




NSW Medical Staff Executive Council


MEETING WITH NSW HEALTH MINISTER, THE
HON BRAD HAZZARD MONDAY 21ST AUGUST 2017

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- The following presentation was used to guide discussion and was provided in hard copy to the Minister and NSW Health Secretary, on behalf of NSW MSEC
 - Not all material was covered or discussed in detail at the meeting on 21st August
 - Material referring to public LHD websites or published surveys represents a summary, prepared in good faith from material easily found on the relevant websites. The full publications are available at the LHD or quoted websites.



What is NSW MSEC?

- Peer selected Chairs of all NSW Medical Staff Councils and MSECs
- Represents/advocates for all doctors employed at NSW Public Hospitals
- Not an industrial body
- Working towards creating a better NSW public hospital system



Clinician Engagement and Leadership essential in Optimal performance of NSW Hospitals

- Clinicians key in achieving best practice medical care
- Clinicians key in achieving cost effective models of care
 - Medical decisions are the most important drivers of cost



NSW MSEC Survey of MSC Chairs

Key points – Themes Identified

- Major variability across NSW LHDs

- Key Areas of concern;
 1. Engagement and Representation
 2. Quality of Engagement
 3. Application of CORE values by Management/ Executive Staff
 4. Handling of MSC/staff concerns by Executive Staff and LHD Board – Governance Systems

NSW MSEC Survey of MSC Chairs

Key points

- Large variation in appointment of Senior Medical Officer to Executive Leadership position.
- Executive Clinical Director as effective?
 - – only 1/3 yes
 - 40% neutral
- General disillusionment – Many MSC and MSEC Chairs not routinely invited to LHD Board meetings
- Not routinely meeting with CE

NSW MSEC Survey of MSC Chairs

Key points

- Engagement with LHD Boards
 - 50% poor to very poor
 - 35% average
 - 17% Good
- Application of CORE values by hospital and LHD management
 - Poor 50%
 - 1/3 neutral
- Concerns raised: ignored/dismissed by hospital and district management

Other Public Surveys – All show serious problems with “Engagement” and staff satisfaction

- Staff are the most valuable asset of an organisation
- NSW Health has >135,000 employees. Workplace culture has widespread impacts
- Surveys show a concerning picture at many hospitals across NSW
 1. AMA/ASMOF Senior Hospital doctor engagement survey 2016
 2. People Matter survey 2016 - all NSW Public sector employees
 3. Doctors in Training AMA ASMOF Survey 2017
- Some LHDs performing worse than others (**Western NSW, Northern NSW, St Vincents and Sydney Children’s Hospital Network (SCHN)** – lowest scores in AMA/ASMOF Senior Staff Survey on multiple domains)
- Some LHDs performing significantly better than others – Sydney LHD

AMA ASMOF Senior Hospital Doctor Engagement Survey 2016

Survey Question	Worst negative scores	Best 2 LHDs' positive Scores
Strong Medical Leadership and participation in decision making	>60% <u>disagree</u> ; Central Coast 61%, Northern NSW 68%, St Vincents 65%, SCHN 60%, Western NSW 73%	Sydney LHD 44% <u>agree</u> Western Sydney 35%
CE and Senior Management can be trusted	>60% <u>disagree</u> ; Northern NSW 74% St Vincents 61% SCHN 62% Western NSW 71%	Sydney LHD 33% <u>agree</u> Next best score only 24%
Opportunities exist to discuss issues with CE/Senior Management honestly and openly	>60% <u>disagree</u> : Nepean 61%, Northern NSW 71%, Northern Sydney 64%, SW Sydney 62%, St Vincents 70%, Western NSW 68%	Murrumbidgee 44% <u>agree</u> Sydney LHD 34%
Staff feel valued by LHD management	ALL negative \geq50% <u>disagree</u> : Central coast 84%, Western NSW 79%, St Vincents 78%, SCHN 78%, Northern NSW 74%	Illawarra 50% <u>agree</u> Sydney LHD 42%
Culture and engagement has improved over last 12 months	>60% <u>disagree</u> : St Vincents 62%, SCHN 70%, Western NSW 65%	Western Sydney 29% <u>agree</u>
Share common purpose with Management on planning and delivering services	>60% <u>disagree</u> : Northern NSW 68%, St Vincents 66%, SCHN 62%, Western NSW 70%	Murrumbidgee 36% <u>agree</u> Sydney 35%
Ministry of Health value my skills and effort at work	ALL negative >70% <u>disagree</u> (up to 90%):	



People Matter Survey 2016

Room for improvement across the whole Health sector

- Health Sector results:
- Only 37% feel that senior managers listen to employees
- Only 42% feel that senior managers keep employees informed about what's going on
- Only 43% believed recruitment is handled fairly

AMA ASMOF Doctor in Training 2017

- Cause for concern across NSW
 - Only 5 Hospitals/networks (out of 27) scored a B average across all 5 domains
 - All the rest average score C
 - Many scored C or D across 4 out of 5 domains
 - Worst domains = Rostering and overtime, Wellbeing
 - 9 hospitals/networks scored D for wellbeing
 - 10 scored D for rostering

Improvements suggested by NSW MSEC

1. Uniform Engagement and representation

- Uniform clinician engagement with boards compliant with legislation and NSW Health By-Laws
 - Peer Selected clinicians included in all Board Membership
 - Routine Invitation of MSC and MSEC chairs to all Board Meetings
- Reconsider Role and Effectiveness of Executive Clinical Directors
 - Only 30% effective currently
 - Role does not replace MSC/ MSEC Chairs which are peer selected, democratic, universal representation
 - What is needed? What is the best model? – reporting structures, job description
- Uniform engagement of CE/ Senior Executive and Hospital Management staff with MSC/ MSEC Chairs

Improvements suggested by NSW MSEC

2. Uniform Quality of Engagement

- **Openly reported engagement** KPIs for LHD Executive staff and LHD Boards
 - Quantitative (Meeting occurred)
 - Qualitative (Effectiveness of meetings) – respectful meetings with 2 way dialogue. Documentation and follow up
- Action for LHDs/ Managers not meeting Engagement KPIs

Improvements suggested by NSW MSEC

3. Uniform Application of CORE values by Executive staff

- **Openly reported performance** KPIs for LHD Executive staff and LHD Boards
 - Collaboration – engaging and working with stakeholders
 - Openness – including uniform transparent reporting of minutes on websites
 - Respect
 - Empowerment
- Action for LHDs/ Managers not living CORE values or failing to follow mandated NSW health policy directives

Improvements suggested by NSW MSEC

4. Better ways to address staff/MSA concerns

- Transparent, publically reported models for addressing concerns raised by staff/MSAs and tracking progress towards resolution (eg traffic light model)
- Transparent reporting promotes accountability at every level
- Publish LHD board minutes on website
- System for NSW MSEC to raise concerns to the NSW Health Secretary
- Create a Health Ombudsman/ oversight for LHD Boards
 - reporting directly to the Minister
 - independent of the LHDs and NSW Health
 - examine staff concerns not addressed within an LHD
 - Power to oversee implementation of recommendations

Improvements suggested by NSW MSEC

5. Uniform LHD Board Resources and Reporting

- Wide variation in LHD Boards expertise and Openness of reporting is evident from public access websites.
- In some cases, quality and openness of material correlates with performance of these LHDs on public surveys

LHD Board Variability from information available on Public Websites

Information as readily found on the public website. Information unclear marked with ?

LHD-Metro	Board Members	Board Clinicians	Regular Clinician invitees (as per By Laws)	Web- Full Minutes ?	Comments
Central Coast	12	6?	don't know	no	Board members named but no backgrounds
Illawarra Shoalhaven	13	6 (3 doctors)	? Probably not. No MSEC invitee	yes	Good minutes. No clinician invitees recorded for last 4 meetings
Nepean Blue Mts	12	5	yes, many. ?MSEC rep	yes	Comprehensive material on website. Separate Board Homepage
Northern Sydney	12	5 (1 doctor)	yes, including MSEC chair	Yes	Detailed material. CVs - extensive combined corporate experience
SE Sydney	12	5 (4 doctors)	yes, including MSEC chair	yes	Minutes brief, but key points and decisions noted
SW Sydney	13	7 (5 doctors)	yes, including MSEC chair	yes	Good web material. Detailed minutes. CVs:Experienced members
Sydney	12	8 (3 doctors)	yes, including MSEC chair	yes	Very detailed, including separate Board section on Home page
Western Sydney	13	7 (5? doctors)	yes, MSEC rep not identified	yes	Comprehensive material on website. Separate Board Homepage

LHD- Rural/ Regional

Far West	6- was 9	? 0 doctors	? don't know. Invitees 2016 all Admin	yes	Board seems to be in transition at the moment.
Hunter New England	11	5 or 6 (4? doctors)	? possibly, MSEC rep not identified	yes	minutes brief, but key points and decisions noted
Mid North Coast	12	possibly 5	? probably, MSEC rep not identified	yes	Detailed minutes. Board members named but no backgrounds
Murrumbidgee	12	? 2 at least	? probably not. Invitees all Admin	yes	Board members named - no backgrounds
Northern NSW	12	? Possibly 6	No MSEC/MSC invitees identified	yes	Detailed minutes. Board members named - no backgrounds
Southern NSW	10	2 doctors	? probably not. Invitees all Admin	yes	minutes brief, but some points and decisions noted
Western NSW	10	4 (2 retired) 1 active doctor	No. No MSEC	No.	Minutes- one page list of headings. No detail of deliberations or decisions

Network Boards

Network	No. on Board	clinicians	Clinician Invitees	Minutes on Website	Comments
Sydney Childrens Hospitals Network	12	5	Can't tell	No (not found)	Highly experienced members. Some web material out of date eg people matter survey 2012
St Vincents	10	3	Can't tell	Can't find any	Only seem to list board members. No other material found on website.

Improvements suggested by NSW MSEC

5. Uniform LHD Board Resources and Reporting

- Uniform systems of Board governance and Executive oversight
- Separate secretariat for CE and LHD boards to avoid CE control of board access, agenda and reporting
- Provide all Board membership with uniform **levels of expertise** sufficient to run a multi-million dollar business; – financial, corporate, senior health management, clinical, legal and HR management



NSW MSEC – Future Meetings

- Keen to work with NSW Health Secretary and Minister to achieve improvements
- Regular quarterly meetings would be helpful, after NSW MSEC meetings
- Next NSW MSEC Meeting 14th September
- Further Meeting with Health Minister and Health Secretary – TBA October/November