

30 January 2025

Prof. Dr. Lester Levy

Commissioner

HEALTH NEW ZEALAND – TE WHATU ORA

Digital Services Change Proposal

Tēnā koē Commissioner

Te Whare Piki Ora o Māhutonga – the Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Aotearoa New Zealand and Australia. Our mission is *‘To improve access, equity, quality and delivery of surgical care that meets the needs of our diverse communities’*. Health advocacy is a central competency of a surgeon, and a core value of this College.

Recent and current change proposals and subsequent destabilisation of the health workforce are putting at risk the delivery of a fair, safe and sustainable healthcare system in Aotearoa New Zealand. The level of change, anxiety and distress is placing at risk the capacity and capability of medical and support services which enable the healthcare system to perform at a level where patient care and safety can be assured.

RACS does not support the proposals in the Digital Services Consultation Document. We recommend you recognise the collective adverse impact of the shortcomings of the proposal, as we have outlined in this submission, and suspend the decision process until you develop a better, evidence-based case for change.

We further recommend in developing the case for change you:

- involve doctors, including the medical colleges, at all stages of designing an adequate baseline of data and digital projects to deliver fair, equitably, safe and sustainable healthcare and commit to fund the number of staff required to deliver these and the infrastructure needed,
- apply a clinical governance approach to the design, demonstrating your accountability for the quality of care and for improving patient equity, experience and outcomes, and reflecting current thinking on system safety, service quality standards, and equitable access to a responsive system for all populations,
- review the impact analyses in feedback on the change proposals to ensure projects designed to mitigate identified risks are retained and/or commissioned,
- reconsider and advise whether the proposed technology project terminations and deferrals will increase clinical risks and drive costs up elsewhere in the healthcare system to the extent intended cost savings are illusory.

We have four major concerns:

1. Ad hoc/unsignalled strategic change underway

Surgeons understand and support the need for reform to deliver quality of care and patient safety, within a fair, equitable, safe and sustainable health system in Aotearoa New Zealand. We are committed to delivering equitable access,



equitable healthcare services, and equitable outcomes for Māori, Pacific peoples and other disadvantaged population groups. The current system is not delivering these.

We also recognise the need for Te Whatu Ora to undertake a massive strategic realignment to provide unity across our Motu and reset to achieve these goals whilst dealing with an increasingly evident financial deficit. However, such transformation will fail and cause incalculable harm unless it carries the commitment of clinical leaders and the entire healthcare workforce.

We perceive a series of cascading change proposals reacting progressively to increasingly depleted funding. Some of these put at risk the ability of healthcare workers to deliver high quality care thus compromise patient safety. We are concerned at the erosion of the critical digital services and projects. We view the Data Services change proposal and process as inadequate and consider the decisions within it should be deferred.

2. Clinical governance approach required

It is disappointing Te Whatu Ora has not made explicit in its change proposals the underlying clinical governance framework to focus on its accountability for the quality and safety of care and for improving patient experience and health outcomes.

In decisions resulting from this Data Services Consultation Document and in all future change proposals, Te Whatu Ora should explicitly follow the clinical governance approach set out by Te Tahu Hauora - Health Quality and Safety Commission in *He mahi ngātahi kia kōunga: He anga hei whakahaere whare haumanu - Collaborating for quality: A framework for clinical governance, November 2024*.

Accordingly, we expect Te Whatu Ora to demonstrate in all matters its accountability for the quality of care and improving patient experience and outcomes in the health and disability sector; to reflect current thinking on system safety, quality and equity; and to pay explicit attention to delivering a responsive system for all populations.

Healthcare is a complex adaptive system, comprising multiple interconnected parts which interact to create both quality care and inevitable risk. When considering change, we need to understand the interactions between the different parts of the system and monitor for any unintended consequences. The combined quality assurance and improvement role of clinical governance ensures we can assess clinical risk, adapting and improving quality of care over time, across every level of the system.

We do not see evidence of attention to the four domains of quality: (a) consumers and whānau are active partners in the health team; (b) engaged, effective and culturally safe workforce; (c) clinically effective healthcare; and (d) system safety and learning. We do not see explicit attention to the drivers, structures and functions which span these domains and facilitate accountability, transparency, learning and relationship building.

Clinical governance is collaborative. Clinical leaders, working together with health care managers, should be responsible for setting priorities, shaping culture, supporting the health workforce and addressing problems. We do not see in this proposal sufficient evidence of partnerships with Māori, consumers, whānau and communities to help deliver safe, skilled and compassionate consumer and whānau-centred care.

3. Data and digital projects at risk

We know Te Whatu Ora inherited from Manatū Hauora and the 20 District Health Boards a patchwork of about 4,000 digital systems which are not integrated and often with out-of-date software with no effective backups. We do not yet have a comprehensive digital health programme to provide consistency of access to digital systems across the Motu. We are aware Te Whatu Ora has repeatedly warned successive governments of the risk of its ageing systems.

RACS strongly supports the intention of the health reforms to provide nationally coordinated and integrated digital systems. We need a modern fit for purpose information technology platform delivering accurate data on patients to clinicians no matter where in the country. With limitations on staffing, the only way to improve productivity and efficiency is strong and connected data and digital systems. Yet it is increasingly challenging to maintain the level of service required by surgeons from existing systems. Existing inefficiencies already directly impact patient care. It is very difficult to provide care to patients needing to be transported from one region to another when the computer systems with medical records are not consistent and patient data can't be easily transferred. Ideally, we should have one system – such as Healthcare Connect South, but for all Aotearoa - that allows clinicians to see all patient data.

We note your Chief Executive's assertions the proposal is only to cut projects which are not clinically essential and will not introduce any new clinical risks; some projects to be terminated mean existing clinical risks will not be mitigated, and loss of planned efficiency gains; if new risks emerge in future, some projects may be turned on again.

RACS recognises considerable progress and an ongoing commitment to some key technology work programmes. We are particularly pleased to see cybersecurity work will continue. We cannot risk another cyberattack such as hit Waikato District Health Board in 2021, reducing the hospital to pen and paper for three weeks.

We do not accept the contention data and digital staff are 'back office' and their loss will not affect the frontline. We understand the remaining technology teams will have the bare minimum of staff to undertake repairs to information technology systems which are already failing as well as not proceeding with planned upgrades. Not being able to access patient records electronically whilst conducting a clinic nor being able to record an endoscopy note with clinical photographs significantly impacts on patient care when systems are temporarily not working.

The Consultation Document seeks feedback from the frontline about specific projects not continuing. As already noted, external professional feedback is also important. RACS considers neither the safety case nor the net cost reduction analysis has been made for the 136 projects proposed for termination or deferral (66 stop, 70 defer). We understand the analysis is being undertaken by staff region by region during the consultation. This should have been provided as part of the central case for change, rather than taking staff away from the delivery and support of healthcare services.

Surgeons need high quality digital systems that work and work well - not a big ask.

We are concerned about the following system risks and seek reassurance these will be addressed before any decisions are made after consultation on the proposal. The safety, quality, and consistency of surgical care are compromised by:

- existing digital systems not being reliable, causing delays and inefficiencies
- lack of interoperability between parts of the system within a hospital or region, or across the motu
- insufficient timely, effective, local technical support and troubleshooting.

One specific concern is the proposed withdrawal of technical support positions in rural areas and small hospitals. Digital service specialists may not find other specialist roles in rural areas, with loss of both talent and institutional knowledge to metro hospitals or Australia. This will compromise future attempts to rebuild digital services in the regions.

4. Change management process

We are disappointed with the change management process across the whole range of staff cuts, particularly for the Data and Digital Group. The rolling release of information to staff, unions, and the public is not helpful. Swirling headcount numbers in the media around the proposals for Digital Services, Pacific Health, National Public Health Services, and Hauora Māori Services leave an impression of a desperate and reckless level of job cuts without considering the human impact in terms of patient safety or for staff.

This is reinforced by statements expressed in terms of ‘FTEs’ rather than impacts on ‘people’. Further confusion was caused by not including vacancies in the number of jobs lost, when those vacant roles had also been disestablished. (Refer Appendix)

We are disappointed and concerned at the lack of formal consultation with the medical colleges whose members are integral to maintaining quality of care and patient safety across the organisation throughout the change. We can provide professional and specialist clinical expertise and perspectives to both inform your choices and help maintain performance during the difficult transitions.

Instead, our members tell us the proposals create significant concern for them as surgeons operating within Te Whatu Ora and are confusing and distressing for their colleagues within the Data and Digital Group. As with the Clinical Leadership proposal, the Digital Services cuts and change proposals are likely to drive both performance failures and resignations to the extent the desired cost-savings are illusory.

As a medical college representing a significant proportion of your clinical staff, we stand ready and willing to be involved at all stages of designing an adequate baseline of data and digital projects to deliver fair safe and sustainable healthcare and identify the number of staff required to deliver these.

Nāku noa, nā

Ros Pochin

Chair, Aotearoa New Zealand National Committee

RACS represents more than 8300 surgeons and 1300 surgical Trainees and Specialist International Medical Graduates across Aotearoa New Zealand and Australia. We are the accredited training provider in nine surgical specialities.

Extract from statement from Chief Executive of Te Whatu Ora, 8 Nov 2024

	Current FTE as November 2024	Proposed FTE reduction (net – excluding vacancies)	Proposed FTE following reduction	% reduction from current FTE
Digital Services	1938	653	1285	33.7%
Pacific Health	148	49	99	33.1%
National Public Health Service (NPHS)	1196	55	1141	4.6%
Hauora Māori Services	221	+15	236	N/A
Totals	3503	742	2761	21.2%