

Special Commission of Inquiry into Healthcare Funding

Outline of Evidence of Michael Wood

Name: Michael Wood

Occupation: Director of Clinical Governance, Nepean Blue Mountains 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 Acting Director of Clinical Governance for the Nepean Blue Mountains Local Health District (**NBMLHD**). I have held that role since December 2022. Prior to that I was the Manager, Quality and Process Improvement at the NBMLHD. Prior to that I worked in operational and workforce role, and was a registered nurse and nursing unit manager. A copy of my CV is exhibited to this outline (Exhibit 191 in NSW Health Tranche 4 Consolidated Exhibit List).
3. As the Director of Clinical Governance, my primary function is to ensure that there are systems in place across the NBMLHD to facilitate the provision of safe and quality care to patients. My responsibilities include:
 - a. Managing and improving those systems, including policy and procedure, and the accreditation requirements of the National Safety and Quality Health Service Standards for the LHD;
 - b. Involvement in the incident management system and improvement systems identified by staff and by patients or carers via the feedback and complaints process, and
 - c. Executive sponsor of the SCC (**SCC**), and from next quarter the new Patient and Carer Experience Committee (**PACE Committee**). Both are sub-committees of the NBMLHD Board.

Clinical governance structure

4. The SCC is a subcommittee of the board which is responsible for overseeing the provision of clinical care within NBMLHD, and ensuring compliance and improvement in that area. It was previously named the Health Care Quality Committee. It was recently

renamed to align with *Future Health: Guiding the next decade of care in NSW 2022-2032* (Exhibit A.14 SCI.0001.0010.0001).

5. The SCC is chaired by a board member and is made up of a second board member, myself as sponsor, the chief executive, two consumers, the director of hospital services, the director of community and integration, the directors of Medical Workforce, Nursing and Allied Health, the general manager of each facility and service within the NBMLHD, and the managers and medical adviser from the clinical governance unit. The consumers are members of the general public who nominate themselves via an expression of interest process. The purpose of including members of the public on the committee is so that they can provide input from the perspective of the community. Both are very experienced consumer representatives.
6. The board has also recently established the PACE Committee. The committee will come into operation in the next quarter. It will be responsible for overseeing patient experience, and establishing accountability mechanisms for patient and carer experiences. This function was previously performed by the SCC.
7. In addition to the SCC and the PACE Committee, the NBMLHD also has a number of governing committees which are responsible for discrete topics within the NBMLHD. These areas align with the standards set out in the National Safety and Quality Health Service Standards. The governing committees are:
 - a. Partnering with Consumers;
 - b. Infection Control and Prevention Governance Committee;
 - c. Medication Safety Governance Committee;
 - d. The Comprehensive Care standard is covered by a series of individual committees covering falls, pressure injury, delirium and cognitive impairment, nutrition and hydration, end-of-life care, and unpredictable behaviours;
 - e. Communicating for Safety Governance Committee;
 - f. Blood Management Governance Committee, and
 - g. Deteriorating Patient Governance Committee.

Clinical governance process

8. The SCC meets every second month. As executive sponsor, I am responsible for ensuring that members are provided with committee papers which contain all the information the committee needs to function properly. The information which the committee papers regularly contain include how the NBMLHD is performing relative to its KPIs, how its performance in those areas is being managed, and site reports from each of the facilities, services, and governing committees in the LHD.
9. The KPIs which are reported on at the committee are those set by the Ministry of Health in the Service Level Agreement with the NBMLHD. Those KPIs are set by the Ministry at a district-wide level. I am not involved in the process of negotiating the Service Level Agreement. That role sits with the chief executive for the NBMLHD. My role is to provide advice to the chief executive about the KPIs.
10. The safety and quality performance data are reported to, and monitored by, the SCC at a district-wide level. Each facility and service within the NBMLHD reports against its own safety and quality.
11. If the committee is concerned about the performance of the NBMLHD in a particular area, or a downward trend in performance, it will typically ask for an explanation if it is not apparent. It may do that by requiring the relevant manager (such as the nursing director at a particular site) to appear at the next meeting to report on the issue, including the response which has been taken.
12. The steps which the committee takes in response depends on the nature of the issue. If the committee is satisfied that the response taken by the NBMLHD is appropriate, it may simply monitor the issue. However it may take additional steps if it is particularly concerned about the issue. For example, the committee recently established a steering committee to investigate into the incidence of falls happening at a particular site within the NBMLHD.
13. The SCC is generally not responsible for determining the response that a particular site should take to respond to a particular performance issue. The site will usually engage with the relevant governing committee to devise a response or recovery plan.

14. The SCC operates on an annual reporting cycle. This means across a 12 month period:
 - a. Each Governing Committee will report to the committee twice;
 - b. Each site within the NBMLHD will report to the committee three times; and
 - c. Some other topics will be reported to and discussed by the committee once each year. These topics include Aboriginal health, the clinical advisory group and clinical ethics group.
15. Following each meeting of the SCC, I prepare a report that summarises the matters discussed at that meeting. That report addresses achievements of the subcommittee, areas of concern and focus, areas of future focus, and matters which the committee wishes to expressly escalate to the board. The committee chair then reviews that report. Once it is approved, it is provided to the board.
16. The NBMLHD has performance meetings with the Ministry of Health. Where the LHD's performance is poor relative to its KPIs, those meetings are held more frequently. The current performance areas of concern are related to the number of falls, healthcare associated infections, endocrine complications, and respiratory and cardiac complications.

Incident management

17. In my role, I am also responsible for managing the incident management process. My portfolio is responsible for facilitating the investigation of the most serious kinds of clinical incidents, known as serious adverse event reviews. That process includes undertaking a preliminary risk assessment to determine whether the serious adverse event poses a broader level of risk to patients of the LHD, managing any such risk, notifying the chief executive and Ministry of Health when appropriate, and then investigating that incident.
18. That investigation may result in recommendations being made to improve clinical services to prevent a similar incident from occurring. If those recommendations are made, I am responsible for ensuring a recommendations report for the steps to be taken to implement improvement.

Pillar organisations

19. I have clear and regular communications with the Clinical Excellence Committee (**CEC**) concerning clinical governance matters more generally. The CEC hosts the foundational programs we use such as the incident management system, the audit and survey platform and the Quality Information Data System that we use for all our patient safety and quality data across our meeting structures. That system allows patient-level information to be access from the Health Information Exchange, now EDWARD.
20. The CEC also facilitates a monthly forum for the directors of clinical governance across the state. I attend these meetings where we receive information from the CEC, the Ministry of Health and at times other pillar organisations relating to initiatives or programs that impact or influence patient safety and quality. The forum brings the directors of clinical governance together in a forum where we share information. If there are emerging or re-emerging issues, the forum allows for open discussion. Workshops are held to seek to address the issues impacting most or all LHDs.

Community engagement

21. The NBMLHD has a community advisory committee which it shares with the Primary Health Network. This consumer group comprises members of the public who nominate themselves through an expression of interest. The LHD and PHN meet with this consumer group five times a year. It is a peak consultative group for the NBMLHD.
22. In addition to the community advisory committee, the LHD has a long-established consumer program with community representation and active involvement across each facility and service. Consumers are involved in large programs like the redevelopment of Nepean hospital. In my role, I have overall responsibility to ensure that as a district we have the systems to ensure that consumers are involved across the spectrum and that we have the support systems for staff and consumers to make this happen.

Waste management and efficiency

23. In my role, I have to consider how to maximise the quality of clinical care within the NBMLHD in a cost-effective manner. I am therefore indirectly responsible for ensuring that the NBMLHD's financial resources are spent in a responsible manner even though I am not responsible for the NBMLHD's budget. For example, if in my position I have to consider a recommendation which is made to improve clinical services, I may also

consider whether there are more cost-effective alternatives which may achieve the same outcome.

Opportunities

24. In my view there are two main opportunities to improve clinical governance within NBMLHD. Both are linked with what I hope can be addressed with the introduction of the single digital patient record.
25. First, the data which is reported by various sites to the SCC is tied to the LHD's KPIs. Those KPIs are in turn set by the Service Level Agreement. There are difficulties with reporting on information that are outside the KPIs and are relevant to whether safe and quality healthcare is provided. We have access to either state or national clinical quality registers that departments subscribe to. Accessing data akin to the data in clinical quality registers through the single digital patient record would allow us to better understand that the types of care provided are achieving the outcomes that patients need. This would also help identify what care is worth further investment and what care should be redirected to other models.
26. Secondly, the improvement systems adopted by NBMLHD are generally reactive to adverse incidents and complaints. A more effective system may be one where the LHD is also able to easily recognise care that is reliably achieving great outcomes, so that those systems and processes can be replicated and expanded across other areas. Again, accessing information like that provided by clinical quality registers through the single digital patient record would allow for significant improvements in care as this information would be more easily retrieved and more timely.