Independent Governance Review of Health Services Act

I have been a member of a major Public Hospital Community Advisory Council for the past 6 years. My comments are based on this experience.

Terms of reference

- the efficiency and effectiveness of the devolved governance structure, the System Manager and Board-led Health Service Providers (HSPs)

  *The intent of the Health Services Act 2016 'to provide a framework for clear roles, responsibilities and accountabilities at all levels and a devolved model of governance that will enable decision -making closer to service delivery and patient care' is hard to recognise in my experience as a consumer. There appear to be both **silos** and **bands** in the system. An example of a silo is what appears to be a lack of HSP linkage with Primary Care Systems (mostly provided by the Commonwealth). The opportunity to engage more holistically with opportunities for primary and preventative health Care is not obvious. An example of a Band is where the NMHS Board has no connection with the Consumers apart from occasional workshops with dubious outcomes.*

  From a consumer representative it is difficult to assess the efficiency and effectiveness as there is a gap in both information from and access to the activities of the HSP. Our HSP (NMHS) previously had Consumer Representation however this is now not the case so it is unclear how the HSP can be informed on how what it does impacts on service delivery and patient care. Workshops that are held to progress the Consumer Experience are not followed up, and many of the 'engaging with consumers experiences' do not appear to translate into meaningful action. For example, the NMHS C4 Engagement Framework (2016). Great in principle but short on visible action/results.

- the impact of the current governance structure on the culture of HSPs from the perspective of consumers and carers, staff and the community

  I have not experienced the previous model of health care as a member of a CAC, however the longer my membership continues the more despondent I have become about how seriously the HSPs have an interest in engaging with consumers if our CAC is an example. We have not had a Chair for over 6 months and many of the initiatives we have been involved in fail to deliver or materialise. If our CAC is a reflection of the culture of our HSP there is more work to be done. Our relationship with staff other than a few senior management at the hospital is limited as is the opportunities for us to identify opportunities to contribute to the patient experience.

Our CAC sometimes feels as though we are asked to review initiatives so it can be said they have consumer input - a tick and flick exercise. Most of our activities are ad hoc and determined by the Executive Sponsor. Our ability to self determine is limited.

We had thought there would be more transparency about the issues affecting our Public Hospital, however we often read about the issues (e.g legionella/PET-CT Scanners out of action for most of 2021), in the press. This disconnect does not increase my confidence that this model is delivering decision making and information closer to service delivery and patient care.

- whether the System Manager's role in planning and commissioning services and ensuring accountability is adequately enabled through existing mechanisms, such as mandatory policies, directions and Service Agreements

While a member of our CAC sits on the weekly Executive Committee at our hospital no information is provided to the CAC on any of the items on the agenda.

We have provided comment on many policies but often have very little information on the outcome or implementation of many of them.

- whether the System Manager and the HSPs are fulfilling their respective roles as originally envisaged, including whether the System Manager is exercising available authority under the existing structure and the HSPs are responding accordingly

From our position as CAC we are not able to make any judgement as to whether they are meeting their KPIs but it would be interesting for these to be visible and measurable to all levels of in HSPs.

- the system's ability to manage, plan and implement key health reforms and workforce requirements

There have been a couple of reforms that are underway at our Public Hospital, but its not clear where the drive for this came from e.g Outpatient Services and a Volunteer Co-ordinator. Most initiatives seem to be site or service specific rather than HSP wide.

An opportunity for Consumer involvement would be an Emergency Department Consumer Advisory Group, as this is a high risk area that is the public face of the hospital. There is little general interest in the engagement of Consumers, and despite volunteering to participate many invites never eventuate.

Some areas which have a significant impact on patient care, safety and outcomes are sometimes downgraded. "Falls' management would appear to be a victim of downgrading.

- the system's ability to respond to emergency situations

Obviously COVID is an emergency situation. The interplay between political and health driven decisions is not clear in regard to what has happened. There is little information available to the public/consumers apart from the media. The reality of the systems ability to respond in not available.

- any other related matters.

The HSPs do not appear to have an ability to focus on the consumer/patient/carer. Our Public Hospital is an institution and finds it difficult to be self critical and look at the reality of patient experience. It is often only when there is a problem that there is a response. It is hard to see examples of continuous quality improvement. For example our CAC has serious and legitimate concerns about both the cost and access to parking. These problems continue to pose serious stresses on financially, emotionally and physically vulnerable people. The lack of visitors is also known to affect the recovery of patients. For some families it has meant that to visit a sick family member would place them in debt. The relief that may be available is very limited. Free and accessible parking should be part of the provision of public health care.

It is hard to see any improvements that have been made in engaging with prevention opportunities, or maximising 'hospital in the home'. Engagement with GPs is a critical part of preventative health care, however they are often left uninformed, especially when a patient is discharged, and follow up phone calls and poor communication make the patient outpatient experience challenging.

Currently Standard 2 NSQHS should be strengthened by the actions and activities of the HSPs if it is to achieve what it aims to do:

"The Partnering with Consumers Standard aims to create health service organisations in which there are mutually beneficial outcomes by having:

- consumers as partners in planning, design, delivery, measurement and evaluation of systems and services
- patients as partners in their own care, to the extent that they choose.

The Partnering with Consumers Standard recognises the importance of involving patients in their own care and providing clear communication to patients. **This standard, together with the Clinical Governance Standard, underpins all the other standards**." (NSGHS Standards)

[redacted]
Community Advisory Council Member
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