



PSA submission to Te Whatu Ora

Hospital and Specialist Services - Clinical  
Leadership

## Introduction

### The Public Service Association

The New Zealand Public Service Association Te Pūkenga Here Tikanga Mahi (the PSA) is the largest trade union in New Zealand with over 89,000 members. We are a democratic organisation representing members in the public service, the wider state sector, local government and non-governmental organisations working in the health, social services and community sectors. We have over 23,000 members at Te Whatu Ora.

The PSA believes that maintaining a high functioning, valued and experienced work force provides for a quality service for the people who use the service, which is also a critical factor for stakeholders.

### This submission

This submission is supplementary to our submission on two Hospital and Specialist Services consultation documents. While these consultation documents make small changes to clinical leadership they make no major proposals. The PSA believes that the current model of clinical leadership for Allied Health, Scientific and Technical and Public Health is inadequate and that the formation of Te Whatu Ora is an excellent opportunity to reform clinical leadership in line with the guidelines on Allied Health Clinical governance developed by the New South Wales Ministry of Health.

## Current Model

The current model for national clinical leadership is a clinical leadership team led by a Chief Clinical Officer. The PSA has received position descriptions for: National Chief Nurse, National Chief Midwife, National Chief Medical Officer and National Chief Allied Health, Scientific and Technical. In addition, in the Simplify to Unify Change Overview document specified a National Director Primary and Community and a National Lead of Quality Assurance and Patient Safety.

The Hospital and Specialist Services Group Director Operations emphasises that no changes are proposed to existing local clinical leadership structures, but that their reporting line would change to the Group Director Operations

## Limitations of the Current Model

The current national model only has one clinical leader for all Allied Health, Scientific and Technical professions. Public Health is not mentioned at all in the position description.

The current model means that most allied health professions are not represented within clinical leadership. A clinical leader from one profession is not going to have the breadth and depth of knowledge needed to represent all Allied Health professions. The current situation is an obstacle for the full development and strategic oversight of the workforce.

Clinical leadership is important to our members. During consultation over the restructuring our members raised the importance of access to clinical leadership. During the National Public Health Service consultation our members advocated for Public Health Officer clinical leadership.

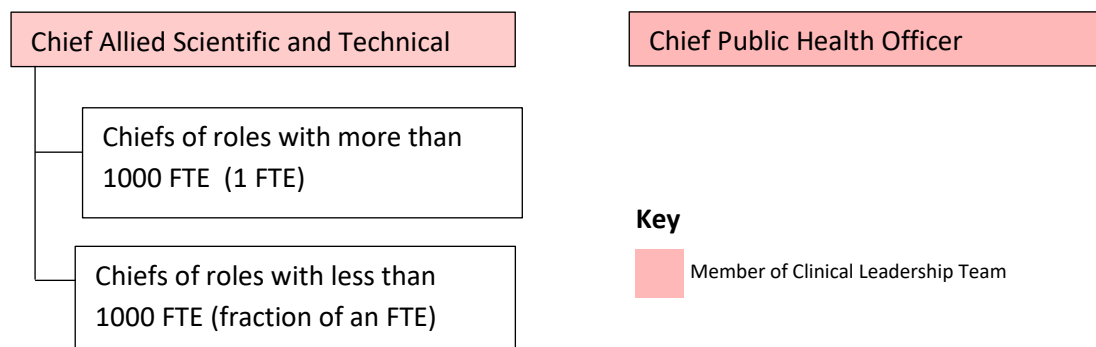
Te Whatu Ora does not need to develop Allied Health Leadership from scratch. The New South Wales Ministry of Health has recently produced an excellent set of principles of Allied Health Governance. Two of the key principles are that all Allied Health professionals have clear lines of both professional and operational reporting specific to their profession and the services they deliver.

## PSA proposed solutions

The PSA is advocating for national clinical leadership positions for Allied Health, Scientific and Technical professions and Public Health Officers. This would ensure that each profession has the Strategic, clinical, operational and professional leadership that it needs and each professional workforce is supported and developed.

We propose a full-time professional leadership role for each profession with 1000 or more FTE. Professions with less than 1000 FTE should have a part time leadership role with the fraction of FTE reflective of the size of the profession. So a profession with 520 workers at Te Whatu Ora would have 0.5 FTE and a profession with 775 workers at Te Whatu Ora would have a .8 FTE.

These roles should all report the National Chief Allied, Scientific and Technical role, who will represent them on the Clinical Leadership Team. In addition, there should be a creation of a Chief Public Health Officer role who should also sit on the Clinical Leadership Team.



For local clinical leadership a one-sized fits all approach would not be suitable, but we recommend that Hospital and Specialist Services review clinical leadership in Allied, Technical and Scientific and Public Health with a goal of developing a stronger clinical leadership in line with the principles on Allied Health Governance developed by NSW Ministry of Health

### Recommendations

- 1. Create a Clinical Leadership Scientific and Technical Team, reporting to a Chief Allied Scientific and Technical**
- 2. Create a full-time role for all professions with more than 1,000 FTE. Create a part-time role based on size for all professions with fewer than 1,000 FTE**
- 3. Create a Chief Public Health Officer role**
- 4. Hospital and Specialist Services review local clinical leadership approaches to ensure that Allied Health, Technical and Scientific and Public Health leadership are strengthened in line with the principles on Allied Health Governance developed by NSW Ministry of Health.**