Special Commission of Inquiry into Healthcare Funding

Statement of Fiona Renshaw

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Occupation:	Executive Director Operations, Southern NSW Local Health District

1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary, to give to the Special Commission of Inquiry into Healthcare Funding as a witness. The statement is true to the best of my knowledge and belief.

2. This statement is provided in response to letters of 28 June 2024 and 19 July 2024 issued to the Crown Solicitor's Office, and addresses the topics set out in the 28 June 2024 letter relevant to my role.

3. Although I have responsibilities in relation to procurement (Term of Reference E), in this statement I have not addressed procurement issues as these issues were addressed in detail in the statement of Margaret Bennett dated 9 February 2024

A. INTRODUCTION

4. I am the Executive Director Operations of Southern NSW Local Health District (**SNSWLHD**), a position which I have held since January 2022. In this role, I am responsible for leading, directing and managing clinical operations of SNSWLHD, in both acute and community settings.

5. My responsibilities include the management of Inland and Coastal Networks that cover SNSWLHD's geographical area. The Inland Network covers the following facilities: Goulburn Base Hospital, Bourke Street Health Service, Crookwell Health Service, Yass Health Service, Cooma Health Service, Jindabyne HealthOne, Bombala Multipurpose Service, Delegate Multipurpose Service, Queanbeyan Health Service and Braidwood Multipurpose Service. The Coastal Network covers the following facilities: Batemans Bay District Hospital, Moruya District Hospital, Narooma Community Health, South East Regional Hospital, Pambula District Hospital and Eden Community Health Centre.

6. I report to the Chief Executive. I have the following direct reports and an oversight level of their roles:

    a. General Manager of the Coastal Network,

b. General Manager of the Inland Network,

c. General Manager of Corporate Services and Projects,

d. General Manager of Priority Programs. The priority programs are set out in the Service Agreement 2023-24 (**MOH.0001.0456.0001**, the **Service Agreement**),

e. Director of Asset Management,

f. Chief Information Officer (who also reports to the Chief Executive and the Chief Executive in Murrumbidgee Local Health District,

g. Manager Operations Systems Improvement,

h. District Services Operations Manager, and

i. my Executive Assistant.

7. Before joining SNSWLHD, I was the Director of Integrated Care and Allied Health and A/Director of Operations at Murrumbidgee Local Health District. A copy of my curriculum vitae is exhibited to this statement (**MOH.0010.0445.0001**).

B. PERFORMANCE AND MONITORING

8. The Operations Directorate ensures the governance and accountability of SNSWLHD's performance, in line with the Service Agreement. Specifically, it is part of my role to ensure that SNSWLHD is achieving its key performance indicators (**KPIs**) as set out in the Service Agreement. In general, SNSWLHD performs well against KPIs. A clinical KPI which has historically underperformed is the "*Transfer of care – Patients transferred from ambulance to ED ≤ 30 minutes (%)*" KPI, which sets the target of 90%. Prior to December 2022, the transfer of care KPI had previously been underperforming against target for over 12 months. Since December 2022, SNSWLHD has continually met the target of 90%.

9. Each financial year, SNSWLHD determines through its annual operational plan the specific activities to achieve the Service Agreement KPIs. The 2024/2025 SNSWLHD Operational Plan is currently under review by the Board. Generally, SNSWLHD's operational plans set out the following annual priorities, including those that are specifically relevant to my role.

10. An important element of measuring SNSWLHD's performance is ensuring access to relevant and timely data. We utilise the data from the Ministry of Health via the Health System Performance Reports. The data provided in these reports have a lag time, so we combine this data with local data we obtain via the Finance Activity Costing Tool.

11. These data sets inform the Operations Directorate's monthly performance meetings and allow General Managers to report on their performance across their Networks. They report on relevant KPIs, quality and safety and financial indicators in line with the Service Agreement.

12. SNSWLHD meets with the Ministry of Health on a quarterly basis to review SNSWLHD's performance against the Service Agreement KPIs. The purpose of these meetings is to review any underperforming areas and to discuss the actions being undertaken to improve performance.

13. An integral aspect of SNSWLHD's overall performance is the implementation of a daily meeting held every morning at 9.00am to monitor and proactively support managers against areas of performance. The daily meeting was introduced in March 2022. I chair the daily meeting. In attendance at the meeting is facility managers, whole of health managers, patient flow manager, virtual care leader, community health managers (including Hospital in the Home), medical imaging leader, mental health leader, general managers, program/service managers, directors of medical services, directors of nursing and midwifery, a clinical governance representative, a member of audit and risk team, and a representative from Canberra Hospital. The meeting is not a closed meeting, anyone who would like to attend for learning purposes can be invited to attend.

14. The daily meeting runs for 30 minutes, with additional time on Mondays to review the executive on-call from the previous week and on Fridays to review surgical performance. It is also used as a platform to support those undertaking the Executive on-call role. Executive on-call is a process for after-hours escalation of issues outside of normal business hours, for both the Inland and Coastal Networks and the District Executive. One of the main functions of the daily meetings is to review the previous day's performance via the patient flow portal and discuss what can be done to support each service and facility, and the management and escalation of issues as required. The daily meeting is an important tool as it allows me to track SNSWLHD's daily performance, and proactively detect issues. It is equally an important tool for SNSWLHD leaders to support each other and build a level of trust and accountability.

15. In addition, as there are no tertiary hospitals in SNSWLHD, patients are often required to be transferred to and from Canberra Hospital. Issues that previously required escalation to the respective Chief Executives are now managed through the daily meetings with a representative from The Canberra Hospital attending the daily meeting to discuss issues such as wait times and the return of patients to SNSWLHD. These meetings have made a difference in enabling a closer working relationship that benefits both parties and patient outcomes.

C. INITIATIVES

16. I have overseen the implementation of several new innovations and models of care to address service gaps and workforce issues in SNSWLHD. Examples are set out below.

17. I have overseen the implementation of the Virtual Rural Generalist Service (**VRGS**) in the five facilities of Yass and Crookwell Hospitals, and Braidwood, Bombala and Delegate Multipurpose Services (**MPS**) in partnership with Western NSW LHD (**WNSWLHD**). Following a successful 6-month pilot from July to December 2023, the VRGS service has been embedded within the above 5 sites. It provides daily support to the medical and onsite clinicians and ensures their communities have access to 24/7 medical coverage.

18. The VRGS was designed to help manage fatigue amongst our rural medical staff and local visiting medical officers, offering alternative coverage for times when they are on leave or require a break (including overnight and on weekends). It is a virtual model of care supported by a team of Rural Generalist General Practitioners.

19. Gaps in SNSWLHD's maternity workforce have been addressed via a fly-in, fly-out workforce. In SNSWLHD, there was a shortfall in the availability of clinical staff, particularly at Cooma Hospital. As a result, we recruited a fly-in, fly-out workforce to provide service coverage, which has also led to one worker moving permanently to the area. The fly-in, fly-out arrangements have allowed SNSWLHD to continue to provide maternity services at this site.

20. Another initiative that I have overseen the implementation of is the District Hospital in the Home (**HITH**) model, which is a hospital substitution program where patients are admitted to HITH rather than accommodated in a hospital. A District HITH model ensures consistency in service delivery and appropriate escalation pathways are in place for patients requiring escalation or de-escalation in their care. and to capture the patient journey and more accurately capture the activity. A HITH patient admission is based on

clinical assessment, integrated team support and treatment. The HITH National Weighted Average Unit is calculated as an episode of care (as a Bed Type 25) and relies on a separation from a hospital bed. Benefits of HITH include that it:

a. supports patients to access an alternate model of care that allows them to receive care within their own home/clinic instead of being in a hospital,

b. can provide support to patients in the absence of services such as Palliative Care, ensuring that patients can die in their place of choice,

c. can build strong relationships with Residential Aged Care Facilities, supporting the facilities to ensure residents receive care in their "home" and not be admitted into hospital,

d. provides the opportunity to manage infectious patients within the community, reducing the risk of hospital acquired infections and spreading infections within the hospital, and to other patients and staff, and

e. is an alternative to an inpatient admission therefore, able to support better patient flow through the hospital.

D. CHALLENGES

21. There are a few key challenges that SNSWLHD is facing.

22. The first is the shortage of medical officers and challenges to recruiting to these positions. The VRGS will attempt to mitigate the impact of this issue, and SNSWLHD is also planning to implement vCare in partnership with WNSWLHD. vCare is a virtual medical service, developed by WNSWLHD for Triage 1 and 2 patients that is staffed by Emergency Physicians.

23. The second is the use of premium and agency labour. SNSWLHD has the highest proportion of usage of premium and agency labour across NSW LHDs. There are several factors that contribute to this, including: minimal opportunities for medical officers to establish viable private practices and no tertiary hospital in SNSWLHD; local General Practitioners no longer wanting to work in a hospital setting due to lifestyle changes and retirement; and an increase in transport and accommodation costs.

24. The third is the increase in volume and complexity of cases seen at Cooma Hospital due to the high level of trauma from accidents associated with snow activities and mountain biking.

25. A fourth is the significant increase in the younger population in the Queanbeyan – Palerang Region of SNSWLHD. Combined with the effects of an ageing population in other parts of SNSWLHD, this growth has significant impacts on the need for secondary support services and additional resources and planning for growth on health care systems.

26. Finally, modern accommodation that is fit-for purpose is an ongoing challenge for many of our sites. The availability of suitable accommodation would assist SNSWLHD to attract and retain staff.

E. OPPORTUNITIES

27. There is a good opportunity for SNSWLHD and the NSW health system more broadly to focus on health outcomes. In particular, the outcome and experience of care reported back by patients themselves could be a key component of measuring the performance of the health system.

28. It is important to continue the work of Integrated Care and aligning this work to Value Based Healthcare. A lot of work has already occurred in SNSWLHD with the roll out of the NSW Health Strategic Framework for Integrating Care commencing in 2018. As a result, SNSWLHD has developed new integrated care models, linking different health services and building closer partnerships with other health service providers. An example of an integrated care program would be Planned Care for Better Health and the ED to Community program. It is important to note that Integrated Care is only one program of four programs driving the system towards Value Based Health Care. The other three are Leading Better Value Care, Commissioning for Better Value and Collaborative Commissioning. All these components of the Value Based Health Care programs are focused predominately on seamless care being provided in the community or improved care between health systems. It is important to continue this work to ensure the system provides care in the community by General Practitioners and wrapping the most appropriate care team around the patient, rather than utilising costly hospital beds and care being interrupted by the business of a hospital setting, when patients could receive their care in the comfort of their own home.

Fiona Renshaw

2 August 2024

Karina de Bruyn-Dissel

Witness:

2 August 2024