Special Commission of Inquiry into Healthcare Funding

Outline of Evidence of Mark Zacka

Name:	Mark Zacka
Occupation:	Executive Director Clinical Governance and Patient Experience, Northern Sydney 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.

My Role

2. I am the Executive Director Clinical Governance and Patient Experience for Northern Sydney Local Health District (**NSLHD**).

3. In this role, I am responsible for directing and managing the clinical governance functions within NSLHD to promote and support patient safety, clinical quality and reduce unwarranted clinical variation across NSLHD. Other functions include oversight of incident management, medication safety, consumer and patient experience and complaints, accreditation against the National Safety and Quality Health Service (**NSQHS**) standards, developing organisational continuous improvement capability and promoting a culture of openness and accountability. I am also the executive responsible for the Health Information Service, the Infection Prevention and Control Service and local and statewide Voluntary Assisted Dying Services. I report directly to the Chief Executive (**CE**), lead the Clinical Governance Unit (**CGU**) and liaise with key external agencies including the NSW Ministry of Health and the Clinical Excellence Commission (**CEC**).

My Background

4. I have been in my current role since September 2019. I have been in clinical governance directorship roles for about 15 years across four organisations including NSLHD, South Western Sydney LHD, St Vincent's Health Network and Justice Health. I have a Bachelor of Applied Science in Physiotherapy (Sydney University, 1991) and a Master of Health Administration (University of NSW, 2003). A copy of my curriculum vitae is exhibited to this outline at Exhibit 6 in NSW Health Tranche 4 Consolidated Exhibit List.

Clinical Governance Framework

5. Clinical governance is the set of roles, relationships and responsibilities established between NSLHD's Board, executive, clinicians, patients, consumers, and the Ministry of

Health and other stakeholders to ensure that NSLHD is accountable to patients and the community for assuring the delivery of safe, effective and high-quality health services. Clinical governance is an integrated component of corporate governance within NSLHD.

6. The NSLHD *Clinical Governance Framework 2022-2025* (the ***NSLHD Framework***), a copy of which is exhibited to this outline (Exhibit 64 in the NSW Health Tranche 4 Consolidated Exhibit List) documents NSLHD's approach to the implementation of the key clinical governance requirements that apply to NSLHD by operation of:

   a. section 28 of the *Health Services Act 1997*;

   b. the eight NSQHS Standards established by the Australian Commission on Safety and Quality in Health Care's *National Model Clinical Governance Framework*, a copy of which is exhibited to this outline (Exhibit 75 in the NSW Health Tranche 4 Consolidated Exhibit List);

   c. sections 2.3.2 and 5 of *The Corporate Governance and Accountability Compendium*, a copy of which is exhibited to this outline (Exhibit A.12 SCI.0001.0008.0001); and

   d. PD2024_010 Clinical Governance in NSW, a copy of which is exhibited to this outline (Exhibit 76 in the NSW Health Tranche 4 Consolidated Exhibit List).

Partnering with consumers

7. Consistent with the NSQHS standards, partnering with and empowering consumers is a central component of the NSLHD Framework. NSLHD is also focussing on actions that specifically meet the needs of Aboriginal and Torres Strait Islander people.

8. At any given time, NSLHD partners with about 60 ' consumer advisors', who are selected by informal processes including advertisements in local papers and referrals from existing advisors. These 'consumer advisors':

   a. undergo an on-boarding process similar to that for staff;

   b. are members of consumer committees at the facility and service level;

   c. are consumer representatives on the Healthcare Quality Committee and the Consumer Committee of the Board, and

d. are involved, for example, in co-design of services, facilities, models-of-care and review of consumer information.

Clinical Governance Processes

Committee-based governance processes

9. Committee structures within NSLHD bring together the Board, executives, clinicians and consumers.

10. Pursuant to the NSW Health Model By-Laws, copies of which are exhibited to this outline (Exhibit 60 in the NSW Health Tranche 4 Consolidated Exhibit List), NSLHD has:

a. a Health Care Quality Committee of the Board, which is chaired by a Board member and is attended by the CE, the Executive Director of Clinical Governance and Patient Experience and other representatives from across, and external to, NSLHD, including consumer representatives, the terms of reference for which are exhibited to this outline (Exhibit 69 in the NSW Health Tranche 4 Consolidated Exhibit List);

b. a Board Audit and Risk Committee, which I am invited to attend in order to present a standardised report about patient safety and clinical quality, the terms of reference for which are exhibited to this outline (Exhibit 67 in the NSW Health Tranche 4 Consolidated Exhibit List);

c. a Medical Staff Executive Council, several multi-disciplinary Medical Councils and Hospital and Joint Hospital Clinical Councils, comprised of medical practitioners with appointments at NSLHD, to provide advice the CE and Board;

d. a Local Health District Clinical and Quality Council, which brings together the NSLHD executive, clinical stream directors, Service Development Managers and facility general managers of hospitals/ Service Directors on a monthly basis, the terms of reference for which are exhibited to this outline (Exhibit 207 in the NSW Health Tranche 4 Consolidated Exhibit List); and

e. a Medical and Dental Appointments Advisory Committee (**MDAAC**), which makes recommendations about the appointment of medical practitioners at NSLHD, and which I attend as the CE's representative.

11. The NSLHD Board has additionally established:

a. a Consumer Committee of the Board, the terms of reference for which are Exhibit 70 in NSW Health Tranche 4 Consolidated; and

b. an Aboriginal Health Advisory Committee.

Executive-level clinical governance processes

12. My role is at the 'executive' level within NSLHD, which means that I report directly to the CE. I understand this is not the case within all Local Health Districts.

13. In the course of my role, I attend:

a. a weekly 'senior executive' meeting; this is attended by the CE and the executive directors. It is a less formal, huddle-style meeting to communicate important issues or priorities that may be emerging from either the CE, the Board, the Ministry of Health or from one of the ED's portfolios;

b. a monthly minuted NSLHD Senior Leadership Team Meeting; involves the CE and executive directors and includes the facility general managers, service directors and other key senior management staff. This meeting is a key senior management meeting for the NSLHD and covers new and emerging issues for the health service and is an important communication vehicle for the CE (in particular) to the senior management group, and

c. The NSLHD Operational Leadership Team Meeting, held monthly, is minuted and includes attendance by the CE, executive directors and the facility general managers and service directors. Attendees are encouraged to add items to the agenda. This meeting is an important opportunity for the senior executive team to connect directly with the facility general managers and services directors and is primarily operationally focused.

14. The CGU interacts with Healthcare Quality and Safety Committees at the facility and service level to identify and manage risks which may arise in particular clinical settings, for example: falls, pressure injuries, recognition and management of deteriorating patients and sepsis, complaints management, consumer and patient experience, and accreditation to National Standards. I may present at meetings of these Committees on an ad hoc basis if I am trying to advance or address a clinical governance issue across the LHD.

Relationship with Pillars

15. The CEC provides leadership, expert guidance, policy, procedure and an education and training function to NSLHD (and other LHDs and specialty networks), which spans training and development around accreditation, governance, incident management, and specific clinical safety programs , for example, the Sepsis Kills program (aims to improve the detection and early management of sepsis), Between the Flags (to better identify and respond to patient deterioration) , and REACH programs (a system that helps patients, carer/s, and families to escalate their concerns with staff about worrying changes in a patient's condition). The CEC also hosts and leads a monthly statewide Directors of Clinical Governance forum and hosts important digital tools, specifically, the Death Review Database, the Quality Audit Reporting System and the Quality Improvement Data System.

16. I also participate in programs and governance processes with the Agency for Clinical Innovation and the Bureau of Health Information.

Relationship with NSW Health

17. I have a close working relationship with the Patient Safety First (**PSF**) unit at the Ministry of Health and will be relieving for the Director of PSF in May / June 2024 for one month.

18. I am also involved with sub-committees and working groups constituted by the Clinical Risk Action Group, the terms of reference for which are exhibited to this outline (Exhibit 185 in NSW Health Tranche 4 Consolidated Exhibit List). Specifically, the COVID-19 Serious Incident Review Sub-Committee (which is now disbanded).

Relationship with Northern Beaches Hospital

19. The Northern Beaches Hospital (**NBH**) is operated pursuant to a public-private partnership with Healthscope. With the CE, the Executive Director of the NBH Partnership and other executive colleagues, I meet on a monthly basis with the CE of NBH and his senior team, for a routine performance meeting that covers operational, financial, people and culture and quality and safety performance. My involvement is particularly in connection with patient safety and clinical quality issues.

20. The clinical governance arrangements across the PPP are largely dictated by the relevant contract, which includes a requirement for the NBH to follow the policy directives issued by the NSW Ministry of Health. In addition to the monthly performance meeting,

there is a monthly quality and safety working group that comprises representatives from the NBH quality and safety team and the NSLHD clinical governance and northern beaches partnership team. This groups supports the review and management of quality and safety issues of concern that have been identified at the NBH.

Relationship with allied health organisations

21. NSLHD maintains service-level agreements with various affiliated health organisations. For example, Hammond Care and Royal Rehab Group. These agreements express some high-level requirements around clinical governance particularly focused on patient safety e.g., the need to conduct an appropriate review in instances where a Serious Adverse Event occurs.

My Responsibilities

22. I lead the CGU, which develops and monitors policies and procedures for improving systems of care within NSLHD. CGUs contribute to the NSW Patient Safety and Clinical Quality Program by ensuring it is uniformly implemented across the State, and overseeing the risk management of patient safety and clinical quality by building upon existing incident management and investigation systems. Where CGUs identify a concern with clinician performance, such must be reported to the CE for prompt action and management. Depending on the particular circumstances, such action might include; internal investigation; external investigation by a recognised expert; referral to the HCCC; referral to the professional registration council; or another appropriate agency (e.g. NSW Ombudsman, Department of Family and Community Services).

23. There are several other units of which I have oversight, including:

    a. The Health Information Service, which maintains medical records;

    b. Infection Prevention and Control (IPAC), which unit is comprised of a Director and an Operations Manager and IPAC staff. The service is primarily responsible for maintaining high levels of infection and cleaning standards across the health service, and

    c. Voluntary Assisted Dying, the Statewide program for which is being hosted by NSLHD as well as our local Voluntary Assisted Dying support services.

24. I have oversight of the following key clinical governance processes within NSLHD.

Accreditation

25. In accordance with PD2023_011 *Australian Health Services Safety and Quality Accreditation Scheme in NSW Health facilities*, a copy of which is exhibited to this outline (Exhibit 35 in the NSW Health Tranche 4 Consolidated Exhibit List), I have direct responsibility for ensuring that accreditation against the NSQHS standards for NSLHD facilities and services is undertaken through the Australian Council on Healthcare Standards (**ACHS**), which is an approved accrediting agency.

26. Every three years, NSLHD provides evidence to ACHS to demonstrate implementation of the NSQHS Standards. I liaise with the CEC regarding the implementation of the accreditation scheme. The short-notice assessment is a new method of accrediting health services and provides 24-48 hours notice prior to assessors arriving to undergo an assessment.

Incident management

27. In accordance with PD2020_047 *Incident Management* (the ***Incident Management Policy***), a copy of which is exhibited to this statement (Exhibit 34 in the NSW Health Tranche 4 Consolidated Exhibit List), and the *Health Administration Act 1982*, I co-ordinate the undertaking of a Reportable Incident Brief (**RIB**) and a preliminary risk assessment (**PRA**) and a serious adverse event review (**SAER**) in respect of all Harm Score 1 incidents.

28. A SAER is undertaken in two stages (findings and recommendations) using an approved review method. Within 60 days of notification, I am required to facilitate the provision of a review report on all serious incidents requiring a SAER to the NSW Ministry of Health's Patient Safety First Unit.

29. In respect of Harm Score 2-4 incidents, I will occasionally recommend to the CE or the CE will occasionally direct me that a PRA and/or a SAER be undertaken, if it appears that the incident relates to a serious systemic problem. I believe that NSLHD errs on the side of caution when it comes to escalating Harm Score 2-4 incidents.

30. The rating system for incidents reported in ims+. The Harm Score indicates the severity of the incident and the action required in response (e.g. Serious Adverse Event Review). Harm Score is automatically calculated in ims+. More information is contained in the Incident Management Policy.

31. The NSLHD uses ims+, the NSW Health incident management system. PRAs, SAERs and clinical RIBs attract statutory privilege to ensure that staff and review teams feel safe to speak frankly about the incident.

32. The role of Director of Clinical Governance and Patient Experience is known by personnel to be a key contact for guidance, to ask questions or to express concern in relation to the management of incidents, and they do so regularly.

Complaints

33. The procedure for management of complaints within NSLHD is set out in *Management of Patient/Consumer/Carer/Family Complaints*, a copy of which is exhibited to this statement (Exhibit 77 in the NSW Health Tranche 4 Consolidated Exhibit List), which conforms with the overarching requirements of PD2020_013 *Complaints Management* and GL2020_008 *Complaint Management Guidelines* published by NSW Health, copies of which are exhibited to this outline (Exhibits 78 and 79 respectively in the NSW Health Tranche 4 Consolidated Exhibit List).

34. I am the Senior Complaints Officer for NSLHD, in which capacity I am primarily responsible for ensuring that:

    a. there is an appropriate governance system for complaints management, including linkages with NSW Health;

    b. the severity of risk is assessed appropriately and escalated; and

    c. complaints data from ims+ is analysed annually alongside data from other sources, including the Real Time Patient Experience Survey (**RTPES**) and the Patient Reported Measures Program, and used to identify areas or risk and for improvement.

35. I conceived and developed the RTPES at NSLHD, in conjunction with my team and the CEC, before it was more recently adopted by NSW Health. It was designed to provide a much more immediate feedback loop, and different information, than what is captured within the Health Outcome Patient Experience platform. For example, qualitative RTPES responses are de-identified for inclusion in Statewide data sets, but are identified for relevant Nursing Unit Managers and other facility and service level personnel so that they can contact the patient or consumer who made the complaint and discuss their experience.

Waste and Efficiency

36. Broad adoption of the RTPES across all LHDs and specialty networks would provide valuable information regarding patient experience to the system at a very low cost. It has the potential to save money if those health services using other more expensive external systems adopted the RTPES.

37. Similarly, the CEC's Quality Improvement Data System has the capacity to register quality improvement activities. Improvements to this system and broad adoption of this system would facilitate systematic and much simpler recording, management and sharing of quality activities across facilities, LHDs and across the NSW health system.