



10 October 2024

Press Release

Clinical Leadership Proposal -Te Whatu Ora Health NZ

The College of Nurse Aotearoa (NZ) Inc is deeply concerned by the potential impact of the Clinical Leadership Proposal announced on Monday. The large scale disestablishment of leadership roles will have widespread negative impact to the overall standard of patient care, despite Health NZ claiming that “Clinical leadership is a crucial component of driving change in the health system.”

The disestablishment, downgrading and reduced FTE of substantial clinical leadership roles across the system will have significant impact on the system. There is a clear link between effective and visible clinical leadership and positive patient outcomes – conversely when nursing leadership in particular is attacked and reduced, patient harm such as infections, falls and increased length of hospital stay are all increased - with an increase in cost in people suffering, as well as the monetary cost.

The apparent rationale for the proposal is to address “significant variation in clinical leadership across the country, reflecting the diverse models from previous DHBs.” However, a wholesale restructure and disestablishment of valuable roles as outlined is confusing and makes little sense.

This proposal has been signalled for several months and has caused significant distress to people in the roles affected and many of the clinical teams that current roles support. Repeated shallow promises from Health NZ including Commissioner Levy and CEO Margie Apa that “front line services will not be affected” do not ring true. Clearly a significant reduction in clinical leadership at a local level due to disestablishment of the role or a significant staff reduction will mean that the work these roles would normally handle will be pushed on to already overstretched clinical staff.

Nurses comprise 80% of the health workforce - the possibility that some of the local leadership roles will be reduced to 0.4 full time equivalent (equivalent to 2 days a week) is ludicrous – especially given the level of responsibility and expectations being placed on these proposed roles - many of which will have responsibility over larger combined regions. There are significant proposed reductions and merging the nursing leadership roles in large geographic and high population need areas. These areas include Bay of Plenty and Lakes, MidCentral and Whanganui, Wairarapa, Hutt Valley, Capital Coast and in South Canterbury and Canterbury. There will be burnout experienced by those left in these leadership positions as they try to do the work of several people at once.

Despite assurances that quality patient care is a priority focus – it is very challenging to see how this can be the case when essential clinical leadership roles are being disestablished or roles significantly diluted and reduced that they are unlikely to be able to achieve even a portion of what is expected – therefore are being set up to fail.

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