Select Committee on Birth Trauma

Hearing – 4/09/2023

Questions on Notice

QUESTION 1 – Page 67-68

Dr AMANDA COHN: Perhaps a supplementary as we move to NSW Health? In the process of this inquiry, I've become aware of a base hospital where obstetrics registrars are working one in two on call—so literally every second night on call. I don't think any of us would expect that someone could provide their best quality care with that kind of roster. This is the type of thing I'm concerned about, and I would like to know what NSW Health is doing to address those kinds of unsafe rosters.

DEB WILLCOX: If there's any specific examples that you would like to bring forward, we're happy to take those and look into it. I'm not in a position to talk to industrial matters or specific workforce as it relates to the award and conditions for junior medical officers, so I'd have to take part of your question on notice. In general terms, though, I would say the issues around staff wellbeing have really been front and centre for some time, but no more so than during or following COVID. It would be fair to say almost every local health district would have a JMO wellbeing committee. In many cases they're a subcommittee of the board, or board members of the local health districts participate in that. That is specifically designed for JMOs across the local health district to come and raise their particular issues and talk through the things that are concerning them, enabling the district to respond.

ANSWER

It is not common practice for Junior Medical Officers (JMO) to participate in an on-call roster that is more frequent than 1:3. However, some flexibility is needed for smaller hospitals, particularly in rural areas where there is only one obstetrics trainee who is required to be on-call over the weekend due to the nature of obstetric care. Where there are staffing shortages, it is acknowledged that a 1:2 roster may be temporarily in place. Casual and locum staff may be sought where there are staffing shortages.

Where a 1:2 roster is used in smaller hospitals, there should be easy access to consultant support, the ability to be onsite and sleep when not required, and onsite overnight rooms available for JMOs. Obstetrics trainees are allocated to rural locations for limited periods of time and would not normally have a 1:2 roster for more than 6 months. Hospitals are to adhere to the Medical Officers NSW (State) Award, the Employment Arrangements for Medical Officers in the NSW Public Health Service and the Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG) accreditation standards around appropriate hours. Hospitals can also use the Fatigue Management in NSW Health Workplaces Guideline and refer to the RANZCOG guideline Appropriate Working Hours for a FRANZCOG trainee.

Local health districts and specialty networks are required to monitor hours worked by JMOs via a dashboard. The dashboard shows total hours worked, rostered and unrostered overtime and on-call. Interventions such as roster reviews and use of locum medical officers should be a result of monitoring.

The wellbeing of all JMOs is a serious concern for NSW Health. The Ministry has been working with JMOs over a period of years towards improving work practices and culture to better support JMOs. NSW Health has implemented several strategies to improve wellbeing for the junior medical workforce including:

- improvements in systems and processes to reduce barriers to JMOs claiming unrostered overtime
- implementation of safe working standards for JMOs across NSW to assist in fatigue management (for example, a cap on rostered shift lengths and a requirement for a minimum break period between shifts)

- developing training in rostering best practice which will be piloted in 2023 to support NSW Health organisations in creating safe and effective rosters for staff
- expanding on previous initiatives around JMO wellbeing and introducing further standards around rostering practices.

QUESTION 2 – Page 68

DEB WILLCOX:

…

Connected to what Michael was talking about with reflective practice, one of the things that staff have been very engaged with—and there's about 20 hospitals, I think, now, across the State, with more to come out this year—is around the Schwartz Rounds, which are an evidence-based debriefing structure for all staff. Not just medical, not just clinical, but all staff are involved to enable them to talk about their experience. It might be that a particular day was pretty difficult or a particular person. It's a very structured debriefing mechanism which allows them to reflect on that and to talk through their stressors. With that, information comes from those sessions that can go back into the hospital executive teams or line management to better support staff, so it's sort of a learning process as well as a decompression setting for staff involved in something difficult.

Dr AMANDA COHN: To follow up, are those sessions that you've just mentioned provided on protected time?

DEB WILLCOX: It's provided within the working day, is my understanding, but I can check if there is ability to provide that outside of the workday.

Dr AMANDA COHN: Thank you, I appreciate that being taken on notice—and my earlier question.

DEB WILLCOX: There may be some variability across districts and how it runs itself. I'll follow that up.

ANSWER

Schwartz Rounds are open to all staff working within a hospital. The sessions are conducted during the lunch hour or at shift handover time. Unit-based rounds are an alternative to whole of hospital rounds and can be scheduled at a time that best suits a unit, promoting access to the program.

QUESTION 3– Page 68

The Hon. MARK BANASIAK: We heard from the Nurses and Midwives' Association about the lack of knowledge of trauma-informed care—that they'd surveyed their members. I note that you published a framework in February this year which details the how, the where and the why. But it probably leaves out a crucial point, which is the when. So, you have strategic priorities listed there but no indication as to when you plan to achieve them or when you think you'll intend to achieve them. I am wondering, on notice, can you go back on those strategic priorities and give an indication as to when you may achieve some of them, particularly things around providing education to hospital staff or health staff around this? I think it's probably a crucial starting point. If you want people to deliver trauma-informed care, they should actually be educated on it. If you could provide some timelines as to when you plan to implement this framework, that would be helpful.

DEB WILLCOX: Certainly. I'd be very happy to take that on notice. I can tell you the work is underway, and there are already a number of training programs through our Education Centre Against Violence and through our prevention of violence, respect and neglect services as well. So, there is a lot of activity underway, and I'm happy to report back to the Committee.

ANSWER

Effective delivery of the Integrated Trauma-Informed Care Framework: My story, my health, my future (the Framework) requires systemic change for all NSW Health staff and systems. NSW Health is developing an implementation plan that is undergoing a statewide consultation process within NSW Health and key partner agencies. The implementation plan should be finalised by June 2024.

Several training modules on trauma-informed care are available to staff on the online My Health Learning platform. These include:

- Impact of trauma on patient engagement
- Trauma informed care
- Implementing trauma-informed care.

The NSW Health Education Centre Against Violence (ECAV) delivers statewide workforce training and development in the specialist areas of prevention and response to violence, abuse and neglect. Most courses offered by ECAV cover trauma-informed care.