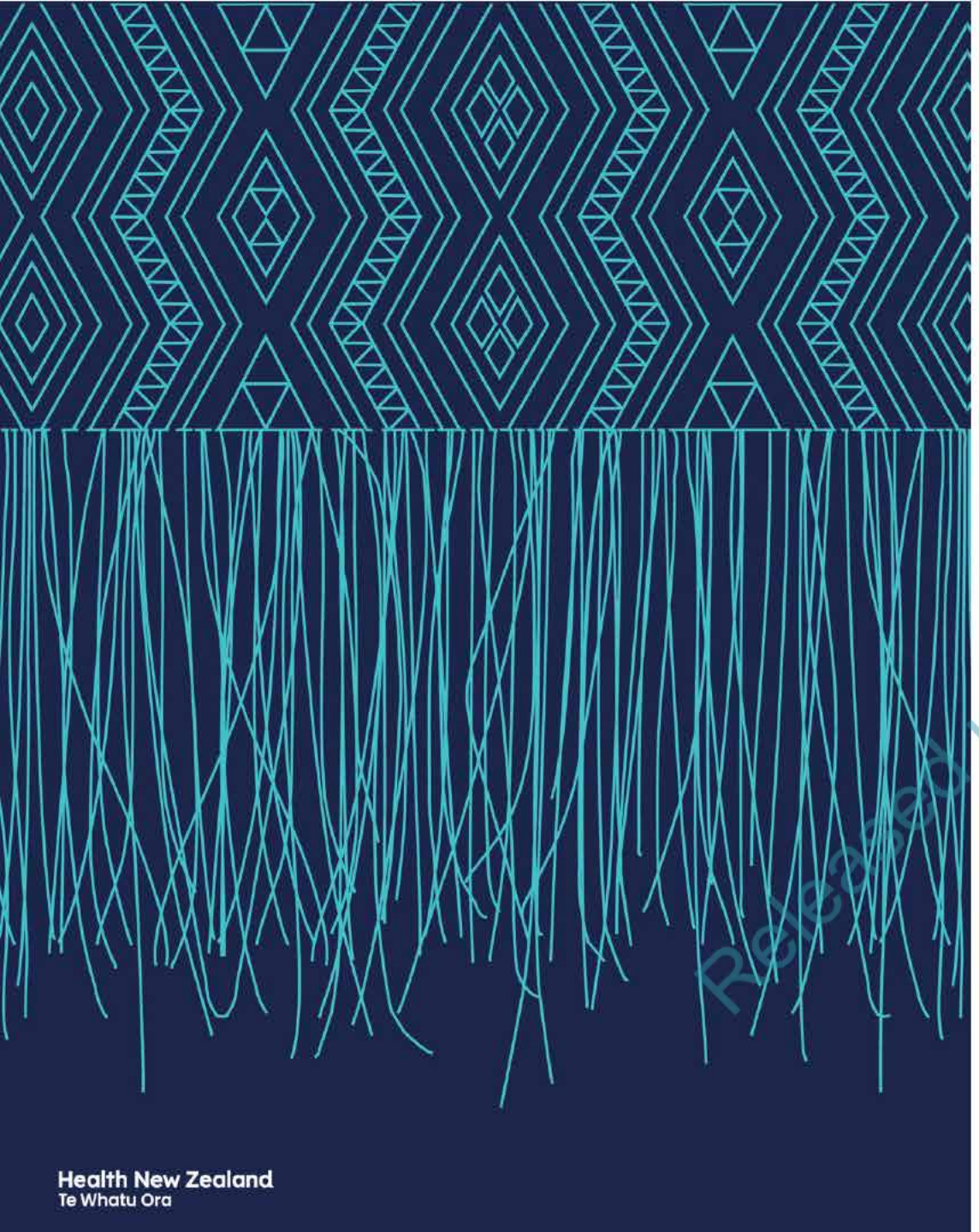
Regional Approval Process for Model of Care Changes

Business Rules for Model of Care Savings

1. For all model of care changes that result in changes to the FTE baseline, a business case that outlines the proposed model of care change, the clinical and patient impacts and the costs, benefits and savings must be presented to the Regional FSP Governance Group for approval
2. Model of care changes must result in an overall $$ savings for the district/s
3. Business cases for model of care changes must have an implementation timeline and a date by which savings will be achieved and outline the mechanism for tracking savings achievement
4. When the district/s implement the agreed change, baseline FTE numbers are adjusted accordingly. This could be a change or a workforce composition which may require a transfer of FTE between professional groups or an increase in FTE in one or more professional group, associated with a budget saving elsewhere
5. Where FTE reductions in one or more professional group are agreed, these roles are removed from the organisational structure, subject to relevant HR processes
6. Outcomes are reported to the regional governance group monthly to ensure savings are being delivered
7. A final report is presented to the regional governance group following the agreed savings achievement date to confirm delivery of savings

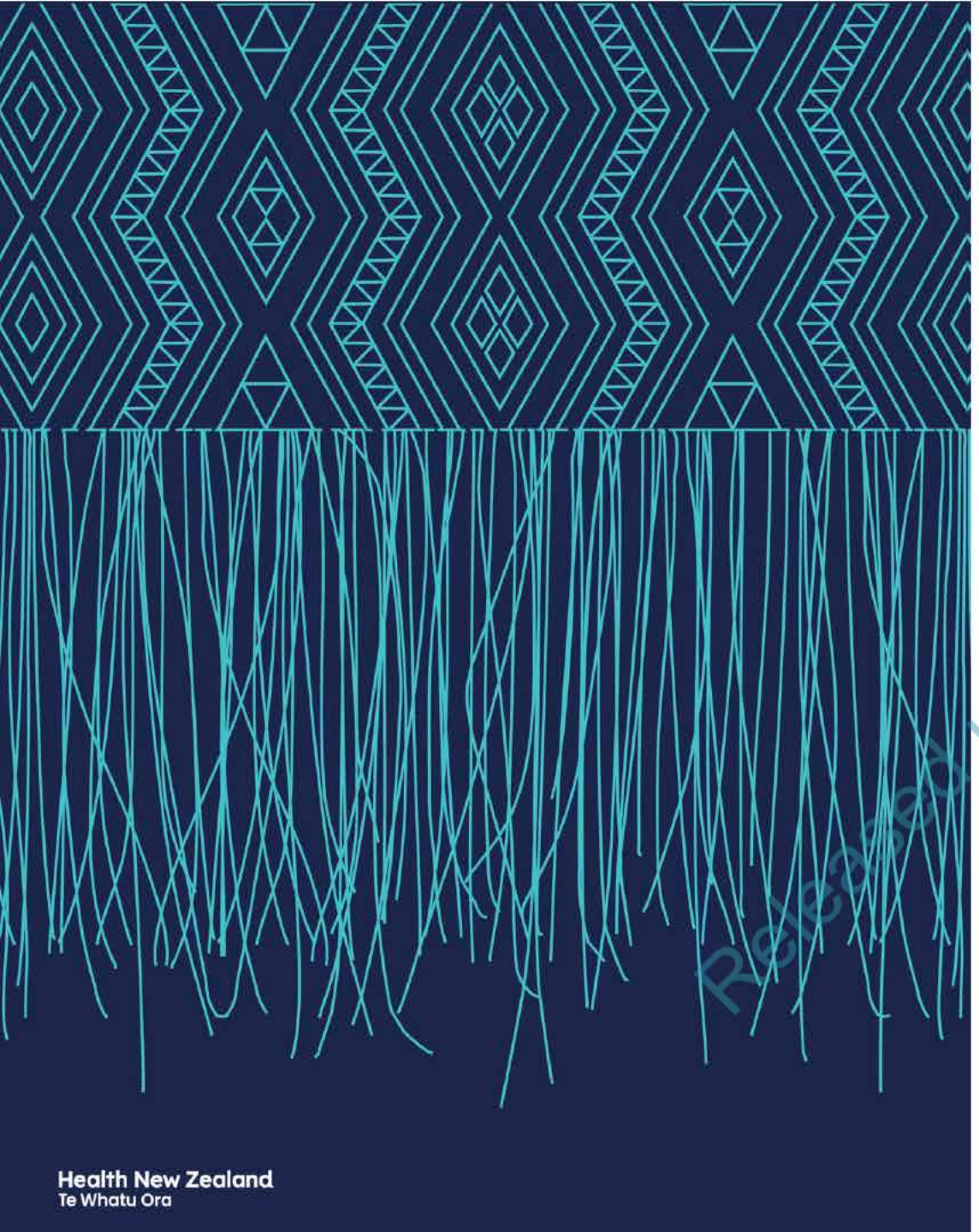
Definitions

	Definition
Earned Autonomy	Delegation within a set of business rules to approve recruitment that is; • Affordable • Within a determined reducing FTE to achieve a defined target FTE
Budget FTE	FTE numbers in budget (less savings target – to be confirmed)
Paid FTE	Hours paid converted to an FTE figure
Accrued FTE	Accrued FTE is Paid FTE plus leave accrual adjustments
Outsourced FTE	Non- employed staff e.g. locums, agency, contracted roles, often paid at a premium rate
Contracted FTE	The total FTE currently in post
Sinking Lid Recruit to FTE target	The total FTE a manager is allowed to recruit up to with earned autonomy. This is the target FTE with the sinking lid reduction applied, plus any exits, less any new hires for that period



Health New Zealand
Te Whatu Ora

Lifting Performance by Empowering Regions



Q & As

From: Margie Apa
To: Lester Levy; lester.levy s 9(2)(a)
Subject: Fwd: Follow up from GDO / Clinical Lead hui
Date: Tuesday, 13 August 2024 3:10:17 pm
Attachments: image001.png

---

see below and group its gone to

From: Charlotte Long <xxxxxxxxx.xxxx@xxxxxxxxxx.xxxx.xx> on behalf of Fionnagh Dougan <xxxxxxxx.xxxxxx@xxxxxxxxxx.xxxx.xx>
Sent: Tuesday, August 13, 2024 1:39 PM
To: Andrew Boyd <xxxxxx.xxxx@xxxxxxxxxx.xxxx.xx>; Christine Lowry [WaikatoDHB] <xxxxxxxxx.xxxxx@xxxxxxxxxx.xxxxxx.xx>; Mark Shepherd (WDHB) <xxxx.xxxxxxxx@xxxxxxxxxxxx.xxxx.xx>; Richard Sullivan <xxxxxxx.xxxxxxxx@xxxxxxxxxx.xxxx.xx>; Russell Simpson <xxxxxxx.xxxxxxx@xxxxxxxxxx.xxxx.xx>; Tui Vito <Tui.Vito@middlemore.co.nz>; Joanna Lusk <xxxxxx.xxxx@xxxxxxxxxx.xxxx.xx>; Alex Pimm (NDHB) <xxxx.xxxx@xxxxxxxxxxxx.xxx.xx>; Brad Healey (WDHB) <xxxx.xxxxxx@xxxxxxxxxxxx.xxxx.xx>; Michael Shepherd (ADHB) <xxxxxxxx@xxxx.xxxx.xx>; Vanessa Thornton (CMDHB) <xxxxxxx.xxxxxxxx@xxxxxxxxxx.xx.xx>; Michelle Sutherland [WaikatoDHB] <xxxxxxxx.xxxxxxxxxx@xxxxxxxxxx.xxxxxx.xx>; Pauline McGrath – [Hauora a Toi Bay of Plenty] <xxxxxxx.xxxxxxx@xxxxxx.xxxx.xx>; Alan Wilson [Lakes] <xxxx.xxxxxx@xxxxxxxx.xxxx.xx>; John Swiatczak [Tairawhiti] <xxxx.xxxxxxxxx@xxx.xxx.xx>; Katy Sheffield [Te Whatu Ora Taranaki] <xxxx.xxxxxxxxx@xxxx.xxx.xx>; Paula Jones – [Hawke's Bay] <Paula.Jonex@xxxxx.xxxx.xx>; Sarah Fenwick-EXT <xxxxx.xxxxxxx@xxxxxxxxxxxx.xxxx.xx>; Katherine Fraser-Chapple – Te Whatu Ora - Whanganui <xxxxxxxxx.xxxxxxxxxxxxx@xxxx.xxx.xx>; Jamie Duncan [CCDHB] <Jamie.Duncan@ccdhb.org.nz>; Kieran McCann [WrDHB] <xxxxxx.xxxxxx@xxxxxxxxx.xxx.xxx.xx>; Lexie O'Shea [Nelson Marlborough] <xxxxx.xxxxx@xxxxx.xxxx.xx>; Rachel Mills - SC <xxxxxx@xxxxx.xxxxxx.xx>; Hamish Brown [Southern] <xxxxx.xxxxx@xxxxxxxxxxx.xxxx.xx>; Philip Wheble-EXT <xxxxxx.xxxxxx@xxxxx.xxxxxx.xx>; Elizabeth Jeffs Middlemore <xxxxxxxxx.xxxx@xxxxxxxxxx.xx.xx>; Margie Apa <xxxxxx.xxx@xxxxxxxxx.xxvt.nz>; xxxxx.xxxxxx@xxxxxxxxxxx.xxxx.xx <xxxxx.xxxxxxx@xxxxxxxxxxx.xxxx.xx>; Andrew McKinnon <xxxxxx.xxxxxxxx@xxxxxxxxx.xxxx.xx>; Frank van Ham <xxxxx.xxxxxx@xxxxxxxxx.xxxx.xx>; Andy Hilton - SC <ahilton@scdhb.health.nz>; Andre Cromhout [CCDHB] <xxxxx.xxxxxxxx@xxxxx.xxx.xx>; Andrew Connolly (CMDHB) <xxxxxx.xxxxxxxx@xxxxxxxxx.xx.xx>; Anil Nair [Tairawhiti] <Anil.Nair@tdh.org.nz>; Benjamin Pearson – [Hawke's Bay] <xxxxxxxx.xxxxxxx@xxxxx.xxxx.xx>; Brendan Marshall [Te Tai o Poutini] <xxxxxxx.xxxxxxxx@xxxxx.xxxxxx.xx>; Carl Eagleton (ADHB) <xxxxx@xxxx.xxxx.xx>; Cecilia Smith Hamel - SC <xxxxxx@xxxxx.xxxxxx.xx>; David Gow [Southern] <xxxxx.xxx@xxxxxxxxxxx.xxxx.xx>; Gerrie Snyman [Lakes] <xxxxxx.xxxxxx@xxxxxxxx.xxxx.xx>; Greg Simmons-EXT <xxxx.xxxxxxx@xxxx.xxg.nz>; Jennifer Walker (NDHB) <xxxxxxxx.xxxxxx@xxxxxxxxxxxx.xxx.xx>; Johan Peters [Tairawhiti] <xxxxx.xxxxxx@xxx.xxx.xx>; Jonathan Christiansen (WDHB)

<xxxxxxxx.xxxxxxxxxxxx@xxxxxxxxxxxx.xxxx.xx>; Julia Carr [WaikatoDHB] <xxxxx.xxxx@xxxxxxxxx.xxxxxx.xx>; Kate Grimwade – [Hauora a Toi Bay of Plenty] <xxxx.xxxxxxxx@xxxxxx.xxxx.xx>; Kelvin Billinghurst [MidCentral] <xxxxxx.xxxxxxxxxxx@xxxxxxxxxxxx.xxxx.xx>; Lara Hopley <xxxx.xxxxxx@xxxxxxxxxx.xxxx.xx>; Lisa Williams [Te Whatu Ora Taranaki] <xxxx.xxxxxxxx@xxxx.xxx.xx>; Margaret Fisher [WaikatoDHB] <xxxxxxxx.xxxxxx@xxxxxxxxxx.xxxxxx.xx>; Maria Poynter <xxxxx.xxxxxxx@xxxxxxxxx.xxxx.xx>; Martin Thomas <xxxxxx.xxxxxx@xxxx.xxvt.nz>; Matthew Wheeler – [Hauora a Toi Bay of Plenty] <Matt.Wheeler@bopdhb.govt.nz>; Nathalie de Vries – Te Whatu Ora - Whanganui <nathalie.devries@wdhb.org.nz>; Richard French [Waitaha] <xxxxxxx.xxxxxx@xxxx.xxxxxx.xx>; Steve Low [Nelson Marlborough] <xxxxx.xxx@xxxxx.xxxx.xx>; Steven Earnshaw [3DHB] <xxxxxx.xxxxxxxx@xxxxx.xxx.xx>; William Weiderman [Tairawhiti] <xxxxxxx.xxxxxxxxx@xxx.xxx.xx>; Nick Baker [Nelson Marlborough] <xxxx.xxxxx@xxxxx.xxxx.xx>; Nicole Pihema <xxxxxx.xxxxxx@xxxxxxxxxx.xxxx.nz>; Murray Patton <xxxxxx.xxxxxx@xxxxxxxxxx.xxxx.xx>; Nadine Gray <xxxxxx.xxxx@xxxxxxxxx.xxxx.xx>; Sue Waters (ADHB) <xxxxxxx@xxxx.xxxx.nz>; Nina Scott <xxxx.xxxxx@xxxxxxxxxxx.xx>; Carlton Irving <Carlton.Irving@TeAkaWhaiOra.nz>; Jenny Parr (CMDHB) <xxxxx.xxxx@xxxxxxxxxx.xx.xx>; Rosalind Jackson – [Hauora a Toi Bay of Plenty] <xxxxxxxx.xxxxxxx@xxxxxx.xxxx.xx>; Yvonne Stillwell [MidCentral] <xxxxxx.xxxxxxxxx@xxxxxxxxxxxxx.xxxx.xx>; Sue Hayward [WaikatoDHB] <xxx.xxxxxxx@xxxxxxxxx.xxxxxx.xx>; Jane Wilson [Southern] <xxxx.xxxxxx@xxxxxxxxxx.xxxx.xx>; Karyn Bousfield – [Hawke's Bay] <xxxxx.xxxxxxxxx@xxxxx.xxxx.xx>; Sandy McLean-Cooper [Nelson Marlborough] <xxxxx.xxxxxxxxxxxx@xxxxx.xxxx nz>; Maurice Chamberlain – Te Whatu Ora - Whanganui <xxxxxxx.xxxxxxxxxx@xxxx.xxx.xx>; Diana Fergusson [Te Whatu Ora Taranaki] <xxxxx.xxxxxxxx@xxxx.xxx.xx>; Maree Sheard (NDHB) <xxxxx.xxxxxx@xxxxxxxxxxx.xx.xx>; Kate Gilmour (WDHB) <xxxx.xxxxxx@xxxxxxxxxxx.xxxx.xx>; Becky Hickmott [Waitaha] <xxxxxxx.xxxxxxx@xxxx.xxxxxx.xx>; Gary Lees [Lakes] <Gary.Lees@lakesdhb.govt.nz>; Serita Karauria [Tairawhiti] <xxxxxx.xxxxxxxx@xxx.xxx.xx>; Claire Jennings [HVDHB] <xxxxxx.xxxxxxx@xxxxxxxxxxxx.xxx.xx>; Phill Halligan [WrDHB] <xxxxx.xxxxxxx@xxxxxxxxx.xxx.xxx.xx>; Brenda Close – [Hauora a Toi Bay of Plenty] <xxxxxx.xxxxx@xxxxxx.xxxx.xx>; Anna Wheeler - SC <awheeler@scdhb.health.nz>; Margaret Dotchin (ADHB) <xxxxxxxx@xxxx.xxxx.xx>

Cc: Andy Windsor <xxxxxx.xxxxxxx@xxxxxxxxxx.xxxx.xx>; Charles Tutagalevao <xxxxxxx.xxxxxxxxxx@xxxxxxxxxx.xxxx.xx>; Duncan Bliss <xxxxxx.xxxxx@xxxxxxxxxx.xxxx.xx>; Joanne Gibbs <xxxxxx.xxxxx@xxxxxxxxxx.xxxx.xx>; Karla Bergquist <xxxxx.xxxxxxxxx@xxxxxxxxxx.xxxx.xx>; Kate Coley <Kate.Coley@TeWhatuOra.govt.nz>; Laura Aileone <xxxxx.xxxxxxx@xxxxxxxxxx.xxxx.xx>; Mary Cleary-Lyons <Mary.Cleary-xxxxx@xxxxxxxxxx.xxxx.xx>; Rachel Haggerty <Rachel.Haggerty@TeWhatuOra.govt.nz>; Sally Dossor <xxxxx.xxxxxx@xxxxxxxxxx.xxxx.xx>; Andrew Nwosu – [Hawke's Bay] <xxxxxx.xxxxx@xxxxx.xxxx.xx>; Nicky Rivers-EXT

<xxxxx.xxxxxx@xxxxxxxxx.xxx.xxx.xx>; Gabrielle Scott [MidCentral]
<xxxxxxxxx.xxxxx@xxxxxxxxxxxxx.xxxx.xx>; Jennifer de_Ridder [CCDHB]
<xxxxxxxx.xxxxxxxxx@xxxxx.xxx.xx>; Louise Allsopp-Ext <Louise.Allsopp@wdhb.org.nz>;
Tamzin Brott (WDHB) <xxxxxx.xxxxx@xxxxxxxxxxxx.xxxx.xx>; Sanjoy Nand (CMDHB)
<xxxxxx.xxxx@xxxxxxxxxx.xx.xx>; Geoff Goodwin (WDHB)
<xxxxxxxx.xxxxxxx@xxxxxxxxxxxx.xxxx.xx>; Hannah McCarrison
<xxxxxx.xxxxxxxxxx@xxxxxxxxxxxx.xxx.xx>; Claire Tahu [WaikatoDHB]
<xxxxxx.xxxx@xxxxxxxxx.xxxxxx.xx>; Alicia Scott – [Hawke's Bay]
<xxxxxx.xxxxx@xxxxx.xxxx.xx>; Kendra Sanders <Kendra.Sanders@TeWhatuOra.govt.nz>;
Ngaire Buchanan <xxxxxx.xxxxxxxx@xxxxxxxxx.xxxx.xx>; Joe Monkhouse [Lakes]
<xxx.xxxxxxxxx@xxxxxxxx.xxxx.xx>; Hilary Exton-EXT <Hilary.Exton@nmdhb.govt.nz>;
Kaye Hudson-Ext <xxxx.xxxxxx@xxxxx.xxx.xx>; Jo Wright (Nursing Director) (ADHB)
<xxxxxxxx@xxxx.xxxx.xx>; Robert Gerrie [Nelson Marlborough]
<xxxxxx.xxxxxx@xxxxx.xxxx.xx>; Nina Scott [WaikatoDHB]
<xxxx.xxxxx@xxxxxxxxx.xxxxxx.xx>; Susan Wood <xxxxx.xxxx@xxxxxxxxx.xxxt.nz>;
Sarah Clarke <xxxxx.xxxxxx@xxxxxxxxx.xxxx.xx>; Alison Sarginson [Waitaha]
<xxxxxx.xxxxxxxxx@xxxx.xxxxxx.xx>; Andrew Slater
<xxxxxx.xxxxxx@xxxxxxxxx.xxxx.xx>; Luke Gillespie [Waitaha]
<xxxx.xxxxxxxxx@xxxx.xxxxxx.xx>; Laurie Edwards
<xxxxxx.xxxxxxx@xxxxxxxxx.xxxx.xx>; Andrew Ellis-EXT
<xxxxxx.xxxxx@xxxxxxxxx.xxxxxx.xx>; Kelly Orrell-EXT <Kelly.Orrell@bopdhb.govt.nz>;
craig green-EXT <xxxxx.xxxxx@xxx.xxx.xx>; simon barrett-EXT
<xxxxx.xxxxxxx@xxxx.xxx.xx>; Roger Huntington [Tairawhiti]
<xxxxx.xxxxxxxxx@xxx.xxx.xx>; Georgina Watt – [Hauora a Toi Bay of Plenty]
<xxxxxxxx.xxxx@xxxxxx.xxxx.xx>; Tania Kelly-EXT <xxxxxx@xxxxx.xxxxxx.xx>; David
Green <xxxxx.xxxxx@xxxx.xxxxxx.xx>; David Warrington – [Hawke's Bay]
<xxxxx.xxxxxxxxx@xxxxx.xxxx.xx>; Nicolas Harrison – [Hauora a Toi Bay of Plenty]
<xxx.xxxxxxxx@xxxxxx.xxxx.xx>; Sarah Jackson <Sarah.Jackson@TeWhatuOra.govt.nz>;
Jacqui Lunday Johnstone [Waitaha] <xxxxxx.xxxxxxxxxxxxxxx@xxxx.xxxxxx.xx>; Rene
Templeton - SC <xxxxxxxxxx@xxxxx.xxxxxx.xx>; Prue Beams [Waitaha]
<xxxx.xxxxx@xxxx.xxxxxx.xx>; Geoff Goodwin <xxxxx.xxxxxxx@xxxxxxxxxx.xxxt.nz>;
Sarah Fenwick [MidCentral] <xxxxxxx@xxxx.xxxxxx.xx>; Sandy Clemett-EXT
<xxxxx.xxxxxxx@xxxx.xxxxxx.xx>; Margie Apa <xxxxxx.xxx@xxxxxxxxxx.xxxx.nz>;
Frank van Ham <xxxxx.xxxxxx@xxxxxxxxxx.xxxx.xx>
Subject: Follow up from GDO / Clinical Lead hui

Kia ora koutou

Thanks for attending the hui this morning. You were provided with some information aimed at sharing some thinking about how we will work to stay within budget within HSS. It was an indicative model only. It does not reflect a decision or detailed plans. There is more work to do – as we discussed – at regional and local levels to review how we provide services and organise care with the resources we have.

As Margie has confirmed this morning, HSS and the funded sector are the only groups that will be receiving additional funding uplift.

We are holding funds to address clinical and safety risks, as they are escalated. These are bottom lines for us and will remain so.

We will continue to prioritise clinical patient-facing roles, new and replacement, that are within the budgets we have.

Please keep working with your Regional Directors and Clinical Leaders.

Thanks to all of you for your leadership and support.

Ngā mihi
Fionnagh

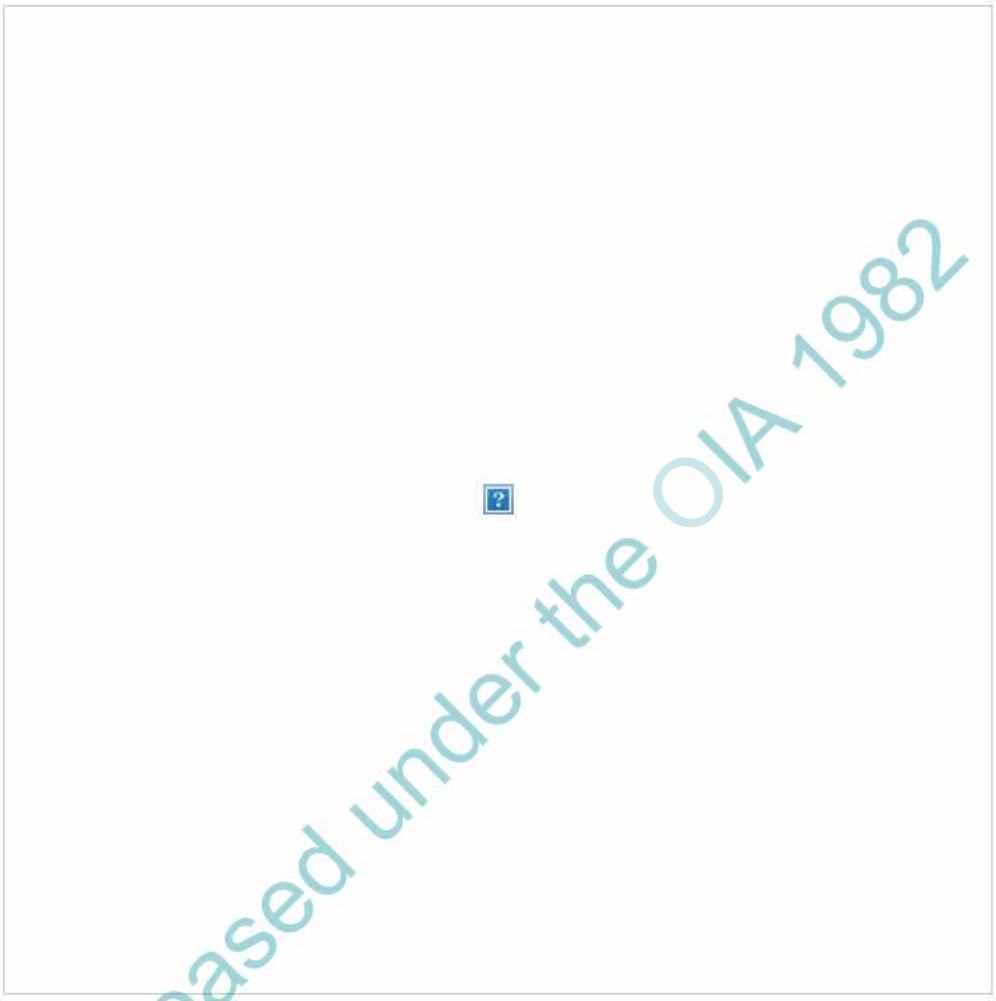
Fionnagh Dougan
National Director – Hospital and Specialist Services
waea pūkoro: s 9(2)(a) | **īmēra:** fionnagh.dougan@tewhatuora.govt.nz

Health New Zealand | Te Whatu Ora

At Health New Zealand | Te Whatu Ora we value flexible working. Regardless of when you receive this email, I do not expect a response outside of your normal working hours.

From: Health NZ Communications
To:
Subject: Message from the Commissioner and Deputy Commissioners about front line clinical staff
Date: Tuesday, 13 August 2024 4:57:41 pm

View this email in your browser



13 August 2024

Kia ora,

As Commissioner and Deputy Commissioners, we want to set the record straight on our frontline clinical staff.

Earlier today, a staff member presented some information to a meeting around potential cost savings in Hospital and Specialist Services.

For the avoidance of doubt, what was presented is in direct conflict with our thinking and should be dismissed.

As Commissioner and Deputy Commissioners, we are absolutely committed to a strong clinical

frontline to drive better health outcomes for New Zealanders.

The clinical frontline is key to helping ensure faster and easier access to healthcare for people, wherever they live.

The clinical frontline will not be cut or reduced, and our plans are to strengthen it.

We do of course have a serious financial problem and as part of our reset at Health NZ we need to make sure we live within budget, but not at the expense of the clinical frontline.

These staff play a critical and valued role in lifting productivity to better respond to acute care demand and deliver more planned care. We know that's what New Zealanders expect and need us to do.

Ngā mihi,

Commissioner Lester Levy and Deputy Commissioners Ken Whelan and Roger Jarrold.

You are receiving this email because you are a member of our health workforce.

Our mailing address is:

Health New Zealand | Te Whatu Ora
Level 6 Spark Central, 42-52 Willis Street
Wellington, New Zealand 6011
New Zealand

Add us to your address book

Want to change how you receive these emails?
You can update your preferences or unsubscribe

From: Margie Apa
To: Lester Levy; [redacted]
Subject: Budget Incident
Date: Wednesday, 14 August 2024 12:34:55 pm

This email expresses my disappointment at the leaking of budget information that was wrong. I also apologise for not taking your advice and writing a response to the organisation that clarify our position and relying on accountable leaders to own the problem. To understand what happened I have spoken to Mark Shepard who chaired, Jo Lusk who presented, Richard Sullivan who normally attends those meetings. At the time of writing this email I hadn't connected with Fionnagh by phone as we have missed each other. I also tracked back from my emails to check my own instructions to the team on budget process.

The meeting is a regular weekly HSS stand up that is chaired by the National Director and invites Regional Directors, local hospital Directors, CMOs, DoNs, DAHs and finance people. It has evolved from a focus on financials and recruitment and now seems to drift. have had feedback from local leaders that its purpose is not clear and the information does not always add value to their work. I don't normally attend but chose to last week 6th August and this week as observer given leadership transitions.

The background to events are:

- A slide was shared by Finance presentation at 13th August Tuesday 8am weekly HSS stand up. The slide was part of agenda item that was updating on budgets. The slide applied a formula to expenditure lines including FTEs that showed a scale of reduction that would be required to meet budget. This was meant to be illustrative, not presented as final decisions;
- The meeting was Chaired by Mark Shepard who tells me he was asked to step in as chair the day before at Fionnagh's request, hadn't seen an agenda or the slides to be presented;
- The slide was presented by Jo Lusk was asked to step in at the last minute Andrew Boyd was on leave. She believed that the information was okay to present because HSS leadership had been working on finalising details week beg 5th August through a series of workshops and the RDs had been engaged and had spoken with their local teams on the implications;
- The slide was not a decision, I hadn't seen it before it was presented.
- I was copied a slide pack on 2nd August that instructed team to hold until they had walked me through it. I haven't opened it (still unread) but I understand this slide was in that pack. I rang Andrew Boyd on the 6th August and told him to organise a 2 hour session in my diary to be briefed on HSS budget in detail 8th or 9th August. This didn't happen and I forgot to follow up to get it scheduled when I didn't see it in my diary. This would have exposed to me the models and I would have intervened ahead of Tuesday.

Other discussion points fyi at the meeting were:

- What is process and decision making for impact on clinical services and process for escalating and managing risk to which I replied we are holding a risk reserve and Richard Sullivan's office is escalation point and requires evidence of risk
- Need for more regional visibility and local decision making on issues that matter most for

delivery and are likely to be more cost effective to which I and Mark confirmed the intent of Reg Dep CEOs will have wider delegations and authority. I said it is important that regional commissioners are more proactive on community-based demand management initiatives that make a difference for hospital front door

- Challenge on how budgets are devolved so that there is autonomy at the right levels i.e. Regions or local GDOs may prefer to allocate savings and revenue differently across divisions and services. I agreed.

Actions I am/have taken:

- Mark Shepard as Chair of the meeting Tuesday is issuing a message to meeting attendees to clarify the status of the information that was presented as wrong and not decisions;
- Fionnagh finishes on Monday and I am confirming today transition of accountabilities for HSS. Today I am concluding the consultation process and shifting reporting lines for hospital GDOs and regional commissioners with instructions on priorities effective from Monday including plans to support budget, National Health Targets. This gives me accountable people whom will take responsibility for budgets and actions to get back to budget;
- I have instructed Richard Aldous and Regional Directors today to finalise how we delegate budgets down to hospital, divisional and service level with judgement on how far down they should manage being a local and regional decision not finance and delete the content on FTE reductions and leave to planning;
- I am finalising the paper to your next Commissioner meeting to sign off budget with caveats to access contingency/risk reserve if we encounter risks;
- Delete the scenarios that finance have presented from our work.

In hindsight, I should have sent an email quickly to respond to the status of this information. I was focused on ELT meeting yesterday to confirm budget and flush out risks in implementation. s 9(2)(g)(i)

I hope this clarifies what happened and am happy to discuss.
Nga mihi, Margie.

From: Mark Shepherd (WDHB)
To: Margie Apa
Subject: FW: Weekly GDO and Clinical Lead Forum- fyi
Date: Wednesday, 14 August 2024 6:35:00 pm

fyi

Mark Shepherd

Regional Director, Hospital & Specialist Services
Northern Region

waea pūkoro: s 9(2)(a) | **īmēra:** Mark.Shepherd@waitematadhb.govt.nz
124 Shakespeare Road, Takapuna

From: Mark Shepherd (WDHB)
Sent: Wednesday, 14 August 2024 6:35 pm
To: Fionnagh Dougan <xxxxxxxx.xxxxxx@xxxxxxxxxx.xxxx.xx>; Andrew Boyd <xxxxxx.xxxx@xxxxxxxxxx.xxxx.xx>; Christine Lowry [WaikatoDHB] <xxxxxxxxx.xxxxx@xxxxxxxxxx.xxxxxx.xx>; Mathew Parr <Mathew.Parr@TeAkaWhaiOra.nz>; Richard Sullivan <xxxxxxx.xxxxxxxx@xxxxxxxxxx.xxxx.xx>; Russell Simpson <xxxxxxx.xxxxxxx@xxxxxxxxxx.xxxx.xx>; Tui Vito (CMDHB) <Tui.Vito@middlemore.co.nz>; Stephen Clarke1 <xxxxxxx.xxxxxxx@xxxxxxxxxx.xxxx.xx>; Joanna Lusk <xxxxxx.xxxx@xxxxxxxxxx.xxxx.xx>; Alex Pimm (NDHB) <Alex.Pimm@northlanddhb.org.nz>; Brad Healey (WDHB) <xxxx.xxxxxx@xxxxxxxxxxxx.xxxx.xx>; Michael Shepherd (ADHB) <xxxxxxxx@xxxx.xxxx.xx>; Vanessa Thornton (CMDHB) <xxxxxxx.xxxxxxxx@xxxxxxxxxx.xx.xx>; Michelle Sutherland [WaikatoDHB] <xxxxxxxx.xxxxxxxxxx@xxxxxxxxxx.xxxxxx.xx>; Pauline McGrath – [Hauora a Toi Bay of Plenty] <xxxxxxx.xxxxxxx@xxxxx.xxxx.xx>; Alan Wilson <xxxx.xxxxxx@xxxxxxxx.xxxx.nz>; John Swiatczak [Tairawhiti] <xxxx.xxxxxxxxx@xxx.xxx.xx>; Katy Sheffield [Te Whatu Ora Taranaki] <xxxx.xxxxxxxxx@xxxx.xxx.xx>; Paula Jones – [Hawke's Bay] <Paula.Jonex@xxxxx.xxxx.xx>; Sarah Fenwick-EXT <xxxxx.xxxxxxx@xxxxxxxxxxxxx.xxxx.xx>; Katherine Fraser-Chapple – Te Whatu Ora - Whanganui <xxxxxxxxx.xxxxxxxxxxxxx@xxxx.xxx.xx>; Jamie Duncan [CCDHB] <xxxxx.xxxxxx@xxxxx.xxx.xx>; Kieran McCann [WrDHB] <xxxxxx.xxxxxx@xxxxxxxx.xxx.xxx.xx>; Lexie O'Shea [Nelson Marlborough] <xxxxx.xxxxx@xxxxx.xxxx.xx>; Rachel Mills - SC <xxxxxx@xxxxx.xxxxxx.xx>; Hamish Brown [Southern] <xxxxxx.xxxxx@xxxxxxxxxx.xxxx.xx>; Philip Wheble <xxxxxx.xxxxxx@xxxxx.xxxxxx.xx>; Elizabeth Jeffs (CMDHB) <xxxxxxxxx.xxxxx@xxxxxxxxxx.xx.xx>; Margie Apa <xxxxxx.xxx@xxxxxxxxxx.xxvt.nz>; Geoff Goodwin (WDHB) <xxxxxxxx.xxxxxxx@xxxxxxxxxxxx.xxxx.xx>; Andrew McKinnon <xxxxxx.xxxxxxxx@xxxxxxxxxx.xxxx.xx>; Frank van Ham <xxxxx.xxxxxx@xxxxxxxxxx.xxxx.xx>; Andy Hilton <xxxxxxx@xxxxx.xxxxxx.xx>; Andre Cromhout [CCDHB] <xxxxx.xxxxxxxx@xxxxx.xxx.xx>; Andrew Connolly (CMDHB) <xxxxxx.xxxxxxxx@xxxxxxxxxx.xx.xx>; Anil Nair [Tairawhiti] <Anil.Nair@tdh.org.nz>; Benjamin Pearson – [Hawke's Bay] <xxxxxxxx.xxxxxxx@xxxxx.xxxx.xx>; Brendan Marshall [Te Tai o Poutini] <xxxxxxx.xxxxxxxx@xxxxx.xxxxxx.xx>; Carl Eagleton (ADHB) <Carxx@xxxx.xxxx.xx>; Cecilia Smith Hamel - SC <xxxxxx@xxxxx.xxxxxx.xx>; David Gow [Southern] <xxxxx.xxx@xxxxxxxxxx.xxxx.xx>; Gerrie Snyman [Lakes] <xxxxxx.xxxxxx@xxxxxxxx.xxxx.xx>; Greg Simmons (Taranaki DHB)

<xxxx.xxxxxxx@xxxx.xxx.xx>; Jennifer Walker (NDHB) <xxxxxxxx.xxxxxx@xxxxxxxxxxxx.xxx.xx>; Johan Peters [Tairawhiti] <Johan.xxxxxx@xxx.xxx.xx>; Jonathan Christiansen (WDHB) <xxxxxxxx.xxxxxxxxxxx@xxxxxxxxxxxx.xxxx.nz>; Julia Carr [WaikatoDHB] <xxxxx.xxxx@xxxxxxxxxx.xxxxxx.xx>; Kate Grimwade <xxxx.xxxxxxxx@xxxxxx.xxxx.xx>; Kelvin Billinghurst [MidCentral] <xxxxxx.xxxxxxxxxxx@xxxxxxxxxxxx.xxxx.xx>; Lara Hopley <Lara.Hopley@tewhatuora.govt.nz>; Lisa Williams [Te Whatu Ora Taranaki] <xxxx.xxxxxxxx@xxxx.xxx.xx>; Margaret Fisher [WaikatoDHB] <xxxxxxxx.xxxxxx@xxxxxxxxxx.xxxxxx.xx>; Maria Poynter <xxxxx.xxxxxxx@xxxxxxxxxx.xxxx.xx>; Martin Thomas <xxxxxx.xxxxxx@xxxx.xxvt.nz>; Matthew Wheeler – [Hauora a Toi Bay of Plenty] <Matt.Wheeler@bopdhb.govt.nz>; Nathalie de Vries – Te Whatu Ora - Whanganui <xxxxxxxx.xxxxxxx@xxxx.xxx.xx>; Richard French [Waitaha] <xxxxxxx.xxxxxx@xxxx.xxxxxx.xx>; Steve Low <xxxxx.xxx@xxxxx.xxxx.xx>; Steven Earnshaw [3DHB] <xxxxxx.xxxxxxxx@xxxxx.xxx.xx>; William Weiderman [Tairawhiti] <xxxxxxx.xxxxxxxxx@xxx.xxx.xx>; Nick Baker [Nelson Marlborough] <xxxx.xxxxx@xxxxx.xxxx.xx>; Nicole Pihema <xxxxxx.xxxxxx@xxxxxxxxxx.xxxx.nz>; Murray Patton <xxxxxx.xxxxxx@xxxxxxxxxx.xxxx.xx>; Nadine Gray <xxxxxx.xxxx@xxxxxxxxxx.xxxx.xx>; Sue Waters (ADHB) <SWaters@adhb govt.nz>; Nina Scott <xxxx.xxxxx@xxxxxxxxxxx.xx>; Carlton Irving <Carlton.Irving@TeAkaWhaiOra.nz>; Jenny Parr (CMDHB) <xxxxx.xxxx@xxxxxxxxxx.xx.xx>; Rosalind Jackson – [Hauora a Toi Bay of Plenty] <xxxxxxxx.xxxxxxx@xxxxxx.xxxx.xx>; Yvonne Stillwell [MidCentral] <xxxxxx.xxxxxxxxx@xxxxxxxxxxxxx.xxxx.xx>; Sue Hayward <xxx.xxxxxxx@xxxxxxxxxx.xxxxxx.xx>; Jane Wilson [Southern] <xxxx.xxxxxx@xxxxxxxxxx.xxxx.xx>; Karyn Bousfield – [Hawke's Bay] <xxxxx.xxxxxxxxx@xxxxx.xxxx.xx>; Sandy McLean-Cooper [Nelson Marlborough] <xxxxx.xxxxxxxxxxxx@xxxxx.xxxx.xx>; Maurice Chamberlain – Te Whatu Ora - Whanganui <xxxxxxx.xxxxxxxxxx@xxxx.xxx.xx>; Diana Fergusson [Te Whatu Ora Taranaki] <xxxxx.xxxxxxxxx@xxxx.xxx.xx>; Maree Sheard (NDHB) <Maree.Sheard@northlanddhb.org.nz>; Kate Gilmour (WDHB) <xxxx.xxxxxxx@xxxxxxxxxxx.xxxx.xx>; Becky Hickmott [Waitaha] <Rebecca.Hickmott@cdhb.health.nz>; Gary Lees [Lakes] <xxxx.xxxx@xxxxxxxx.xxxx.xx>; Serita Karauria [Tairawhiti] <xxxxxx.xxxxxxx@xxx.xxx.xx>; Claire Jennings [HVDHB] <xxxxxx.xxxxxxxx@xxxxxxxxxxx.xxx.xx>; Phill Halligan [WrDHB] <Phill.Halligan@wairarapa.dhb.org.nz>; Brenda Close – [Hauora a Toi Bay of Plenty] <xxxxxx.xxxxx@xxxxx.xxxx.xx>; Anna Wheeler - SC <awheeler@scdhb.health.nz>; Margaret Dotchin (ADHB) <xxxxxxxx@xxxx.xxxx.xx>

Cc: Andy Windsor <xxxxxx.xxxxxxx@xxxxxxxxxx.xxxx.xx>; Charles Tutagalevao <xxxxxxx.xxxxxxxxxx@xxxxxxxxxx.xxxx.xx>; Duncan Bliss <xxxxxx.xxxxx@xxxxxxxxxx.xxxx.xx>; Joanne Gibbs <Joanne.Gibbs@TeWhatuOra.govt.nz>; Karla Bergquist <xxxxx.xxxxxxxxx@xxxxxxxxxx.xxxx.xx>; Kate Coley <xxxx.xxxxx@xxxxxxxxxx.xxxx.xx>; Laura Aileone <Laura.Aileone@TeWhatuOra.govt.nz>; Mary Cleary-Lyons <xxxx.xxxxxxxxxxx@xxxxxxxxxx.xxxx.xx>; Rachel Haggerty <xxxxxx.xxxxxxxx@xxxxxxxxxx.xxxx.xx>; Sally Dossor <Sally.Dossor@TeWhatuOra.govt.nz>; Nils Moeys <xxxx.xxxxx@xxxxxxxxxx.xxxx.xx>; Andrew Nwosu – [Hawke's Bay] <xxxxxx.xxxxx@xxxxx.xxxx.xx>; Nicky Rivers-EXT <Nicky.Rivers@wairarapa.dhb.org.nz>; Gabrielle Scott [MidCentral] <xxxxxxxxx.xxxxx@xxxxxxxxxxxxx.xxxx.xx>; Jennifer de_Ridder [CCDHB] <xxxxxxxx.xxxxxxxxx@xxxxx.xxx.xx>; Louise Allsopp-Ext <xxxxxx.xxxxxxx@xxxx.xxx.xx>; Tamzin Brott (WDHB) <Tamzin.Brott@waitematadhb.govt.nz>; Sanjoy Nand (CMDHB) <xxxxxx.xxxx@xxxxxxxxxx.xx.xx>; Hannah McCarrison <xxxxxx.xxxxxxxxxx@xxxxxxxxxxx.xxx.xx>; Claire Tahu [WaikatoDHB]

<xxxxxx.xxxx@xxxxxxxxxx.xxxxxx.xx>; Alicia Scott – [Hawke's Bay] <xxxxxx.xxxxx@xxxxx.xxxx.xx>; Kendra Sanders <Kendra.Sanders@TeWhatuOra.govt.nz>; Ngaire Buchanan <xxxxxx.xxxxxxxx@xxxxxxxxxx.xxxx.xx>; Joe Monkhouse [Lakes] <xxx.xxxxxxxxx@xxxxxxx.xxxx.xx>; Hilary Exton <xxxxxx.xxxxx@xxxxx.xxxx.nz>; Kaye Hudson-Ext <xxxx.xxxxxx@xxxxx.xxx.xx>; Jo Wright (Nursing Director) (ADHB) <xxxxxxxx@xxxx.xxxx.xx>; Robert Gerrie [Nelson Marlborough] <xxxxxx.xxxxxx@xxxxx.xxxx.xx>; Nina Scott [WaikatoDHB] <xxxx.xxxxx@xxxxxxxxx.xxxxxx.xx>; Susan Wood <xxxxx.xxxx@xxxxxxxxx.xxxt.nz>; Sarah Clarke <xxxxx.xxxxxx@xxxxxxxxx.xxxx.xx>; Alison Sarginson [Waitaha] <xxxxxx.xxxxxxxx@xxxx.xxxxxx.xx>; andrew.slater <andrew.slater@tewhatuora.govt.nz>; Luke Gillespie [Waitaha] <xxxx.xxxxxxxx@xxxx.xxxxxx.xx>; Laurie Edwards <xxxxxx.xxxxxx@xxxxxxxxx.xxxx.xx>; Andrew Ellis-EXT <xxxxxx.xxxxx@xxxxxxxxx.xxxxxx.xx>; Kelly Orrell-EXT <Kelly.Orrell@bopdhb.govt.nz>; Craig.Green <xxxxx.xxxxx@xxx.xxx.xx>; Simon Barrett (TDHB) <simon.barrett@tdhb org.nz>; Roger Huntington [Tairawhiti] <xxxxx.xxxxxxxxxx@xxx.xxx.xx>; Georgina Watt – [Hauora a Toi Bay of Plenty] <xxxxxxxx.xxxx@xxxxxx.xxxx.xx>; Tania Kelly (Southern Canterbury DHB) <xxxxxx@xxxxx.xxxxxx.xx>; David Green <xxxxx.xxxxx@xxxx.xxxxxx.xx>; David Warrington – [Hawke's Bay] <xxxxx.xxxxxxxxxx@xxxxx.xxxx.xx>; Nicolas Harrison – [Hauora a Toi Bay of Plenty] <xxx.xxxxxxxx@xxxxxx.xxxx.xx>; Sarah Jackson <Sarah.Jackson@TeWhatuOra.govt.nz>; Jacqui Lunday Johnstone [Waitaha] <xxxxxx.xxxxxxxxxxxxxxx@xxxx.xxxxxx.xx>; Rene Templeton - SC <xxxxxxxxxx@xxxxx.xxxxxx.xx>; Prue Beams [Waitaha] <xxxx.xxxxx@xxxx.xxxxxx.xx>

Subject: RE: Weekly GDO and Clinical Lead Forum- fyi

Kia Ora Team

As most of you would be aware , the GDO and Clinical Lead Forums were set up as a short term way to connect across the system on our financial and recruitment challenges. Can I thank you for the continued participation, energetic discussion and focus on solutions.

Further yesterday was the last meeting in the series, as our system looks to reset with the new Deputy Chief Executive roles of our regions ,commencing in at least two regions next week (Northern and Te Manawa Taki) we will need to decide as a priority the ongoing purpose of this style of meeting , the scope , attendance and standing items to continue to connect across the motu.

As the rotating chair of yesterday's meeting I do need to apologise for the concern raised by the budget presentation which was shared that represented a finance model that was not approved or decided as final. We ask that you do not share this information as it is not representative of the decisions we will need to take as regions, districts and as local teams. I need to reinforce that while our Finance colleagues have modelled costs based on formulaic assumptions, it is our job in operations to make the necessary decisions to work within budgets.

We are all aware of the challenge we face of living within budgets and in particular, doing this while preserving clinical frontline services and managing clinical and safety risks. We are working with Finance directly this week to confirm budgets. While these numbers will

be challenging there were also opportunities that colleagues raised we should take that include getting the balance better between local and national decision making.

One of the opportunities I will take with my peer Regional Deputy CEs is to ensure we look to devolve the decision-making rights to allocate and prioritise within our districts and regions, ensuring we are working alongside you and your teams.

Finally, while it may be a number of weeks away we will look to reset this weekly meeting once Deputy CEs are on board to ensure it adds value to your work, your feedback on what are useful agenda topics would be welcome.

Appreciated.

Mark

Mark Shepherd

Regional Director, Hospital & Specialist Services
Northern Region

waea pūkoro: s 9(2)(a) | **īmēra:** Mark.Shepherd@waitematadhb.govt.nz
124 Shakespeare Road, Takapuna