

MSA SURVEY OF DOCTORS AT THE RHH

Sixty four doctors responded to a survey initiated on the 25th of August 2017 to ascertain their experience of working at the RHH and how they are thinking about contemporary issues affecting the healthcare delivery at RHH.

Most of the responses came from consultants. Many responses and detailed comments were received from doctors who have worked at the RHH for over ten years. Some doctors have worked at the Royal for over 20 years.

I will let the data/responses speak for themselves but I would like an opportunity to speak to the enquiry committee.

Q1: Which statement best describes your experience working at the RHH?

Answer Choices –	Responses
– Highly satisfied - my job is well supported	6.25% 4
– Mostly satisfied	32.81% 21
– Neutral	17.19% 11
– Not really satisfied - my job is not well supported	32.81% 21
– Highly dissatisfied - my job is not supported at all	10.94% 7
TOTAL	64

Individual responses to Q1.

"My unit is amazing- excellent nurses and allied health staffing and morale despite poor management over the years from both the unit manager and the hospital and THS executive. I would not be satisfied if it weren't for the amazing professionals I get to work with".

"Not well supported by executive staff. Unrealistic demands and pressure applied to discharge unwell patients when the ED is full".

"I experience excellent support from my fellow clinicians and the multidisciplinary teams with whom I work. However, clinical and organisational leadership within my service is not informed, nor supportive, of my area of work. Leadership at this higher level fails to prioritise the needs of patients and families; does not support clinical governance; perpetuates a service culture of alienation; inhibits clinical innovation; and is unresponsive to even very severe service difficulties and critical events".

"I am not pervasively dissatisfied, but am highly dissatisfied with specific intractable problems".

"I enjoy my job and feel well-supported by the clinical staff I work alongside. Limited support provided by unit and none from THS executive. It would also be nice to be paid for all the hours I work".

"I really enjoy the opportunity to do the work I am doing. I am amazed at how receptive to feedback clinicians and non-clinicians mostly are. I frequently find frustration in finding ways to get approval to progress innovation because of lack of clarity about who has the jurisdiction to approve and champion change. Finances are one reason for lack of progress but this is by far not the main reason. The main reason is an inconsistent floating platform of leaders who have delegation to approve changes".

"There has been a major deterioration in the RHHs capacity to fulfil its role over the last 10 years. Increased demand has been obvious and too little done to prevent capacity constraints".

"I work in a good cohesive unit which reflects that I am mostly satisfied. I am unsatisfied with management. Management recently made a decision about patient care (and went against level 1 evidence) without clinical consultation and despite discussing it with management you were never going to change the decision. Patient centred care is only done when it suits them".

"My colleagues are fantastic. There is a constant battle with the bureaucracy for beds and resources just to do my job".

"Working at the 'shop front' of our organisation I feel completely disengaged with the hospital executive and department. I am expected to practise evidence based medicine but the department practises something else. There are always plans in place but they do not appear to be associated with clinical picture. I do not feel valued at all by the

organisation. It seems to me that executive positions are filled with people who spend 12-18 months in a position making changes that achieve little, cost a fortune and last a short time before moving on. They come with prejudicial ideas and lack of respect for how much is achieved with so little”.

“THS - both the structure and the individuals within it are the most dysfunctional management I have ever witnessed either here or interstate over a 20 year specialist career. They seem, both collectively and individually, absolutely incapable of grasping the issues we face and potential solutions. Even just RECOGNISING the problems (without trying to blame individuals), even if unable to fix them, would be a good start”.

“Management have not engaged effectively or in a respectful or thoughtful manner, have milked our resources to plug other gaps, demonstrating poor understanding of the importance of our area to public health and health expenditure and poor governance”.

“I’m mostly satisfied with my job as I have some freedom to work on problems specific to my unit and work with a supportive team who make the most of our relatively poorly resourced situation. This positive comment should not be taken to express support for the THS executive or the DHHS”.

“There is poor leadership and an inefficient system”.

“My unit is small. Hence when push comes to shove the needs of patients I serve are not seen as a priority. The RHH has too few beds, is underfunded, and has been so for many years. My patient’s needs are not seen as a priority. The high dependency surgical unit beds are in an area where there is no natural light. Patients find this very traumatic after a limited period”.

“The unit support is excellent. THS executive support is unhelpful and ineffectual at best, antagonistic, vindictive and dismissive at best, particularly since the move to a State-wide structure and gutting of local governance”.

“THS Executive support is non-existent. Very well supported by own department”.

“Unit support is excellent. THS executive support has been absent, misguided or malicious over the past 18 months. Recent changes to senior management at RHH have produced an improvement”.

“I am well supported within my unit by senior doctors. I feel there is a disconnect between admin/human resources/rostering staff and those working at ground level. There is a lot of dissatisfaction around junior doctors' dealings with said staff that has impacted their learning opportunities and experience in general at the Royal”.

“The departmental staff members are fantastic. Bed block stops me from doing my job well and compromises patient care”.

My role as a head of department is extremely poorly supported by THS executive.
 They dismiss serious clinical concerns and fail to advocate for appropriate resources.
 We have to work to achieve safe patient care despite the State-wide executive.

Q2: Which of the following statements reflects your experience of the value placed in your opinions/suggestions with respect to the problems encountered in your work?

Answer Choices –	Responses
–	–
Senior colleagues/managers/senior executives are easy to access for help when needed. They are always/nearly always responsive and respectful when I raise problems and value my feedback and opinions	9.38% 6
–	17.19%
Mostly as for A but there have been some exceptions	11
–	15.63%
Neutral	10
–	26.56%
Somewhat dissatisfied by the degree to which I am able to gain help from my seniors/managers/senior executives and with regards to the extent which they value my input	17
–	31.25%
Very dissatisfied with this aspect of working at the RHH	20
TOTAL	64

Individual responses to Q2



“The views of senior clinicians have been dismissed for years. The current bed challenges were entirely predictable”. ☐



“Unit support is excellent. THS executive like an absentee landlord who show no respect for their frontline troops, are aloof, uncontactable and at best don't seem to "get it" and at worst wilfully ignore. There are hints of improvement with some recent happenings. (Addition of Ms Gannon and Mr Quarmby) “

“Well supported by own department but not by higher level management”. ☐



“Admin. staff members are often difficult to reach and often provide little in the way of genuine solutions or suggestions to the problem at hand. For example, I was erroneously (and on very short notice) allocated a term different to the one I was told I was to work in. In response to this problem I received an apology over email with little else in the way of constructive suggestions as to how this will be resolved or avoided in the future”.

“Instead of creating action at a level 3 escalation they just create a level 4. Stop shifting the goal posts and implement change”.



“This dissatisfaction is in relation to support from THS Executive. Local support is good currently- since Susan Gannon and Jenny King started working at the RHH”.

“Medical support has been good at a unit level, however working with nursing management leaders to try and change issues in the service has been a nightmare and will not get better until those people leave / retire as they are not performance managed as managers”.



“Not pervasively dissatisfied, but very dissatisfied with a total failure of upper management to resolve specific problems”.

“All levels of MHS above clinical staff are awful. I have grave clinical concerns about a number of processes. If my emails are replied to (which is uncommon) the reply tends to be generic and "thanks for bringing this to our attention...”



Individual responses to Q2 (continued)

“My further comment is that whilst people are helpful and respectful and receptive they rarely have the delegation to act and find it hard to describe who currently has the delegation to act”.

☐

“The THS Exec. are not helpful. All help from business manager and finance manager. THS too remote. Has no idea as to unit function and patient journey. Only focussed on budget. Structure being introduced will not facilitate patient journey at all”.

“From an HR point of view it is quite opaque as to who one should talk. Managerial staff beyond immediate level ie: directors , in my opinion, are not readily accessible I have concerns regarding ability to maintain my service in the face of continual lack of resources fall on deaf ears of senior executives”.

“Comments relate to THS executive support. By contrast unit managers are accessible and supportive”.

“Requested meeting with CEO/CFO regarding state-wide matter; told meeting would be arranged but nothing transpired”.

“I am very happy with the support from unit director. I am very unhappy with the narcissistic, bullying high level executive management. This excludes recent acting roles at RHH who appear to be appreciative of a broken system. “

“My dissatisfaction is with the layer above the unit heads. Unit heads/directors do an excellent job and seem to be the only ones holding the system together at the moment”.

☐

“My Group manager is excellent. THS executive have been highly dysfunctional”

☐

“There have been many instances where insufficient junior doctors have been allocated, particularly in after-hours work. This has resulted in significantly increased workload to those working at these times potentially affecting patient safety, which should be the number one priority. From experience, the issues with staffing seem to have often come from rostering oversights and/or lack of awareness regarding what these after-hours jobs actually entail in terms of workload.

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☒

“The person in charge at the RHH needs executive level delegations at a THS level. Without this there is a power difference which makes advocating for the RHH impossible”.

Q3: Which of the following statements best reflects the way RHH/THS responds to service issues which impact on safety and quality of patient care?

Answer Choices –	Responses
–	–
I don't get the sense that patient safety and/or quality of patient care is regarded sufficiently highly when critical executive decisions are made.	45.90% 28
–	44.26%
Sometimes patient care and quality issues are not afforded the priority they deserve.	27
–	3.28%
I feel neutral about the way decisions and actions are taken about safety and quality of care.	2
–	6.56%
I feel that the RHH/THS mostly make decisions prioritising safety and quality of care.	4
–	0.00%
The RHH/THS prioritises safety and quality of care appropriately.	0
TOTAL	61



Individual responses to Q3

“Please look at the management of the DEM crisis at RHH, and bed block at all three THO hospitals for an example of management ignoring clinician warnings and feedback. wishes of clinicians working in the area and is likely to compromise care of children and adolescents with mental health issues”.

☐

“At morbidity and mortality meetings bed pressure is almost always implicated in the way things transpired.”

“I get no feedback when I put in an SRLS or similar, so don't even know if anyone reads them”.

“Any culture of patient care is eroded by a more forceful culture of throughput and budget-mindedness.”

☐

“This seems to be because of lack of capacity due to funding or staff resources or IT resources to support the improvements in safety identified. So there seems to be an acceptance that the service is under resourced and therefore inevitably bad things happened. Morale is clearly low when people relate these situations”.

“There is no support for system change. Individual units need to sit down together and sort out issues and if there is not agreement THS does not have a structure in place that helps move things forward. THS doesn't seem to review and act on audit data when issues are identified which are often system issues which cross departments so are hard for an individual to fix without THS support”.

☐

“There are a lot of safety & quality measures that have been applied to the THS. Most are box ticking exercises that have been used in other hospitals with vastly different structures. The work that I have done on some committees has been delayed dramatically because of structural issues in the face of predictable harm to patients. Incident reporting, even in clusters about the same issue, do not seem to necessarily result in important changes in operational procedure”.

“I have shared highly sensitive and important information on inappropriate and high risk clinical practices with the most senior officer involved in quality and safety and witnessed zero action, even after I prompted that individual to call me to discuss. I am more than unimpressed by this poor performance”.

☐

“The implications of insufficient RHH bed numbers have been swept under the carpet to the detriment of patients and staff safety”

☐

“Poor THS support. Access block... ED overcrowding... need I say more?!
As above, plus lack of insight and willingness by THS executive and far too many decisions made based on politics rather than evidence”.

☐

“Lack of insight and willingness by THS executive and far too many decisions made based on politics rather than evidence”.

Q4: Concerning the creation and rollout out of the Tasmanian Health Service (THS), which of the following statements do you most agree with?

Answer Choices –	Responses
–	–
I am a strong supporter of State-wide strategic planning of our Tasmanian health services as opposed to regional planning. The progress so far has been impressive	0.00% 0
–	9.84% 6
I am a supporter of State-wide strategic planning. I feel there has been reasonable/acceptable progress so far in achieving that goal	
–	13.11% 8
I don't have strong feelings/ideas about State-wide planning of Tasmanian Health Services or the progress that has been made so far.	
–	4.92% 3
I am not a supporter of State-wide strategic planning of our health service.	
–	36.07% 22
I support State-wide strategic planning of the Tasmanian Health Services but the implementation so far has been problematic.	
–	36.07% 22
I am a strong supporter of State-wide strategic planning of our Tasmanian Health Service however I believe that serious errors have been made in implementation. These errors have led to a crisis of governance at the RHH	
TOTAL	61

Individual responses to Q4



“Management need to listen, not look as if they are listening and then ignore”.



“There is governance?”



“The change management has been hopeless. All top down without clinical engagement. It has and will end in more dysfunction thus losing most of the potential benefits of a State-wide approach”.



“The implementation has been opaque, with lack of detail and revolving people in positions that are created then they disappear. Whilst there is an overall directional statement the medium level detail does not appear to have been planned leading to significant loss of confidence in the governance processes that do exist and gaping holes in many governance processes. Lack of knowing "who is who in the zoo" including lack of announcements about the hierarchical structure has led to insecurity and lack of confidence in the hospital”.

“I do support "State-wide strategic planning" but that doesn't mean I support the way procedures and policies now have to be (more) uniform across all hospitals, and guidelines that have been in development by one site for one site are now held up having to get State-wide consultation, and get watered down”.



“The previous governance structure was not perfect but at least there was structure. Currently you don't feel that there is any leadership. There has been a lot of talk with no action”.



“I have not witnessed such poor health services management in my career. Communication and engagement with senior medical staff in key policy and planning decisions has been unacceptably poor leading to poor outcomes. Trust, respect and loyalty have been seriously eroded as a result”.

“Last 1-2 years have been the worst in the last 7 years I have worked at RHH. State-wide strategic planning is ideal but operational implementation needs to be local”.

“The person in charge at the RHH needs executive level delegations at a THS level. Without this there is a power difference which makes advocating for the RHH impossible”.

Q5: Regarding the re-development of the RHH site which of the following statements reflects your experience of progress so far?

Answer Choices –	Responses
–	–
I think that major errors have been made in the planning/implementation of the RHH redevelopment but worse than that is that when legitimate concerns have been raised by well-informed frontline workers of the RHH those concerns have not been well addressed.	54.10% 33
–	34.43% 21
Some errors have occurred in the planning and implementation of the RHH re-development. When legitimate concerns have been expressed by frontline RHH health workers there has not always been appropriate attention to those concerns.	
–	8.20% 5
I don't have any strong opinions about the planning/implementation of the RHH redevelopment.	
–	1.64% 1
Mostly the planning and implementation of the RHH re-development has proceeded satisfactorily. When problems have been encountered mostly appropriate remedial action has been taken.	
–	1.64% 1
The redevelopment of the RHH at the current site was always going to be difficult. I accept that problems have arisen. When problems have arisen the people responsible for making key decisions have carefully listened to concerns expressed by frontline RHH health workers and have tried hard to make corrective actions	
TOTAL	61

Individual responses to Q5

“I have not asked to be involved. I have had to move office 3 times”.



“Was always going to be a problem, but failure to listen to real concerns re access and bed numbers was and is a failure by policy makers”.



“This was always going to be difficult and I think the enormous amount of money spent on safety measures and work arounds and relocations would have been far better directed to building on a new site with the building built fit for purpose. Having said that the issues at the RHH do not entirely relate to the building works but relate to governance and resource provision (including staffing, IT and equipment resources)”.



“Clearly not enough allowances made for the influenza season in planning bed availability during the redevelopment”.



“The MHS is a good example, demonstrating poor analytical skills in planning and to make matters worse, MHS are now looking to remedy the problems management created by taking scarce resources from another already stretched area and creating a significant problem for this other area. This is quite staggeringly poor management behaviour”.



“The miscalculation of the impact of demolishing the B block without arranging sufficient replacement beds, despite repeated and increasingly frantic warnings, was negligent”.

“Senior clinicians input must be listened to and respected”.



“We really should have just built a new hospital. Somewhere, anywhere! Surely the people at the top must realize that now”?



“We have only seen a serious attempt to deal with the problems in the last month, which is 18 months too late to be effective”.



“There was a failure to believe senior medical and nursing staff that capacity is inadequate with decant. Now this is proven correct our capacity to compensate is very limited. There is a large amount of work occurring currently to increase capacity at the RHH but there are going to be significant limitations on how this can be used”.

Q8

Q6: Which of the following most accurately reflects your opinion regarding the performance and reputation of the RHH as a teaching and training institution?

Answer Choices –		Responses
–		–
There has been seriously insufficient attention paid by the THS executive and the Health Minister to the fact that the RHH is the major University teaching and training hospital in Tasmania.		42.62% 26
–		31.15%
The service functions of the RHH have too often taken precedence over training and teaching requirements and to the detriment of these functions.		19
–		6.56%
I don't have strong feelings/opinions about the training and teaching functions of the RHH		4
–		16.39%
The teaching and training environment of the RHH is adequate but improvements including more time for training/ teaching activities and resources are required if we are to match the highest performing institutions.		10
–		3.28%
The teaching/training opportunities at the RHH are optimal.		2
–		0.00%
No additional teaching services are required.		0
TOTAL		61

. Q7: Please list any factors you feel obstruct the rational planning of health services in Tasmania.

	Answer Choices –	Responses –
–		85.25%
Political imperatives		52
–		78.69%
Prioritisation of money over service quality and sustainability		48
–		88.52%
Inadequate clinical engagement with staff		54
–		37.70%
Other (please specify)		23
Total Respondents: 61		

Reflection

It may be a moot point whether the grievances, responses and comments made in this survey reflect reality (I do feel that is the case) merely perception, or some mixture of those possibilities. Whatever is the truth, I believe the survey must be read carefully by those people most able to alter the reality or the perception rather than being dismissed outright.

There is a huge job ahead of us as a State to turn this around Denial will not assist us.

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