



ASSOCIATION OF SALARIED MEDICAL SPECIALISTS

TOI MATA HAUORA

By email: info@hqsc.govt.nz

1 October 2015

Dr Janice Wilson
Chief Executive
Health Quality & Safety Commission
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Dear Janice

Response to Discussion Paper: A framework for quality improvement and patient safety capability and leadership building for the New Zealand health system

Thank you for the opportunity to give feedback on your draft discussion paper for developing a high level quality and safety improvement framework, including building leadership within the health system.

The Association of Salaried Medical Specialists welcomes the move to focus greater attention on quality and safety in the health system, particularly considering the risks created through continuing spending constraints.

The Association broadly supports the approach the Health Quality and Safety Commission (HQSC) is proposing for developing the framework. However, we feel it needs to recognise the critical issue of having adequate staffing levels to deliver the quality and safety improvements envisaged.

The paper acknowledges that a strategy to improve quality and safety 'needs to include addressing existing workforce needs' though this appears to relate to knowledge and skills development only. The serious failures in the Mid-Staffordshire National Health Services Foundation Trust are mentioned as an example of what can happen when quality and safety are not a high priority.

While, as the paper mentions, the National Advisory Group on the Safety of Patients (NAGSP) in England recommended a greater focus on education and training in response to the Mid-Staffordshire crisis, it also highlighted the importance of safe staffing:

Boards and leaders of provider organisations should take responsibility for ensuring that clinical areas are adequately staffed in ways that take account of varying levels of patient acuity and dependency, and that are in accord with scientific evidence about adequate staffing. – NAGSP, Recommendation 4.

The above recommendation echoes the finding of the first report of the public inquiry, chaired by Sir Robert Francis, that: 'A chronic shortage of staff, particularly nursing staff, was largely responsible for the substandard care.'

It is government policy to develop and support distributive clinical leadership, which involves the entire clinical team being actively engaged with the task of improving patient safety and outcomes.

The clinical leadership policy, however, has fallen well short of expectations, in part because of entrenched specialist workforce shortages.

In 2010 an academic survey of our members employed largely in public hospitals revealed that only 20% of respondents said they had sufficient time to be involved in distributive clinical leadership. There is no reason to believe the situation is any different today.

The extent of workload pressures on hospital specialists was well illustrated in a published survey of doctors at Capital & Coast District Health Board showing that over a 12-month period 82% of respondents (55% of whom were specialists) turned up to work when they were sick. The main reasons given for practising while ill were: 'Not wanting to burden co-workers' and 'Feeling of duty to patients'. A recent survey of Association members nationwide (yet to be published) indicates this issue of 'presenteeism' is widespread across the country's DHBs.

Until staffing levels are established that (a) enable safe delivery of care and (b) enable time for clinicians to improve quality, it is difficult to see how the HQSC's proposed quality and safety framework could be implemented effectively, despite all good intentions.

We strongly recommend, therefore that the proposed framework is extended to include a focus on the need for adequate clinical staffing levels.

A detailed examination of New Zealand's specialist workforce shortages in DHBs is available in the Association's publications *The public hospital specialist workforce: entrenched shortages or workforce investment?* (<http://www.asms.org.nz/wp-content/uploads/2014/07/The-Public-Hospital-Specialist-Workforce-web.pdf>) and *Taking the temperature of the public hospital specialist workforce* (<http://www.asms.org.nz/wp-content/uploads/2014/09/Taking-the-temperature-of-the-public-hospital-specialist-workforce-August-2014-FINAL.pdf>).

Thank you again for this opportunity to provide comment. We look forward to seeing how this project develops.

Yours sincerely



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