

Special Commission of Inquiry into Healthcare Funding

Outline of Evidence of Fiona Wilkinson

Name: Fiona Wilkinson

Occupation: District Director Quality, Strategy and Improvement, Central Coast Local Health District

1. This is an outline of evidence that it is anticipated that the witness will give to the Special Commission of Inquiry into Healthcare Funding.

A. INTRODUCTION

2. My name is Fiona Wilkinson. I am the District Director, Quality Strategy and Improvement of Central Coast Local Health District (**CCLHD**), reporting to the Chief Executive. I have been in this role since 2018. In this role, the Director Clinical Safety, Quality and Governance reports to both me and also directly to the Chief Executive.
3. I was a registered nurse in emergency for 17 years. I completed a Masters in Business and Technology and have worked in clinical safety and quality, clinical redesign and lead major capital works programs. A copy of my curriculum vitae is exhibited to this outline at Exhibit 14 NSW Health Tranche 4 Consolidated Exhibit List.
4. In this role, I am responsible for providing leadership to the following teams:
 - a. Healthcare Improvement;
 - b. Major capital works above \$10m;
 - c. Research Governance, including the Central Coast Research Institute which is joint venture between CCLHD and the University of Newcastle;
 - d. Health Information and Business Support;
 - e. Clinical Governance, which includes oversight of volunteers, consumers, and libraries services; and
 - f. Relationships with key partners, namely the Primary Health Network and the University of Newcastle.

B. CLINICAL GOVERNANCE

5. In my role I oversee the Clinical Governance team. That team reports to me via a Director Clinical Safety, Quality and Governance. I am responsible for ensuring systems are in

place and working effectively to identify, investigate, manage, monitor and report clinical safety risks and adverse events; oversee incident and complaints management systems, consumer engagement systems, infection control and prevention strategies; and work collaboratively to ensure review and audit of patient outcomes with effective implementation of safety initiatives.

6. A large portion of the day-to-day patient safety management is delegated to the Director Clinical Safety, Quality and Governance who manages the daily incidents, complaints and patient safety program.
7. The key work that I perform in clinical governance includes briefing the Executive and Board of key clinical risks, and to contribute as a member of relevant governance committees including the Health Care Quality Committee, the terms of reference of which are at Exhibit 173 in NSW Health Tranche 4 Consolidated Exhibit List.
8. The Healthcare Quality Committee is the peak safety and quality committee. It reports to the Board on the District's operations in relation to patient safety and quality.
9. The purpose of the committee is to ensure the District has appropriate and effective clinical safety and quality systems in place for the delivery of safe, high quality reliable care and to monitor patient experience and outcomes. The Committee also promotes a culture of collaboration, trust and continuous improvement in the delivery of health care services.
10. The committee does this by monitoring the performance of the LHD against its KPIs for healthcare safety and quality. It also identifies key annual priorities for safety and quality. To discharge this role, the committee receives reported data from the Business Information team. That data measures and reports on the LHD's performance against its Service Agreement KPI's, and any trends in that performance. The committee receives a report which includes metrics that are broken down to a per facility level. The report also includes trended analysis and a description of improvement actions. The committee is primarily concerned with whether the LHD as a whole is meeting its KPIs and any key risks that require focus.
11. If the committee observes an issue in the data, such as underperformance relative to a KPI or a downward trend, it will request further information or benchmarking from the committee members and Executive team to understand the issue. It may also seek

advice from the committee members and Executive team about potential improvement mechanisms that can be deployed to rectify it. Once it receives that information, the committee will make a decision about the improvement strategy that should be pursued. It continues to monitor that data to confirm whether the improvement mechanism is working, or whether further steps need to be taken.

12. In some instances, the committee will stand up a specific project team to address a performance issue. For example, around 2021, the committee was concerned that the level of hospital acquired complications (**HACs**) within the LHD exceeded performance targets. In response, the committee stood up a HAC steering committee which was specifically tasked with reducing the number of HACs over a two-year period. The Healthcare Quality Committee monitored the performance of that steering committee over the course of its operation. That project has been successful in reducing the number of HACs.
13. The Healthcare Quality Committee in turn reports to the board on the LHD's performance against its quality and safety KPI's. The minutes of the committee's meetings are provided to the board, as well as a summary of the key messages that come out of each meeting.
14. The KPIs which the Healthcare Quality Committee monitors come from two sources. The first is the Service Level Agreement. A copy of the *CCLHD Service Agreement 2023-24* is exhibited to this statement at Exhibit 100 of NSW Health Tranche 4 Consolidated Exhibit List. These KPIs are determined by the Ministry and the LHD in the negotiation of that agreement. I do not have any involvement in the negotiation of the KPIs contained in that agreement. However, these KPIs are set in the Service Level Agreement at an LHD level. Those KPIs are translated to a greater level of specificity, so that they are applicable and understandable at a facility and service level, rather than at an LHD level to allow managers to monitor outcomes.
15. Secondly, other KPIs outside of the Service Level Agreement may be identified as being relevant to monitor the progress of specific projects. Those KPIs are identified and set by committees which are then monitored by the Healthcare Quality Committee.
16. The committee is also responsible for approving the annual Safety and Quality Account, which then goes to the board for final approval. The *CCLHD Safety and Quality Account 2022 – 23* is exhibited to this outline at Exhibit 101 NSW Health Tranche 4 Consolidated Exhibit List.

C. FINANCIAL GOVERNANCE

17. I am also responsible for major capital works in the CCLHD with a total value of over \$10m. Capital works projects are governed by NSW Health Facility Planning guidelines and Health Infrastructure. I am the CCLHD representative along with the Chief Executive on the Executive Steering Committee (**ESC**) for each project. The ESC is the ultimate decision-making authority within the project governance structure. It provides strategic direction and leadership on all Project activities, monitoring achievement of project deliverables (including adherence to Project scope) and endorsing project deliverables.

D. ENGAGEMENT WITH EXTERNAL BODIES AND CONSUMERS

18. The CCLHD has a strong relationship with the local Primary Health Network. We have an established *Alliance Charter* in place since 2019, and an Alliance Steering Committee which meets monthly to monitor priorities. The Chief Executives of the CCLHD and Primary Health Network co-chair the committee. Other members on the committee include myself and other executive members of each organisation. The purpose of this Alliance is to work together to leverage shared priorities across health to develop and implement collaborative solutions to improve the health outcomes for the Central Coast population. A copy of the *Alliance Charter* is exhibited to this statement at Exhibit 174 NSW Health Tranche 4 Consolidated Exhibit List.
19. Recent projects which the CCLHD and Central Coast Primary Health Network have collaborated on include chronic pain management, diabetes, and shared mental health commission projects. When the CCLHD and Primary Health Network engage in a joint program, it is usually co-funded, however the funding contributions may not necessarily be equal. The scope of the project is jointly agreed upon, and there are executive sponsors from each body for the project. The progress of the project, and outcomes, are reported to the Alliance Steering Committee. The CCLHD and Primary Health Network are jointly responsible for the success of each project.
20. The Alliance also shares responsibility for the GP Collaboration Panel. That panel comprises seven GPs who the CCLHD (or Primary Health Network) may consult with when designing new models of care or healthcare improvements. The GP panel may form part of a working party stood up within the CCLHD for a particular healthcare improvement project. Through active engagement and genuine input, the Panel strives to develop and implement annual priorities that align with the core values of collaboration, openness, respect, and empowerment.

21. Likewise, some healthcare improvement projects may seek community input, or engage with relevant health pillars for assistance. Whether this occurs, and the extent of any engagement, is on a project-by-project basis.

E. WASTE MINIMISATION AND EFFICIENCY

22. In my role, I am guided by “quadruple aim”; improved patient and population outcomes and experience, and improved care team worker experience, for lower overall cost. While the clinical governance and healthcare improvement functions under my remit are primarily focused on improving clinical care, they must also operate within the financial constraints of the LHD. As a result I have a strong relationship with the finance team and need to consider the financial impact of projects or initiatives which I am responsible for. I am a member of the Finance and Performance Committee (sub Board committee) which discusses the performance of safe care and any financial impacts/risks for the LHD. The Executive Leadership team regularly discusses the efficiency and effectiveness of safety and quality programs and any financial impact on care delivery.
23. The Healthcare Improvement team work with services across the LHD to drive and implement changes. The team has developed an Improvement and Innovation Framework to guide improvement programs and the delivery of high quality care. That team has specific focus areas which are driven by the executive team, including developing new models of care, or projects to reduce clinical variation such as the length of patient stays. The aim of that team is to improve both efficiency and effectiveness within healthcare across the LHD.
24. The healthcare improvement team has been responsible for a number of projects which have successfully improved efficiency within the CCLHD. This includes the delivery of capability building programs such as Lean Six Sigma, Safety and Quality Curriculum, Clinical Redesign, Project Management and Clinical Practice Improvement. Examples of improvement initiatives include ImPACT (Patient flow), Unplanned Readmission Projects, Planned Care for Better Health, Wyong Respiratory Model, Elderly and Frail Model, Virtual Care Implementation, Our Path to Excellence. This team also is mindful of the need to weigh up costs and benefits before recommending a particular enhancement.

F. OPPORTUNITIES

25. In my view, there are a number of opportunities to improve clinical governance:

- a. The CCLHD is currently involved in discussions with the CEC to improve its incident management policy. These discussions are conducted on the part of the CCLHD by the Director Clinical Safety, Quality and Governance. The current incident management policy is prescriptive as to the types of investigations which must occur in response to a particular type of clinical incident. In some cases this means that the investigations do not necessarily identify systems problems or improvements that could be implemented to prevent similar incidents from happening in the future.