Farewell Phil

Celebrating 10 years of leadership
2006 – 2016
So much has happened over the 10 years Phil has been CEO of the Bay of Plenty District Health Board (BOPDHB). When I reflect on the five and a half years I have been Chair, the strength of Phil’s leadership has been demonstrated in so many different ways.

The triumvirate model of leadership has seen clinical leadership significantly improve and the community has reaped the benefit from that through improved service delivery.

The acceleration of the Clinical School Programme has been strongly supported by Phil and I have really enjoyed being involved in the innovation and Research awards. It is great to see the high number of participants and culture of innovation that has become part of every day business.

The Rural Immersion Programme, which was developed as a response to the growing issue of healthcare shortages in New Zealand’s rural communities, has been of great benefit to the Eastern Bay. One of the real benefits has been some of the students returning to work in Whakatāne.

Under Phil’s leadership we dropped the old accreditation system and moved to the Baldridge Health Excellence system. We were all excited in 2013 to be the first DHB to be recognised at New Zealand’s toughest and most prestigious performance excellence awards when we received a bronze award for dedication to best practice achievement under this new system.

I am sure a number of union representatives will join me in recognising the significant work Phil has done in creating positive relationships. We are nationally recognised for the proactive relationship we have with unions within the DHB. Working with the New Zealand Nurses Organisation we have been a national leader in the Releasing Time to Care initiative and the Care Capacity Demand Management Programme.

Then, of course, there are the more obvious changes to our hospitals that have happened over the 10 years Phil has been here. The successful completion of Project LEO plus the Medical Day Stay Unit, the Critical Care Unit, the Intensive Care Unit and soon, the new co-located cardiology services, means Tauranga is well positioned for hospital facilities into the future. In addition, there was the purchase of the old Returned Services Association building in Tauranga which became the Education Centre.

In Whakatāne we have a beautiful new hospital and remember before that, we moved that old building from Tauranga to Whakatāne to become the home for both Māori Health and the Whakatāne Clinical School and Education Centre. The new gym in Whakatāne means that both sites have great staff health facilities and these are well utilised.

Then there are the two latest service developments on the Tauranga site. The Kathleen Kilgour Centre provides modern radiation treatment for people in the Bay and has had a huge impact on families who no longer have to travel to Waikato for treatment. The second is the new PathLab building, due to open soon will have the most modern laboratory technology in New Zealand. It has been Phil’s dedication that has seen both these public private partnerships through to completion and set in place a totally new way to fund building and service development.

There is much more I could write about and it’s hard to fit 10 years of dedication and drive into one short article – however as we look around our health services and facilities we can see the legacy Phil’s leadership is leaving for us to take forward. It is with sadness that I say goodbye to Phil and on behalf of all BOPDHB staff, the other health providers across the Bay, the communities and people of the Bay of Plenty; I say a heartfelt thank you for the excellent achievements you have made over the 10 years you have been here. I also want to take this opportunity to thank your wife, Aileen, who has constantly supported you and I wish you both a long and happy retirement together.

By Chair BOPDHB, Sally Webb.
The redevelopment of Tauranga and Whakatāne Hospitals are two major projects that without Phil’s vision and determination in obtaining the Minister’s approval could have been a very different outcome for our communities. Both redevelopments have positioned the DHB to deliver a high standard of health services to the Bay of Plenty.

General Manager, Property Services Jeff Hodson.

Project LEO and Project Waka

It was Phil’s vision for the BOPDHB to be a leading edge organisation and when he arrived Project LEO was already underway. This project encompassed a full upgrade of the Tauranga Hospital campus apart from Building 50. Phil had the foresight to reserve space and guided the successful completion of Project LEO. He championed an additional business case for Building 50 which was the creation of the new five-storey building creating future capacity. Building 50 saw the completion of Project LEO and the focus then shifted to Project Waka in Whakatāne.

We made numerous submissions to the Ministry of Health for Project Waka but at the time the whole proposition to redevelop and provide a full service hospital was being challenged. The community didn’t hold out much hope that it would happen. Yet Phil was determined. He had a vision and became the driving force behind the project.

Phil kept pushing and pushing and another business case was prepared and this time approved. Phil was the driving force behind ensuring there was a full service hospital in Whakatāne. Part of his vision was to attract graduates from Auckland and he understood that to do that we had to ramp up the clinical school and make it successful.

He pulled down existing buildings from the Tauranga campus, put them on the back of a truck and transported them to Whakatāne where they were refurbished to be used as the clinical school and the library. This was a demonstrable commitment to the community that Project Waka was going to happen. Sure enough it did happen and we are lucky that through Phil’s leadership we now have a new Whakatāne Hospital which is very successful and adds great clinical value to the community.

Phil’s vision has extended the capacity of the organisation, which has resulted in very significant improvements in providing health services to the citizens of the Bay of Plenty. Half the job is ‘politics’ and Phil did very well at that. He has done an exceptional job of working with the Board, the Chair and the Ministry. Phil has been a very strong leader, great at delegation and letting you get on with your job - his leadership style has been very effective.

By GM Property Services, Jeff Hodson.
The Bay of Plenty Clinical School was established in 2007. The vision Phil had was for a virtual school with no bricks and mortar. However, as the capacity and capability grew, so did the physical need and Phil enabled it to evolve into a successful campus.

We have now gained a reputation as a highly regarded hospital for student placements by tertiary institutions. The school is unique in New Zealand as we have formed relationships and agreements with over 20 institutions, as opposed to being solely linked and governed by one. This model was encouraged by Phil, which he informally coined, “the harlot approach”.

Phil has supported educational initiatives such as the development of the Rural Health Interprofessional Programme (RHIP) in Whakatāne - we are only one of two sites in New Zealand to offer this programme. This initiative saw the development of a clinical school facility in Whakatāne that supported students, education and a library. Between 2012 and 2015, 124 students came to the region from a range of professions such as medicine, nursing, physiotherapy, occupational therapy, pharmacy and social work to take part in the programme. This also resulted in students selecting Whakatāne and other rural hospitals as places of employment, whereas it was not on “their radar” prior to being involved in RHIP. The insight and support from Phil to establish the programme in Whakatāne has significantly impacted on developing the health workforce in our region.

In the past five years our University of Auckland medical student numbers per annum have gone from 36 in 2010 to 97 in 2015. The last five years has seen 441 Auckland University medical students come through the school for placements. The supervision, support and teaching quality from clinical staff has been highlighted in feedback from students and the university. One sixth-year medical student commented recently at Orientation that our hospital was more a ‘family’ than an organisation. She had never been welcomed by the chief executive of a hospital during her time as a medical student and she appreciated Phil’s down-to-earth approach. This culture has been influenced by Phil and he makes a positive impression on new-comers to the workforce.

Te Puke High School senior students and teachers appreciated an informal presentation from Phil regarding leadership qualities; the following was one of the comments received:

“Inspiring – I loved the part about ‘if you show me that this is a good idea and that you can do the work then I will work on supplying the bricks and mortar.’ So true I am going to use that with my own kids”.

By BOP Clinical School Business Leader, Sarah Strong.

The opportunity to head the Bay of Plenty Clinical School came to me at just the right time in my career. Since then Phil has been a mixture of mentor and confidante and his commercial acumen has contributed to our success.

He has provided a lot of direction while at the same time he’s been very hands off. He’s been more interested in knowing what’s going on rather than influencing specific things. There’s no doubt he would jump in if he wasn’t happy with the direction we were taking but we have been able to achieve a lot more due to our ‘non-fiddling’ CEO.

The Bay of Plenty Clinical School has grown far quicker than any other academic site that Auckland University has and it’s largely due to the support we have had at CE level. Phil and I were always on the same page with the clear objective of soaking up as many students as we possibly could. I was able to make commitments knowing Phil was going to be in my corner each time. There has been no stage where we haven’t been able to provide what the university has required.

In terms of the Kathleen Kilgour Centre, Phil was absolutely instrumental to get this centre over the line. It couldn’t have been done without his direct involvement behind the scenes – at government and regional level and locally clearing the way for it to proceed. There were plenty of nay sayers at the time. He’s a master at that game and gets what’s best for patients. Without him, the Kathleen Kilgour Centre wouldn’t have happened.

Phil has a great ability to spot problems and an ability to steer you away from pitfalls. He’ll come up with things you haven’t thought of and often provided sage advice on thorny situations and potential dilemmas just to keep you clear of any trouble.

By Head of BOP Clinical School, Professor Peter Gilling.
Research Facility

Phil had the ability to see that there were indeed both tangible and intangible benefits to the DHB to have a strong research facility at the BOPDHB and he played a masterstroke. He did what so few predecessors have managed - he trusted his people and in this case it was the Head of School, Professor Peter Gilling, to lead the way in this area.

In 2009 the Clinical Trials Unit (CTU) was established within the Bay of Plenty Clinical School under the guidance of Peter.

As an early supporter of the venture, Phil considered that the development of clinical research and research projects within the BOPDHB would be of inestimable value and fit well within the clinical school framework. This is a unique model for a clinical trials unit in New Zealand as it is directly incorporated within a DHB as opposed to being a separate commercial entity.

The unit established itself as a self-funding charitable trust. The activity grew to further encourage and support BOPDHB research. The unit worked alongside the Bay of Plenty Medical Research Trust (BOPMRT), which had been operating from Botanical Road premises for numerous years. Phil supported and encouraged the development of research in the BOPDHB and this eventuated in BOPMRT being incorporated into the CTU.

The CTU is now involved in over 30 international trials for oncology, infectious disease, haematology, gastroenterology, cardiology, radiotherapy, rheumatology, internal medicine and respiratory specialties.

By BOP Clinical School Co-ordinator, Linda Pattison.

Innovation Awards and Scholarships

Phil has given unstinting support for all the activities and events related to staff education and professional development managed by the Bay of Plenty Clinical School Education team.

His views on the importance of on-going learning and development are renowned; he has stated publically and frequently, that the education budget will not be compromised, even in tough times.

Phil has been a champion for eLearning, Innovation and Research Awards, the Midland Leadership programmes and Bay of Plenty scholarships and study funding. He has never missed an opportunity to present scholarships, attend opening and closing ceremonies and publically encourage and recognise the achievements and success stories of BOPDHB staff. He has been a regular attendee and contributor at Breakfast Bites and many new initiatives have come to fruition with Phil’s endorsement, such as the International Administrative Professionals Day Breakfast and the Artefact Wall at the Education Centre.

For us, Phil’s legacy will be his whole-hearted encouragement, interest, and involvement in education, innovation and development.

By Education Manager, Penny Horton.
I remember the first time I met Phil when he arrived for his interview for the position of Chief Executive. Being early or on time, never late, would prove to be one of his characteristics. My first thoughts were of an immaculately dressed English gentleman.

A working partnership as Phil’s Executive Assistant for over five years began. There is always an establishment period to work through where two people work closely together embedding work patterns and methodologies. Having similar traits of exactness made this easier and it all fell into place readily. Never one to raise his voice, I always knew if he quietly said “Sure, I understand, but…”, that I was probably not taking the right approach.

My impression from the outset was that Phil worked by creating the environment and opportunities for the goals in mind and the attainments followed.

There is an impressive list of initiatives and implementations that have taken place over the years under Phil’s stewardship. He has a strong belief in the value of employees and encouraging them to be the best they can be, evidenced by the advent of such things as developing the Clinical School and Education Centres, the Staff Service Recognition Programme, Healthy Living Programmes and Innovation Awards. He always had two things he would not compromise on: one was learning, the other was quality which saw the implementation of such things as Health Excellence and Releasing Time to Care.

The list goes on. Then there is his proactive logistics side in partnership with Community Providers to progress the links between primary and secondary care and improve delivery and access of services and facilities that had previously required our patients to travel outside their region.

In thinking of another change, namely our CARE values, one that immediately springs to mind for Phil is Responsiveness. All things in his office are receipted immediately and an answer given if able or advice of a plan and timeline for response put in place. Two singular adjectives in addition are Integrity and Approachability.

I wish Phil well in his retirement and I’m sure he and his lovely wife Aileen look forward to being able to spend more time together.

By Staff Engagement Leader, Maxine Griffiths.
I will miss Phil. I have appreciated the following things about his time in our DHB:

- Simplifying and clarifying our vision and values – so cool to be able to remember them off by heart and have them as guiding principles in our daily work in the DHB.
- Avid commitment to education and staff development – to me it shows a high value of staff and their need to develop within an organisation. I have personally benefitted from this. In my post grad study talking to other nurses about the value of education and professional development and what they don’t have in other DHBs makes me feel very grateful to work for BOPDHB. I hope this continues with the next CEO!
- Business savvy – great to see new buildings being built in progress and a well-managed DHB in spite of difficult economic times.

A big thanks to Phil for his great leadership and hard work.

Mental Health and Addiction Service, Patrick White.

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**Unions and HR**

HR Manager Nick Cockroft said that before he started at the BOPDHB in February 2012, Phil had delivered a very clear message to the HR function that we needed to work on our union relationships.

The HR team has worked hard to support this but it has been so much easier with Phil’s overt demonstration of commitment to his own instruction. I recall Phil once describing that the aims and aspirations of unions for our employees are not too dissimilar to our own - we all want BOPDHB to be a good place to work.

I’ve observed Phil’s commitment to union partnerships through his routine attendance at union forums, such as Bipartite and Joint Consultative Committee (JCC) meetings where he engaged in a genuine and meaningful way. Phil’s leadership is also evident through his approval of the sector-leading PSA Convenor role. This role is DHB-funded and in my view has taken the partnership with the PSA to a new and more productive level. There is no doubt Phil is respected by our partner unions and has positioned the DHB well to face future challenges.

By HR Manager, Nick Cockroft.
Care Capacity Demand Management Programme

In 2015 the Bay of Plenty District Health Board celebrated a New Zealand first, the achievement of ‘over the line’ status in the Care Capacity, Demand Management (CCDM) programme. This was a fantastic effort on the part of staff and union partners and was fully supported by Phil.

The national programme was first piloted here and recently, Phil answered three questions in the national CCDM newsletter, which perhaps sums up best what has been achieved:

“What is the most obvious organisational change you have noticed as a result of CCDM?

CCDM is the culmination of a journey we started some 10 years ago when we made a commitment that this DHB would build its future from a cultural perspective rather than a more traditional command and control one.

Partnerships with staff and their representatives lie at the core of this cultural shift as did inviting staff to participate in initiatives rather than imposing them top down - Releasing Time to Care being one in particular where this approach was used. CCDM requires commitment from both sides - from the DHB to respond to the nursing resource requirements the system tells us are required for safe care, and for the staff and unions to be flexible in their work and in particular, work location.

Overall feedback tells us that our patients have a better experience of care since CCDM was introduced. This is reflected in the many stories we hear of the benefits of nurses feeling able and willing to go the extra mile and in many cases, to contribute that discretionary effort that makes all the difference.

What difference has it made to your individual job?

Not having to respond day after day to complaints about the care people had received in our hospitals as a result of understaffing or over-worked nurses.

Time is now available to take the DHB to the next step in that on-going journey to excellence.

What has been the most challenging aspect of implementing the programme?

Persuading the nurses that the DHB was genuinely committed to the programme for the long term and would not fall back into the old style of working should financial times get tough. Then persuading the central agencies and the DHB’s own leadership that this programme is an investment with real benefits and not just a cost.”

By Chief Financial Officer, Letham White.

Releasing Time to Care

During Phil’s time at the BOPDHB he actively supported initiatives aiming to improve the care that can be delivered to Bay of Plenty residents. One of these has been the successful Productive Series Programme - Releasing Time to Care, with our DHB being one of the first to embrace it.

Starting in September 2008 the aim was to free up time so health care staff could focus on direct patient care, improving the safety, reliability and efficiency of the care delivered to the patient. Support and leadership from Phil and his executive team has sustained this programme over the past eight years and has supported the vision to now integrate with other quality initiatives including Care Capacity Demand Management, HQSC safety markers and our membership with the Institute of Healthcare Improvement Open School.

When Releasing Time to Care was first introduced here, the average time each nurse spent on direct care was 32 per cent per shift or 2.5 hours, shared across four or five patients. As the programme has been extended, the improvement in direct care time has been sustained, reaching 44 per cent for the three months to the end of September 2015.

That improvement in time with patients translates to an additional hour for every nurse per shift. This means approximately 3,500 hours per ward of direct care to patients. With 12 wards involved, that means 42,000 more hours spent focused directly on the needs of patients.

This is a story that shows one example of how Phil with his focus on excellence has cultivated an environment which is able to sustain quality improvement as a way of working.

By Service Improvement Programme Manager, Fiona Burns.
Standing between Peter Gilling and Phil are librarians Carol Charters, Lynley Whistaker and Raewyn Adams.

Phil and long serving staff member Rona Stanley 2008.

Phil with his award for Fundamental Improvement 2014.

Mary Hackett with Kate Black and Phil at the Staff Recognition awards 2008.

Mary Hackett with Dale McNaughton and Phil 2008.

Senior Medical Officers meeting 2008.

Phil with some Bay of Plenty Nurse Practitioners.

Phil with Radiologist Dr Amanda Ragg admiring new digital imaging.

Phil with doctors at Christmas lunch on the Roof Garden.
The Triumvirate

When Phil first arrived he reorganised the DHB leadership and decision making processes. Each department was led by a medical leader, nurse leader and business leader, with each party having equal status and a requirement to work as a team. In my view this has been successful, but has depended on how well each of us has learnt to work together.

From a doctor’s perspective; if some of us regard this change to have been less successful, this is because we haven’t taken advantage of the opportunities it has given us. Phil often quoted the following back to me. When he first arrived I had complained: “If I wanted a $60 printer cartridge my manager has to sign it off, but I could go into a hospital ward and order $1,000 of medication and no one would question it”. At that time, no one questioned clinical decisions but frustratingly, relatively minor non-clinical decisions were critiqued unnecessarily. Since Phil’s arrival these minor but frustrating irritations have disappeared.

Many of us often find it easier to criticise than contribute and that is the challenge we face going forward. In his time leading the DHB, Phil has created the opportunity for medical staff to improve services for their patients and increase their professional satisfaction. He has created a climate that allows knowledgeable clinicians to do what they do best; develop smart ideas and innovations. The opportunities are there to make a positive difference if we take up this challenge.

By Medical Director, Hugh Lees.

Shared Accountability

I think the single biggest impact Phil has made during his time here was implementing the clinical governance model. Clinicians and managers now have shared accountability and more clinical input into decision making. I have to say I was a bit sceptical and it took a long time to properly embed this model but now, I wouldn’t like to see it any other way. Those clinicians do have a lot of valuable input and it turns out they are human too and of course very smart.

When Phil arrived in 2006 our hospital facilities at both sites were pretty run down and posed a high earthquake risk. Most of that is now sorted and the rest is planned for. Our population now accesses a lot more healthcare services closer to home instead of over the hill and I know the battles to make that happen hasn’t always been easy, so well done.

Phil is pretty sharp and I have enjoyed any reflective questioning that has come back down the chain because it shows a good understanding of the issues and a sharp analytical mind.

Phil is also particularly is well-honed skills in spelling and grammar so this sentence will be annoying.

Happy Sailing !!!!!!!!!!

By Decision Support Manager, Trevor Richardson.
Unveiling of plaque at the Tauranga Hospital Centenary celebration 2014.

Board at Whakatāne in Hand Hygiene t-shirts.

Countdown Kids cheque presentation 2010.


Signing up to the Health, Quality and Safety Commission’s National Patient Safety Campaign.

Signing a MOU with Wairariki Institute of Technology 2007.

Opening the new Child and Youth Outpatient Department 2013.
Nursing

Thank you Phil for your vision of the triumvirate clinical leadership model. This has been an enabler for nursing to be professionally and operationally accountable for the contribution nursing makes to patient care. We are fortunate in this DHB that nursing has equal value in designing, influencing and delivering services for patients. This leadership model is quite unique as there are few DHBs which have this structure. Therefore, because of your vision, nursing has a strong voice. When nursing speaks - we are listened to (most of the time!!).

Phil your support was instrumental in the partnership approach with NZNO which has flowed through into the Care Capacity Demand Management systems and processes, Releasing Time To Care, plus partnership models with other unions. Staff appreciated it when you attended our Joint Action Group meetings and influenced the positive culture of partnership.

Thank you Phil for your commitment to training and development. Nursing values education highly and you have always been an advocate of maintaining these services to staff and during tough times this has never been compromised.

Finally, during both Projects LEO and Waka, nursing staff were involved in clinical user groups and therefore had a direct input into the design of wards and departments. This approach allowed the people who would be using the buildings to directly influence the environment that they would be working in. Nurses played a big part in leading this work, so thank you for appreciating how important this was.

By Nurse Leader, Ros Jackson.

If there’s one thing I have really appreciated in Phil it’s been his consistency and stability. I think that both of these qualities are very important in a chief executive and Phil has demonstrated them throughout his time here. He makes decisions and sticks with them and I value that highly.

Director of Nursing, Julie Robinson.

Buddy Day 2013.

Phil and Tony Ryall 2009.

Phil at the launch of the Pacific Advisory Group on 19 February 2009.

Pete Hodgson and Phil 2007.

Sally, Phil and Simon Bridges 2011.
Go Team campaign.

Hand Hygiene campaign.

Staff Revue 2010.

Phil, Graham Dyer and Mary Hackett at the Christmas lunch 2008.

Tauranga Christmas lunch 2008.

Phil Cammish, Tony Ryall and others 2009.

Admiring the view, Whakatane 2011.

Signing a MOU with Te Whare Wānanga O Awanuiārangi 2008.

Sharing insights with Cardiologist Dr Jonathan Tisch.
Healthy Living

Phil, right from when he started at the BOPDHB, supported the introduction of a Healthy Living (Wellness Programme) for employees. In a conversation with me during his first few months at the BOPDHB he asked that this be considered. As he stated it aligns with the BOPDHB mission of Healthy Thriving Communities and he felt that we should be leading by example and that the BOPDHB was in fact a community within the Bay of Plenty.

Phil also supported a cross-sectional study of employees to establish their health status and what, if any, were the main health issues facing the average employee in the healthcare industry. The initial Health Check of staff showed that their health status was nearly identical to the general population. Based on the results from this study, best practice and with Phil’s support, now was the time for creating a wellness programme. A Healthy Living team was set up with the aim of developing and implementing a comprehensive Healthy Living programme for BOPDHB employees.

The programme gave a framework and increased focus on the provision of fitness facilities for staff under the SWEAT (Staff Wellness Exercise and Training) banner. SWEAT originally began as an addition to the Tauranga Hospital staff social club (Band Aid) in 2003. The Nurses Recreation Hall was fitted out with equipment purchased through fundraising and operated on an effective but limited basis over the next few years. Under the Healthy Living framework, a new model was introduced that saw Tauranga’s facility refurbished and fitted out as a state of the art gym. Again with Phil’s support this has since been replicated at the Whakatāne campus and together nearly 1,000 staff and contractors benefit from using the facilities.

The Healthy Living Programme added additional support for the onsite gyms and we now have around 10 different programmes aimed at keeping our staff healthy. During all the years Phil has been CEO he has consistently supported and encouraged the implementation of these programmes and ensured that they were adequately resourced.

By Employee Health and Safety Manager, Ted Harper.

Integrated Healthcare

Around 2013, integrated healthcare was a concept being promoted internationally as a way to address long term health sector challenges most Western nations, including New Zealand, are facing.

‘System integration’ was introduced as a Ministerial priority yet we had little direction or understanding of what was expected and what it meant to us here in the Bay of Plenty. We had dabbled with initiatives that sought to work better with primary care such as development of clinical pathways through Bay Navigator but many of our attempts were relatively ad hoc. Phil was very supportive of developing a more strategic approach to integrated healthcare in the Bay of Plenty collaboratively with the three Primary Healthcare Organisations (PHOs) and community stakeholders.

This eventually led to the development of our BOP Integrated Healthcare Strategy 2020 and its subsequent adoption by the Board and the PHOs and support for the implementation programme we are on today. Phil has been a strong champion of the approach. More recently he has been advocating for us to work more with other agencies, for example to improve housing and address social care issues that are not our traditional business but that have a big impact on people’s health. At times we have had to have some tough conversations about what we can and can’t do but he always reminds us about our values and that patients, family and whānau should be at the centre of all our decisions.

Phil has created a culture where everyone has permission to lead. He is very supportive of people who are willing to make improvements no matter who you are or what your position is. I think this is one of the most valuable things he will leave with us. I always enjoyed a chance to talk with him because he would always share something very insightful and bring a broader perspective.

By Programme Manager, Integrated Healthcare, Sarah Davey.
BOPDHB has been transformed over the last 10 years under Phil’s leadership. We have: excellent facilities; a commitment to professional education and development which is unique amongst DHBs; a commitment to delivering the services which truly matter to our patients, their families and our broader communities; and our CARE values which underpin everything we do.

Thousands of DHB staff, and most importantly our communities, have benefited from Phil’s leadership of the DHB.

On a personal level, I feel very fortunate to have been part of the team under Phil’s direct leadership for the past 10 years, in three very different roles. Phil has provided sage guidance, and most importantly great support, to ensure that his team was empowered to make positive changes for our community. He has been a wonderful mentor. I wish him and Aileen all the very best on their next adventure.

By General Manager Innovation and Special Projects/CEO Designate, Helen Mason.
Thank you