



Health

Mr Greg Piper MP
Chair, Public Accounts Committee
Parliament of New South Wales
Macquarie Street
SYDNEY NSW 2000

Our ref H22/45488

Dear Mr Piper

NSW Health Response to Supplementary Questions from the Committee following PAC Hearing held on 6 June 2022 on the Auditor-General's performance audit - Managing the Health, Safety and Wellbeing of Nurses and Junior Medical Officers.

I am writing in response to the Public Accounts Committee's request for further information regarding the performance audit report *Managing the Health, Safety and Wellbeing of Nurses and Junior Medical Officers*.

Please find attached NSW Health's response to the Supplementary Questions from the Committee.

If you require any further clarifications, please contact [REDACTED] via email to [REDACTED] or on [REDACTED]

Yours sincerely

[REDACTED]
Susan Pearce
Secretary, NSW Health

Public Accounts Committee - NSW Health responses to supplementary questions.

Recommendation 2: By December 2021, NSW Health should expand the categories of hospital incident data reported to Ministry executives in the Work Health and Safety Dashboard reports, including by linking injury data to incident types by hospital ward category, and monitor in conjunction with Local Health Districts for emerging trends and improvement over time.

Question 1

The Committee notes, that the Clinical Excellence Commission (CEC), indicated it will review and report on the information received from eHealth, following from the Ministry review of IMS+ in May 2022.

Will future WHS reports prepared by the Ministry, include incident data at levels of detail that can assist LHDs and managers to identify areas of heightened risk, such as severity by ward and hospital, the severity of outcomes to health staff, or the intent of the responsible person?

Response

The Ministry of Health Work Health and Safety Dashboard, provided to Ministry officers, will include injury data based on incident mechanisms and worker principal incident types across NSW Health.

Statewide incident and injury data has been provided across agencies to risk management and WHS forums for use to benchmark and complete trend analysis.

Specific incident information regarding wards and severity is available within Local Health Districts (LHDs), where action plans can be developed to address identified risk and trends.

It is not clear what 'intent of the responsible person' means and this is not collected in the incident management system as workers are not expected to know this information, nor is it useful in determining strategies to address risk.

Post implementation evaluation of IMS+ by eHealth, was paused as a result of COVID-19 activity. However, this will be commencing again in 2022/2023FY.

IMS+ data from eHealth is regularly reviewed by CEC as part of the benefits realisation process. Governance arrangements between CEC and the Ministry's Workplace Relations Branch regarding access to IMS+ data have been established.

Recommendation 3: By December 2021, NSW Health should ensure that nurses and junior doctors have regular opportunities to report on risks to their psychological health and wellbeing, and that system managers have access to aggregate data to guide responses to mitigate these risks.

Question 2

The Medical Board of Australia's annual Medical Training Survey produces reports that aggregate health and wellbeing data statewide, not at a LHD level. How will the Ministry source information about psychological health and wellbeing of junior doctors at the LHD level, to facilitate system managers to compare and identify levels of psychological WHS risks?

Response

The interactive Medical Training Survey dashboard allows results to be filtered by different categories including hospital level. NSW hospitals are able to download Medical Training Survey results for their hospital at:

<https://medicaltrainingsurvey.gov.au/Results/Create-your-own-report>. Note reports are only available where there are 10 or more responders.

Question 3

The 2021 PMES Survey for Health provides aggregated data but does not break this down by role to provide feedback from nurses specifically. It also lacks information about their specific WHS issues e.g. workplace fatigue, burnout, staff to patient ratios, levels of workplace violence, equipment safety, or the safety of hospital infrastructure.

- a) The Ministry indicated that it has received feedback from nurses on their health and wellbeing. Where did the Ministry source this feedback from nurses specifically?
- b) Where is that feedback reported on and does it include information about the additional and specific risks that the PMES Survey does not capture?

Response

- a) The Ministry of Health has engaged all health agencies through an established workforce wellbeing collaborative forum to gain insight into areas of focus and issues impacting employee wellbeing. This is outlined in more detail in the response to Question 4.
- b) This is outlined in more detail in the response to Question 4.

Question 4

The Committee notes the Ministry will be investing in scaling out successful wellbeing initiatives that have been implemented at an LHD level.

- a) Can you detail what nurse wellbeing initiatives are planned for scaling up across NSW?
- b) How did the Ministry source information about LHD initiatives to determine what programs should be scaled up and how are the learnings from these initiatives shared across Health agencies and LHDs?

Response

In April 2021 during Patient Experience week, NSW Health launched Elevating the Human Experience - Our Guide to Action. The Guide is NSW Health's first statewide plan that focuses on transforming the experiences of our staff and consumers. This plan recognises the inextricable link between the positive experiences of our staff and the experiences of our patients, families and carers.

NSW Health has been building and nurturing a culture of kindness and compassion over many years. The Small Acts of Kindness video premiered in 2013 and features in mandatory onboarding training for all NSW Health staff. In 2019 NSW Health launched "Kindness Works Here" as part of the Gathering of Kindness (GOK). The annual Gathering focuses on workforce connection and sharing in a conversation about kindness and compassion in healthcare, recognising and celebrating our workforce and identifying opportunities to continue to strengthen our kindness muscle.

In 2021, a curated series of COVID safe events were offered to all NSW Health staff and consumers. Webinars were held with global experts, along with panel discussions with doctors-in-training and medical students about difficulties faced and opportunities for change. Seed funding was also provided to Health Agencies to host local Gatherings. Recordings of the webinars are available to all NSW Health staff. Also in 2021 over 2,000 staff participated in Compassion Labs and scholarships were offered to clinicians to attend the Compassion Revolution.

In collaboration with Victoria, South Australia and Queensland NSW Health has created Pandemic Kindness <https://aci.health.nsw.gov.au/covid-19/kindness>. The Pandemic Kindness Movement was created by clinicians across Australia, working together to support all health workers during the COVID-19 pandemic. We have curated respected, evidence-informed resources and links to valuable services to support the wellbeing of the health workforce.

The 2022 Gathering of Kindness is currently being co-designed and will be delivered between 7-11 November.

The Workforce Planning and Talent Development (WPTD) branch at the Ministry of Health has established a Workforce Wellbeing Collaborative, which includes nominated representatives from across all NSW Health agencies. This group has acted as a key reference group to gather insights on what is currently occurring across the system to support workforce wellbeing.

The Workforce Wellbeing Collaborative have participated in a series of meetings, provided information via an online survey and participated in focus groups to outline initiatives that are being implemented to support workforce wellbeing. Examples of initiatives include but are not limited to Schwartz Rounds which provide a structured forum where all staff, clinical and non-clinical come together regularly to discuss the emotional and social aspects of working in healthcare (outlined in Question 5).

In addition, Chief Executives of Local Health Districts presented all their wellbeing initiatives at the May performance meetings which demonstrated that health agencies already have a significant amount of wellbeing strategies and programs in place.

The Ministry of Health are currently evaluating wellbeing initiatives that are being implemented by health agencies to identify opportunities to scale programs across NSW for all staff.

The information collected to date is being consolidated into a report and recommendations for how we might enhance and sustain workforce wellbeing, now and into the future. This will be finalised in September/October 2022 and will include recommendations and next steps.

In May 2022 NSW Treasury made initial funding available to support wellbeing approaches for NSW health agencies and employees. Health agencies received funding to support local initiatives and will be reporting on progress to the Ministry over the next quarter. This information will also support ongoing requirements including any statewide initiatives that may be identified.

Recommendation 4: By December 2021, NSW Health should develop and implement an evidence-based guiding framework and strategy to support hospital staff in the aftermath of traumatic or unexpected workplace incidents and monitor implementation.

Question 5

The CEC's policies and resources appear to focus on incident management for patients and the public, rather than therapeutic support for health staff. What resources or support is currently available to health staff, which focuses on assisting them with managing the aftermath of a traumatic or unexpected WHS incident?

Response

The role of the CEC is to lead, support and promote improved safety and quality in clinical care across the NSW health system.

This is primarily through:

- Setting standards for safety, monitoring clinical safety and quality processes
- Improving performance of individuals, teams and systems in prioritising safety

Resources and support for health staff following a traumatic or unexpected WHS incident are available through:

- Employee Assistance Program (EAP)
- Schwartz Rounds
- Return to work coordination

Where the incident resulted in injury, return to work coordinators are available in all LHDs to support and activity manage the injured worker's return to work. This would include all support necessary to achieve this outcome, including psychological support.

Protecting People and Property (the NSW Health security manual) includes detailed standards on support to be provided to staff following aggressive or violent incidents. These standards are supported with other resources for managers setting out their role in supporting staff, and for staff on what support is available following an incident.

The CEC has recently commenced a supervision/reflective practice program for patient safety teams. This work has commenced as a result of funding from the Ministry of Health (MoH) Workforce Wellbeing Collaborative. Funding will be used to develop a tailored supervision program for patient safety teams to address the impact of exposure to significant traumatic content related to patient safety incidents and adverse patient outcomes. The project will produce resources suitable for clinical governance and patient safety teams and will be available for use by teams across NSW.

These will include supervision program guidelines, tools and templates, capability building sessions and coaching support to embed group supervision practice on the job.

Recommendation 5: By December 2021, NSW Health should, at regular intervals, publicly report aggregate Root Cause Analysis data detailing the hospital system factors that contribute to clinical incidents.

Question 6

The Committee notes that the CEC's Incident Management Policy now undertakes and publicly reports on 'Serious Adverse Event Reviews', and that the trigger for SAERs is related to an incident's harm score.

- a) The Committee understands that harm scores are measured across 4 grades based on outcome, being: grade 1 for an unexpected death related to care, grade 2 for major harm, grade 3 for minor harm and grade 4 for a 'near miss'. Are these harm scores measured against the outcome for just patients or does it include the outcome for health staff?
- b) Has the SAER data highlighted any hospital system factors that contribute to clinical incidents and identified improvements to WHS practices to address these factors?

Response

The NSW Health incident management system is for the notification of clinical and corporate incidents, including near misses.

With regard to 6a, the Harm Scores are based on the outcome for the patient, staff or service and the additional care or resources needed (depending on the incident type that has been selected as part of incident notification).

With regard to 6b, SAER data is protected under statutory privilege in line with NSW Health's [Incident Management Policy](#). Summary level data is published bi-annually on the CECs website.

The Clinical Risk Action Group (CRAG) serious incident review sub committees regularly publish lessons for learning based on SAER data. Recent publications include workforce issues such as aggression management.