

**Submission
No 119**

**INQUIRY INTO OPERATION AND MANAGEMENT OF
THE NORTHERN BEACHES HOSPITAL**

Organisation: Healthscope Ltd

Date Received: 28 July 2019



Healthscope

**Healthscope Submission to Portfolio Committee
No. 2 – Health
Inquiry: *Operation and management of the
Northern Beaches Hospital***

28 July 2019

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28 July 2019

The Hon Greg Donnelly MLC
Chair
Portfolio Committee Number 2 – Health
Parliament of NSW

Submitted online

Dear Mr Donnelly,

Healthscope appreciates the opportunity to make a submission to Portfolio Committee Number 2 in relation to its inquiry into the operation and management of Northern Beaches Hospital (NBH or Hospital). We support the work of the Committee and welcome the opportunity to contribute to, and co-operate with, the Inquiry process.

Healthscope is one of Australia's leading healthcare providers, with extensive operations in NSW and across the nation. In 2014, we were entrusted with the responsibility of working with the NSW Government to develop and operate the new NBH as the flagship healthcare facility serving the local community.

In doing so we take ownership of the past and restate our commitment to ongoing improvement and high quality patient outcomes. We do not seek to deflect responsibility, and we acknowledge mistakes have been made. At the same time, we point to the significant achievements that the NBH team has made to rectify those mistakes.

We also understand that, regardless of the apportionment of blame, there was a failure in the early days of the Hospital where it did not meet the community's or our own high expectations. For that, we apologise, and since the initial period we have directed all our efforts into putting things right, with a focus on continuous improvement.

This improvement has been clearly demonstrated by the feedback from patients we have cared for over the past nine months and the clinical outcome data that we are now able to publish on our website, in line with Healthscope's Clinical Governance Framework. While we measure and analyse many facets of the Hospital's performance, and publish them, the patient experience ratings are a personal, human reaction to how our patients are treated and cared for, and how that reflects the outcome of that care.

We accept that there will be complaints about some individual patient experiences – every hospital receives them. However, our overall performance has significantly improved over time. The patient experience data for NBH shows a substantial improvement since opening: Over 80% of patients rated the overall quality of treatment and care as "very good" at mid-July 2019, 11% higher than in the first month of opening. When compared with the most recent NSW Bureau of Health Information (BHI) patient survey statistics on the rating of care in public hospitals, NBH compares favourably and is 15 points above the NSW State average

While we accept the early weeks of NBH have defined initial perceptions of our Hospital, the past six months have demonstrated the resilience, pride and determination of our team to deliver high quality care for the local community we serve. As a result, our patients are benefiting from access to a range of new and expanded services, and a high standard of healthcare that will continue for decades to come.

The real acknowledgement goes to our unsung, hard-working heroes at NBH who step up every day to provide a level of excellence in providing high quality care for our patients.

Please do not hesitate to contact me and I look forward to the assisting the Committee over the coming months.

Yours sincerely

[signed]

Richard Royle
Interim CEO
Northern Beaches Hospital
Healthscope Ltd

1. Introduction

Healthscope/Northern Beaches Hospital (NBH) received an invitation on 18 June 2019 from the Legislative Council's Portfolio Committee Number 2 (Committee) to provide a submission for its Inquiry on the *Operation and Management of the Northern Beaches Hospital* (Inquiry) and is pleased to respond.

Healthscope sees this Inquiry as an important opportunity to inform and explain our perspective on the development and establishment of NBH, its operations, and our aspiration to be a leading health facility, serving the Northern Beaches community. This Inquiry also provides an avenue for us to listen to and learn from the feedback and experiences of NBH patients and other stakeholders and to continue to improve all facets of service and performance at the Hospital.

In relation to the broader NSW community, and the Northern Beaches community in particular, Healthscope's overriding focus and priority is the provision of high quality healthcare and a successful long-term partnership with the NSW Government.

2. About Healthscope

Healthscope is a leading private healthcare provider with a portfolio of 43 hospitals¹, including 12 co-located with public hospitals, and 24 pathology laboratories across New Zealand. In Australia, Healthscope operates hospitals in every state and territory and is responsible for over 5,000 licensed beds (as at June 2019).

This portfolio of Australian hospital operations is represented in the figure below:

Figure 1 Healthscope's footprint



The hospital portfolio includes specialised acute, psychiatric, rehabilitation and extended care facilities as well as full-service hospitals.

The company employs more than 18,000 people, and approximately 17,500 medical practitioners are credentialed to work, across its operations. Of its employees 16,000 are located at Healthscope hospitals. In the 2019 financial year Healthscope facilities:

- Admitted 619,600 patients;
- Received 116,300 emergency department presentations;

¹ Includes three hospitals under management for the Adelaide Community Healthcare Alliance

- Provided 518,500 medical and surgical separations; and
- Delivered 11,800 babies.

Clinical quality indicators, known as “MyHealthscope”, are published on every Healthscope hospital website, as well as at an aggregate national level. Healthscope was the first private healthcare provider in Australia to publicly report quality data in 2011. The number of clinical quality indicators has increased over time, from an initial set of 15 to currently 27 indicators in total. Consistent with this approach, the first NBH Quality Report will be published at the end of July 2019.

In early September 2019, Steven Rubic, one of Australia’s most experienced hospital and health sector executives will commence as CEO of Healthscope. Mr Rubic is currently CEO of I-MED Radiology Network and was previously head of St Vincent’s & Mater Health Sydney.

3. Overview of Northern Beaches Hospital

3.1 Introduction

Northern Beaches Hospital (NBH) is a privately licensed hospital, which provides services to public patients up to 'level 5' (NSW Health role delineation)². It also has capabilities beyond level 5, which are currently available to private patients. The comprehensive health services it offers significantly reduce the need for people to travel outside the local area. Manly and Mona Vale Hospitals previously provided services generally up to level 4.

The Hospital provides high quality care to public and private patients and, since opening on 30 October 2018, is a major health facility for the Northern Beaches community.

NBH has been established as a long-term partnership between the NSW Government and Healthscope. Under this partnership, Healthscope is delivering state-funded services to public patients over a 20-year period. Separate to this, it will deliver services to private patients for 40 years. The public component of the Hospital will be returned to government in 2038, and the entire hospital in 2058.

NBH operates under agreements between the NSW Government and Healthscope (see further in the following section). In accordance with these contracts, public health services are purchased from Healthscope by the NSW Government on an annual volume basis. The methodology allocates a cost per treatment according to NSW state 'national weighted activity units' (NWAU).

The public-private nature of NBH means that improved patient outcomes and operating efficiencies can be achieved through the sharing of clinical facilities, equipment and staff and has enabled delivery of a state-of-the-art hospital to the community, with less cost to the taxpayer.

As at early July 2019, there are approximately 1,723 staff employed at NBH. This includes permanent staff who previously worked at Manly and Mona Vale Hospitals who chose to transfer to NBH. The number of staff is anticipated to rise to around 2,000 when all services are opened. In addition, more than 500 specialist doctors are credentialled to work at the Hospital either on an employed or contractor basis. This is further supported by approximately 120 junior medical staff, including trainees on rotation from the Northern Sydney Local Health District (NSLHD).

The Hospital has been built to the highest standards of contemporary hospital design and comprises:

- 488 hospital beds, with room to expand in the future.
- A 50-space emergency department.
- 13 operating theatres, a hybrid operating theatre (i.e. with advanced medical imaging devices to enable minimally-invasive surgery), two cardiac catheter labs and four procedural rooms.
- Critical care services including intensive care.
- A comprehensive range of surgical services.
- A range of medical specialty services.
- Mental health services.
- Maternity, neonatal and women's health services.
- Paediatric services.
- Outpatient services.
- Digital imaging and diagnostic facilities.
- On-site medical centre.

² Role delineation is a planning tool used in service and capital developments. Role delineation provides a framework that describes the recommended range of procedures, infrastructure, support services, workforce and systems, for clinical services to be delivered safely. Each service standard has up to six levels of service, in ascending order of complexity. These are classified from Level 1 (basic levels of care) up to Level 6 (tertiary level care).

- Cafes, retail and customer services.
- 1,400 car spaces.
- Public transport links.

NBH is offering higher levels of acute patient care than was previously available at Manly and Mona Vale Hospitals, with key examples including:

- Emergent cardiac catheterisation and surgery (not previously available).
- Low dose CT scanning for children (not previously available).
- MRI scanning (not previously available).
- Elective birthing from 32 weeks gestation (previously 36), with 14 special care nursery beds.
- Well-equipped theatre complex with 17 operating rooms and three advanced imaging suites.
- Onsite and on-call interventional radiology (not previously available).
- Increase in sub-specialties onsite (neurology, renal medicine, haematology, endovascular surgery).
- Doubling of capacity in renal dialysis services (expansion from six to 12 chairs).
- Increased emergency medicine consultant cover.
- Higher level intensive care medicine services, including 20 ICU beds.

In addition, the Northern Beaches community now has neurosurgery and cardiothoracic surgery available for private patients.

3.2 NBH Departments

A full listing of Departments at NBH, and the key services they provide, include:

- Acute geriatrics, a comprehensive service that assesses, diagnoses and treats older and more complex patients.
- Anaesthesia and Pain Management, comprising over 90 specialist anaesthetists providing services to patients across a range of clinical specialties and other services.
- Cardiac Care, providing a comprehensive range of inpatient diagnostic, therapeutic and interventional cardiac services.
- Emergency Department, providing urgent, 24-hour care to around 65,000 people each year.
- Endocrinology, providing expert care in clinical areas including diabetes, metabolic issues and endocrine problems.
- Gastroenterology, treating patients with upper and lower digestive system disorders, small intestinal disease, pancreaticobiliary disorders, liver disease and functional gut disorders.
- General medicine, providing specialist care to patients with acute medical conditions requiring inpatient care
- General Surgery, providing elective and emergency care for patients with general surgical conditions and offering a range of surgical sub-specialties.
- Haematology, providing inpatient and outpatient care for patients with benign and malignant haematological (blood) conditions, plus provision of advice to other specialties.
- Infectious Diseases, managing a wide range of infectious diseases, providing advice to other specialties and overseeing an Antimicrobial Stewardship Program

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- Intensive Care Services, caring for patients with life-threatening illnesses and complications, and monitoring potentially life-threatening conditions.
 - Interventional Radiology, providing a range of minimally invasive, imaging guided, diagnostic and therapeutic procedures
 - Medical Imaging, providing high-quality, timely and accurate diagnostic imaging to Hospital patients and the local community.
 - Nephrology, providing inpatient care to patients with kidney problems, plus delivery of an ambulatory dialysis service.
 - Neurology, a clinical and diagnostic service for the assessment and management patients with brain, spinal cord, nerve and muscle disorders, including a stroke service, with associated outpatient clinic.
 - Ophthalmology, providing consultative services to inpatient and ED patients with eye problems.
 - Paediatrics, providing care of children with medical and surgical problems on both an inpatient and outpatient basis, plus neonatology and support of the special care nursery as part of the maternity service.
 - Pathology, providing pathology testing services to inpatients, clinicians and the general public, including a wider range of tests than previously available, e.g. rapid PCR testing for influenza and other infectious diseases.
 - Plastic and Reconstructive Surgery, including plastic surgery services to the Northern Beaches area and acute trauma care for emergency patients in the fields of plastic, maxillofacial and hand surgery.
 - Respiratory medicine, providing specialist inpatient care to patients with lung conditions, plus a range of diagnostic procedures
 - Urology, providing the latest treatments to men and women with illnesses affecting the urinary tract.
 - Vascular and Endovascular Surgery, providing comprehensive care to patients with arterial and venous insufficiency, trauma and other vascular disease.
 - Women's Health, including birthing services and facilities, maternity accommodation, obstetric and midwifery care, inpatient/outpatient maternity support, special care nursery and gynaecology services.

4. Hospital Planning and Establishment

4.1 NBH Procurement Process and Contract Arrangements

The journey for Healthscope leading to the opening of NBH in October 2018, commenced in May 2013 when the NSW Government issued an invitation for expressions of interest (EOI) to design, build, operate and maintain a state-of-the-art hospital at Frenchs Forest.

Following its response to the call for EOI, the company was shortlisted along with two other parties to receive the detailed request for proposals for NBH. Healthscope was announced as the preferred hospital operator in October 2014 and, following detailed negotiations, executed a Project Deed with the NSW Government on 11 December 2014. Financial close for NBH was achieved on 28 January 2015. The contract summary can be found [here](#).

Under the Project Deed and other agreements, categories of project risk have been broadly shared as follows:

- Project consents: shared between the government and Healthscope.
- Site conditions and issues: shared between the government and Healthscope.
- Design, construction and commissioning: risks with Healthscope.
- Operational issues: risks with Healthscope; some residual risk with government.
- Asset management: risks with Healthscope.
- Changes in law or policy: shared between the government and Healthscope.
- Force majeure: shared between the government and Healthscope.
- Finance risk: risks with Healthscope; some residual risk with government.

4.2 Key Contractual Terms (Hospital Operations)

Under Healthscope's agreement with the NSW Government, it has a concession in relation to the Public Patient Portion³ and Shared Portions⁴ of the Hospital for a 20-year period. This can be extended for a period of up to five years by government. Operational control of these facilities is then transferred to the government at no additional cost to the State. For the Private Patient Portion⁵, the length of the concession is 40 years and access is provided to the Shared Portion of the Hospital after it is transferred back to government under an agreed lease.

The Project Deed obliges Healthscope to provide clinical services for public patients having regard to high standards of patient care and safety at all times, and in accordance with good operating standards and a quality assurance management plan. This obligation also relates to all other services necessary to support the clinical services.

Before each operating year commences, the government provides Healthscope with an 'annual notice' for the pending operating year. This annual notice sets out the type and volume of services that will be purchased in the operating year. Healthscope may also provide additional services upon the request of the State.

Healthscope's key operational obligations under the Project Deed relate to:

- Targets for elective surgery and emergency access.
- Not inappropriately transferring patients to other facilities, unless there is an urgent or critical care need to do so.
- Encouraging prospective patients in the catchment area to use NBH.
- Maintaining and complying with the hospital license and accreditation.

³ 'Public Patient Portion' means the emergency department and that part of the facility used for the treatment of Public Patients (other than the Shared Portion).

⁴ 'Shared Portion' means certain parts of any infrastructure, services, facilities, and equipment at the facility which the parties intend will be used for the provision of services to both Public Patients and Compensable Patients (i.e. patients whose treatment is funded by a third party like a private health insurer, or by themselves).

⁵ 'Private Patient Portion' means that part of the facility used for the treatment of Compensable Patients and associated commercial facilities.

- Encouraging community participation, and enhancing patient care and services.
- Fulfilling its obligations in relation to volunteer organisations and donations.
- Fulfilling its obligations in relation to disaster response and planning.
- Implementing government health initiatives.

Healthscope has obligations in relation to targets, key performance indicators and quality standards set out in the Project Deed.

There are a range of contractual provisions relating to staff and employment. Healthscope was required to offer employment to all permanent NSW Health employees who were working at Manly or Mona Vale Hospitals whose functions were transferring to NBH. On a continuing basis, Healthscope is responsible for all workforce and industrial relations matters at NBH, including appropriate training and accreditation.

Healthscope is responsible under the Project Deed for procuring medical and non-medical equipment. It also has rights in relation to the operation of retail and commercial facilities (e.g. general practice clinic and private consulting suites) at the Hospital. Healthscope is also responsible for the operation of the car park and overall maintenance of NBH.

4.3 Design, Construction and Commissioning of the Hospital

The NBH site is owned by the NSW Government. Healthscope was granted a license to use and occupy the site during the development/construction phase. During the service operation phase Healthscope is granted a further license and lease to occupy the site and operate the Hospital. The contract required Healthscope to achieve a number of progress and completion milestones and also defined the process leading to the commencement of operations ('operational readiness') and the target date for opening (30 October 2018). The transition arrangement from two operating locations (i.e. from Manly and Mona Vale Hospitals) to the new NBH, including patient and staff transfers was also set out in the Project Deed.

In relation to the design, construction and delivery phase of the Hospital, this was undertaken by a joint venture between CPB Contractors (the design and construction main contractor) and Healthscope. Broadly speaking, CPB Contractors was responsible for performance of the delivery obligations up until Technical Completion (11 July 2018 under the Project Deed, but actually achieved on 31 May 2018) and Healthscope for performance of delivery obligations beyond this date.

The Project Deed established two coordination groups, the first of which was the Project Coordination Group (PCG). The PCG comprised representatives of government, CPB Contractors and Healthscope and met for the duration of the construction and delivery phases of the Hospital. Its key mandate was to discuss and review development, design, construction and commissioning issues, program issues, relevant interfaces as well as preparation and compliance with project plans.

The second group, the Operational Services Group (OSG), also involves representatives of government and Healthscope, and continues to meet regularly. Its mandate is to discuss issues including:

- Provision of services.
- Activity profile, services specification and role delineation.
- Facility operation and management.
- Preparation and compliance with project plans.
- Issues arising from reports provided by Healthscope to government.
- Continuous improvement obligations.
- Health initiatives and disaster measures.
- Facility maintenance.

Despite the substantial, ongoing resourcing and planning leading into its opening, there were problems that impacted the smooth operation of the Hospital over its first weeks. While some issues and complications are

inevitable when opening any large-scale hospital providing advanced and acute services, the initial problems that emerged on the commencement of operations at NBH were more significant than anticipated. The nature of these problems included a number of process, technology and human resourcing issues, as well as a higher volume of patients than anticipated. Importantly, this did not include the process of patient transfer from Manly and Mona Vale Hospitals to NBH, which proceeded smoothly.

From Healthscope's perspective, the fact that these problems emerged is a source of regret in terms of both initial patient and staff experience. This meant the Hospital did not meet the high expectation of the community or Healthscope in the weeks after its opening. In turn, this impacted local community perception of NBH during this important early period of operation.

Critically, however, the team at all levels of NBH responded quickly and effectively to these initial operating problems – nurses, doctors, other health professionals and non-clinical staff – together with the assistance of the NSLHD. Immediate actions following opening, together with those taken subsequently have included:

- Effective management of higher than expected demand and level of complexity/acuity in the Emergency Department with flow on increased admissions to the Hospital through:
 - Additional Junior Medical Officers (JMOs) were recruited and supplemented by locums.
 - Additional nurses were recruited and additional nurses seconded from other Healthscope sites to assist.
 - Medical units restructured and additional teams created.
 - Emergency theatre lists created.
- Significantly enhanced the senior management team to manage key services and provide additional capability:
 - Secondment and subsequent appointment of Chief Operating Officer (former General Manager, Prince of Wales Private Hospital).
 - Seconded Healthscope's National HR Manager to support recruiting.
 - Seconded Healthscope's Senior Manager, Mental Health to support the NBH mental health team.
 - Appointed a Patient Experience Manager.
- Elective private surgery was severely curtailed to ensure public patients could be treated. Public patients were granted access to all scheduled lists (mixed lists), to ensure there were no barriers to timely treatment.
- Established Clinical Operations and Outpatient Working Groups as a collaborative approach with government.
- Improved the systems and availability of medical, surgical and pharmacy supplies and the processes to procure key equipment.
- Developed a comprehensive plan to address early Information Management and Technology deficiencies:
 - Creation of a Clinical Systems steering committee and associated clinical reference groups, supported by a project plan, an onsite clinical applications team including NBH's technology partner, and additional training and support access for staff and doctors.
 - Immediate prioritisation of electronic medical record (EMR) enhancements to focus on patient safety issues
 - Implemented on-site access to medical records elsewhere in the NSLHD through dedicated terminals, pending the deployment of the planned Health Information Exchange.
 - Improved access to electronic patient discharge summaries working with the Primary Health Network and GPs.

- Enhanced communication with key internal and external stakeholders including staff, doctors, the local Primary Health Network, medical colleges, NSW Health Education and Training Institute (HETI), Australian Medical Association (AMA) and Australian Salaried Medical Officers Federation (ASMOF).
- Process improvement to deal with patient and family complaints in a timely, empathetic and effective manner.

As elaborated on in section 5 of this submission, from the beginning of 2019, the quality of services and care delivered at NBH have been consistently high and continue to improve.

4.4 Accreditation

NBH is accredited against the National Safety and Quality Health Service Standards, a mandatory set of standards established by the Australian Commission on Safety and Quality in Health Care for all public and private hospitals.

Accreditation involves a hospital site visit by an independent team of expert health professionals who review the quality and safety of services provided. This occurs every three years, in accordance with the Australian Commission on Safety and Quality in Health Care. The hospital is measured against eight overarching standards with many different criteria, including clinical governance, patient-centred care, medication management, clinical handover, infection prevention and staff education.

New hospitals such as NBH are required to undergo interim accreditation within two weeks of opening, and a revisit within 12 months. At its first survey in November 2018, the Hospital achieved preliminary accreditation by the Australian Council on Healthcare Standards against the National Safety and Quality Health Service Standards, plus the 'EQuIP National' framework.

4.5 Health Education and Research Institute Reports (December 2018 and January 2019)

A survey team from the NSW Health Education and Training Institute (HETI) visited NBH on 10 December 2018, in relation to prevocational accreditation for junior medical staff. During its visit, HETI identified significant operational problems relating to a number of systems, processes and staffing-related issues. The report from that visit noted the Hospital's acknowledgment of the seriousness of these findings and its commitment to addressing these.

HETI's survey team revisited NBH around a month later, on 17 January 2019. It noted that the Hospital had made significant progress in addressing the various operational issues identified in the previous visit. HETI indicated that it was satisfied with the Hospital's response and plans to visit again in September 2019.

Since January 2019, NBH has continued to address the issues raised by HETI and has made substantial further progress. This has included:

- Further increase in JMO numbers.
- A Career Medical Officer (CMO) assigned to each acute inpatient floor overnight.
- Enhancements to the electronic medical record (EMR).
- Interim Deputy Director of Medical Services appointed with direct responsibility for the JMOs; permanent appointee commences August 2019.
- Regular medical staff newsletters which go to JMOs and senior doctors.
- Collaboration with NSLHD to clarify the roles of respective JMO teams.
- Comprehensive augmentation and updating of policies, protocols and procedures.

Importantly, NBH had secured Provisional Accreditation from HETI prior to the Hospital's opening and that has been maintained since. NBH is continuing to work towards the next milestone of securing full HETI accreditation in September.

The Hospital has also been inspected by the following bodies, which have all accredited advanced trainee positions at NBH and are therefore satisfied with the level of support and supervision being provided and the standards of care to which the trainees are contributing.

- Royal Australasian College of Surgeons
- Royal Australasian College of Physicians
- Australian College of Emergency Medicine
- Royal Australian and New Zealand College of Psychiatrists
- Australian Orthopaedic Association
- Royal Australasian College of Anaesthetists

Indeed, several of these colleges have subsequently increased the number of training posts accredited.

4.6 Education and Research

NBH provides the necessary support for the professional development of all staff and students to ensure the delivery of evidence-based, high quality patient-centred care. The Training, Teaching and Education governance framework within NBH is a collaborative approach, with the engagement and participation of all major stakeholders, including staff, students, and tertiary education institutions. In line with NSW government practices, NBH is seeking to develop collaborative and consultative relationships with pillar agencies such as the Clinical Excellence Commission, Agency for Clinical Innovation, HETI, specialist medical colleges, and the University of Sydney Northern Clinical School.

The Hospital offers postgraduate medical training from Intern through to Advances Trainee level for approximately 130 doctors, in partnership with the NSLHD, HETI and medical colleges. Furthermore there is an agreement with the University of Sydney Northern Sydney Medical School to provide undergraduate medical training (yet to commence). NBH will start clinical placements for nursing and allied health in 2020 with a number of universities across the state. Additionally, a collaboration will commence with NSW TAFE for Assistant in Nursing and Enrolled Nurse programs.

NBH provides the facilities and environment to support and encourage a range of appropriate clinical research activities in basic science, behavioural, clinical and translational research, both on-site and complementary to the NSLHD, aimed at improving patient outcomes.

Research activities include:

- The support of academic research efforts by clinicians and through participation in clinical trial work as part of the NSLHD.
- Linking to the Kolling Institute of Medical Research, the University of Sydney Northern Clinical School and the NSLHD Research Office and research programs, including involvement in clinical trials and translational research.
- Ensuring that all research meets appropriate ethical and scientific standards, is compliant with NSW Ministry of Health Policy Directive 'Research – Ethical and Scientific Review of Human Research in NSW Public Health Organisations' (PD2010_055), and is undertaken in accordance with NSLHD research governance processes.

5. Northern Beaches Hospital Today

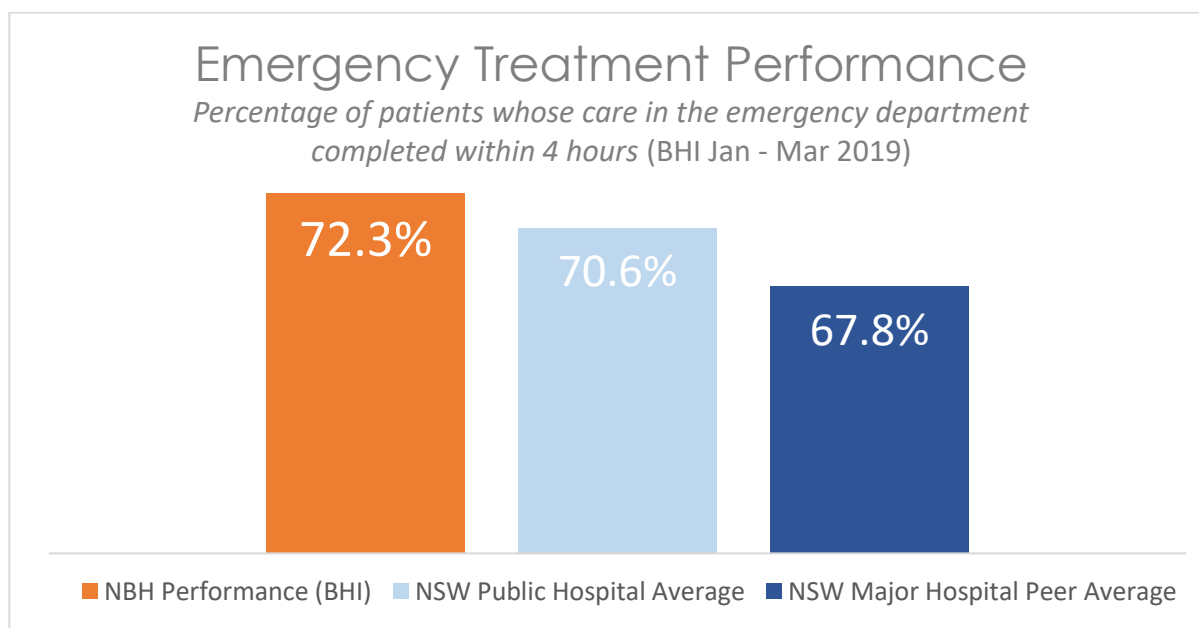
5.1 Patient Care, Quality and Safety

NBH is providing an excellent standard of care to the local community, which is verified through government and other independent industry performance data. While patient and staff satisfaction measures were impacted by issues that occurred during the initial weeks following commencement of Hospital operations, these have substantially improved over recent months.

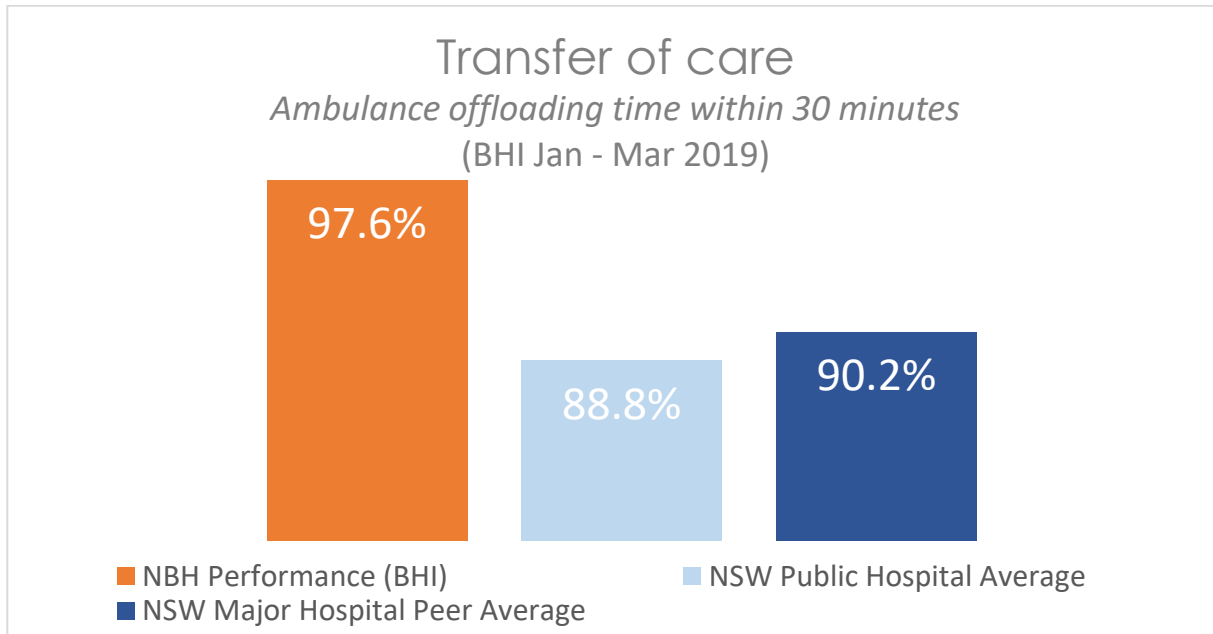
(i) Data from NSW Bureau of Health Information (BHI)

The BHI, which prepares independent reports and data on the performance of the state's public healthcare system, has released public hospital comparison information for the first quarter of 2019. In relation to NBH, this data shows:

- Emergency treatment performance (care in emergency department completed within four hours) – NBH exceeds major hospital peer average performance by 4.5%:



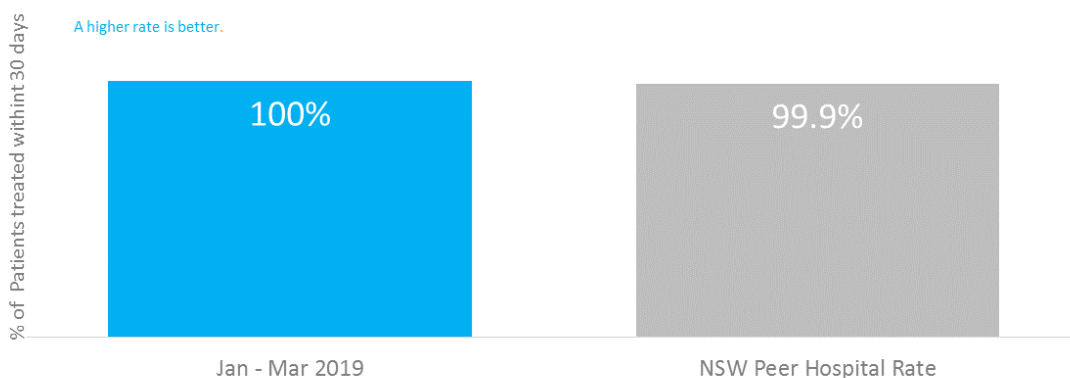
- Transfer of care (ambulance offloading time within 30 minutes) – NBH outperforms NSW major peer hospital average by 7.4%:



- Elective surgery waitlist performance (urgent cases) – NBH exceeds NSW major hospital peer average by 0.1%:

Category 1: Elective Surgery Waitlist Performance

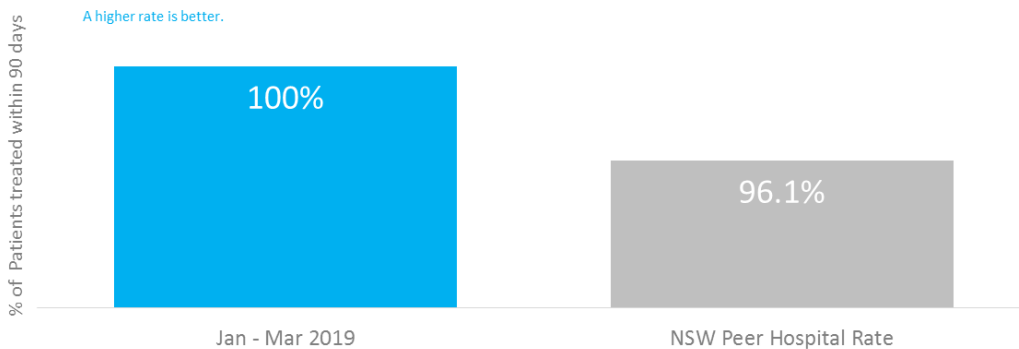
Waitlist Performance against Medically Assigned Urgency of 30 days



- Elective surgery waitlist performance (semi-urgent cases) – NBH performance exceeds NSW major hospital peer average by 3.9%:
 - NBH: 100%
 - NSW major hospital peer average: 96.1%
 - NSW public hospital average: 95.8%

Category 2: Elective Surgery Waitlist Performance

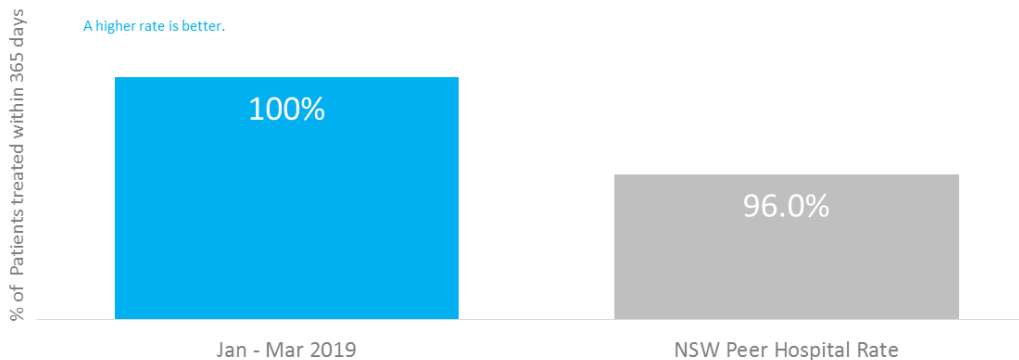
Waitlist Performance against Medically Assigned Urgency of 90 days



- Elective surgery waitlist performance (non-urgent cases) – NBH outperforms NSW major hospital peer average by 4%:

Category 3: Elective Surgery Waitlist Performance

Waitlist Performance against Medically Assigned Urgency of 365 days

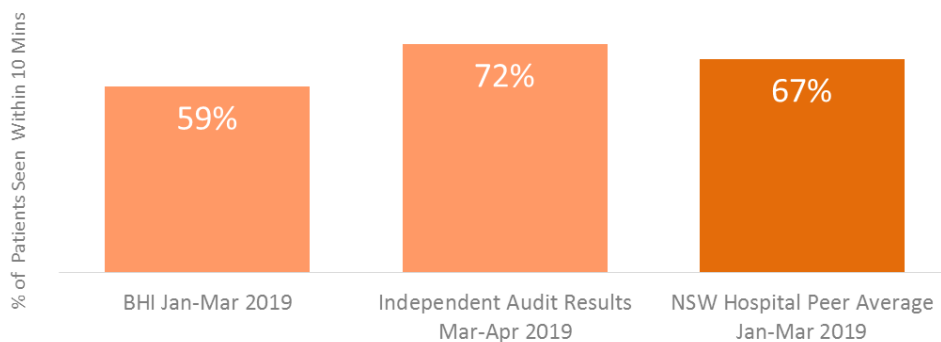


Unfortunately, emergency department triage performance data provided by NBH to BHI was subject to an IT data capture error in reporting. While, for completeness, the misreported figures to BHI are provided in the following four graphs, NBH triage performance was subsequently independently audited and presents an accurate performance measure⁶.

- Triage Category 2 wait time performance (emergency cases/10-minute benchmark) – NBH performance exceeds NSW hospital peer average by 5%:

Triage Category 2: Patients Seen Within 10 Mins Northern Beaches Hospital

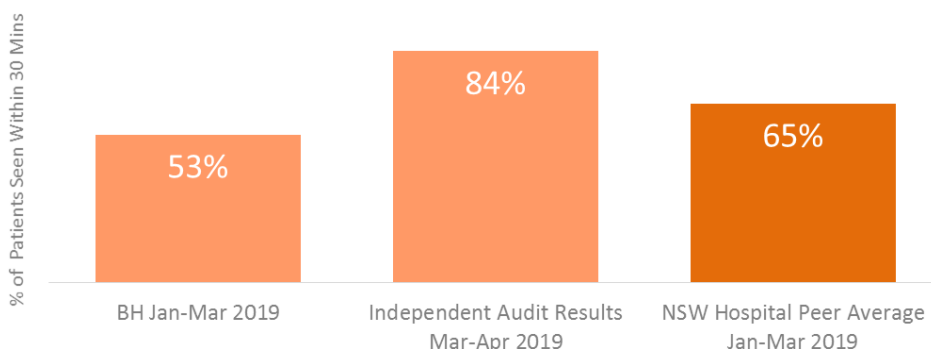
A higher rate is better.



- Triage Category 3 wait time performance (urgent cases/30-minute benchmark) – NBH outperforms NSW hospital peer average by 19%:

Triage Category 3: Patients Seen Within 30 Mins Northern Beaches Hospital

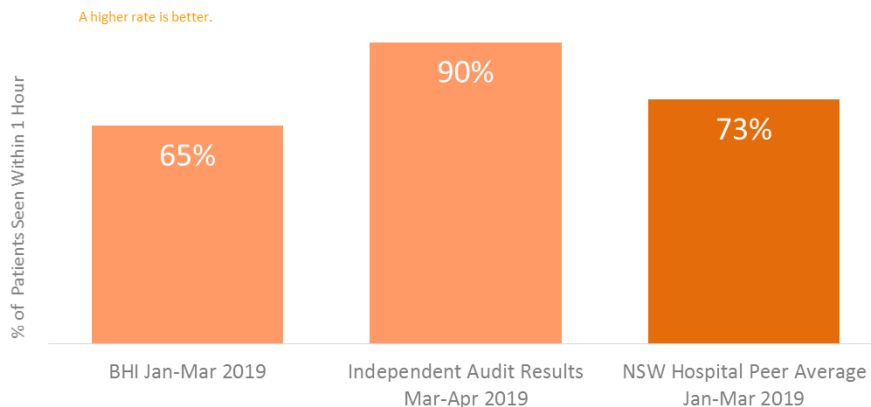
A higher rate is better.



⁶ Also note that BHI does not report on Triage Category 1 (patients seen immediately) – NBH’s performance level in this category is 100%, which is in common with NSW major peer hospitals.

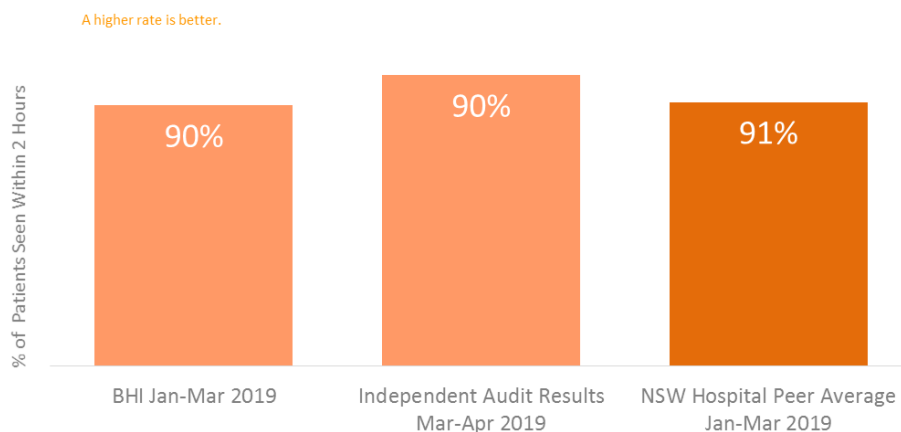
- Triage Category 4 wait time performance (semi-urgent cases/1-hour benchmark) – NBH exceeds NSW hospital peer average by 17%:

Triage Category 4: Patients Seen Within 1 Hr Northern Beaches Hospital



- Triage Category 5 wait time performance (non-urgent cases/2-hour benchmark) – NBH outperforms NSW hospital peer average by 9%:

Triage Category 5: Patients Seen Within 2 Hrs Northern Beaches Hospital



(ii) Data from Australian Council on Healthcare Standards (ACHS)

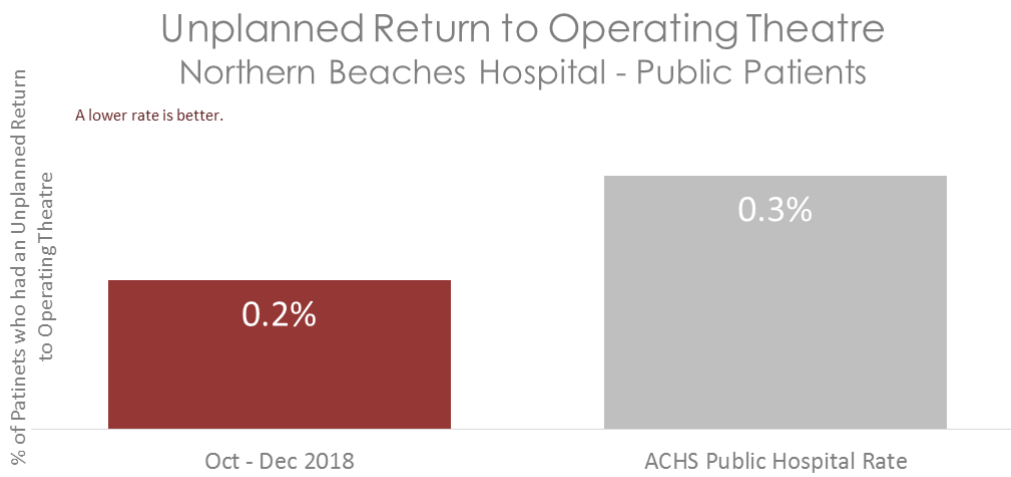
In June 2019, the ACHS, Australia's leading health care assessment and accreditation provider, released its General Comparison Report for the second half of 2018, covering:

- Anaesthesia and perioperative care
- Day patient services
- Emergency medicine
- Gynaecology
- Intensive care
- Maternity

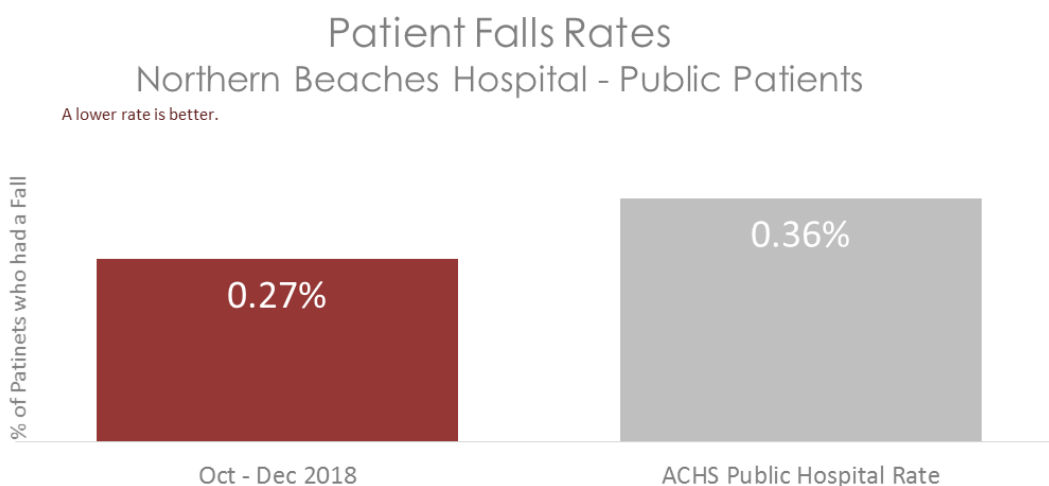
- Medication safety
- Mental health
- Other hospital-wide services

This ACHS Report, attached in the Appendix, compares NBH's performance across 44 indicators for these services to an aggregate rate for other public hospitals nationally. It shows the Hospital's strong performance across a range of key measures, including:

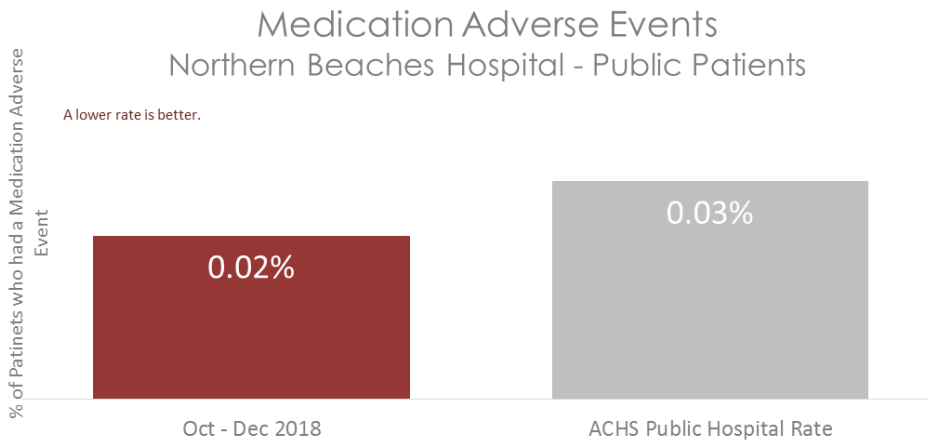
- Unplanned return to operating theatre – NBH's rate is well below the public hospital average:



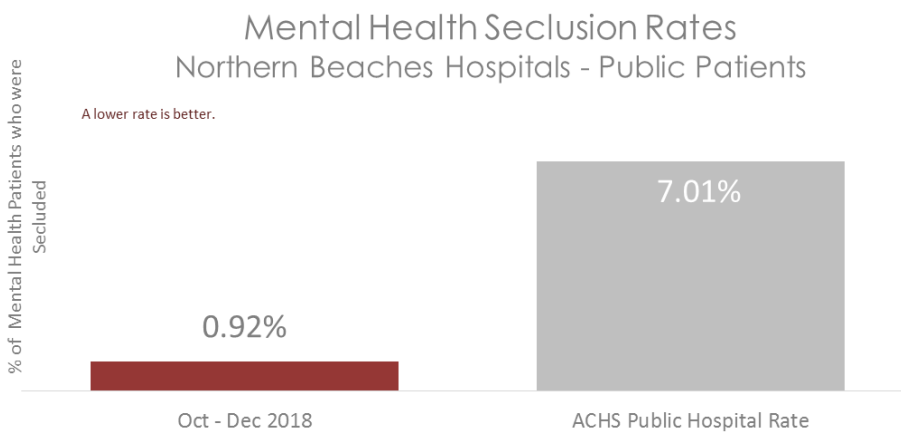
- Falls in hospital – NBH's rate is well below the national public hospital average:



- Medication adverse events – NBH's rate is well below the national public hospital average:



- Mental health seclusion – NBH's rate is well below the national public hospital average:



Overall, the ACHS Report shows that NBH's performance is better than the aggregate rate performance for 34 of these indicators. Of these, 10 are better than aggregate performance at a statistically significant level (shown as 'stars' in the attached Report).

As indicated above, emergency department triage performance data provided by NBH was subject to an IT data capture error in reporting. While the four relevant indicators in the ACHS Report show below average performance, this was updated and corrected through an independent audit of NBH triage performance. The Hospital's strong emergency department triage performance is illustrated in the BHI-related graphs, above.

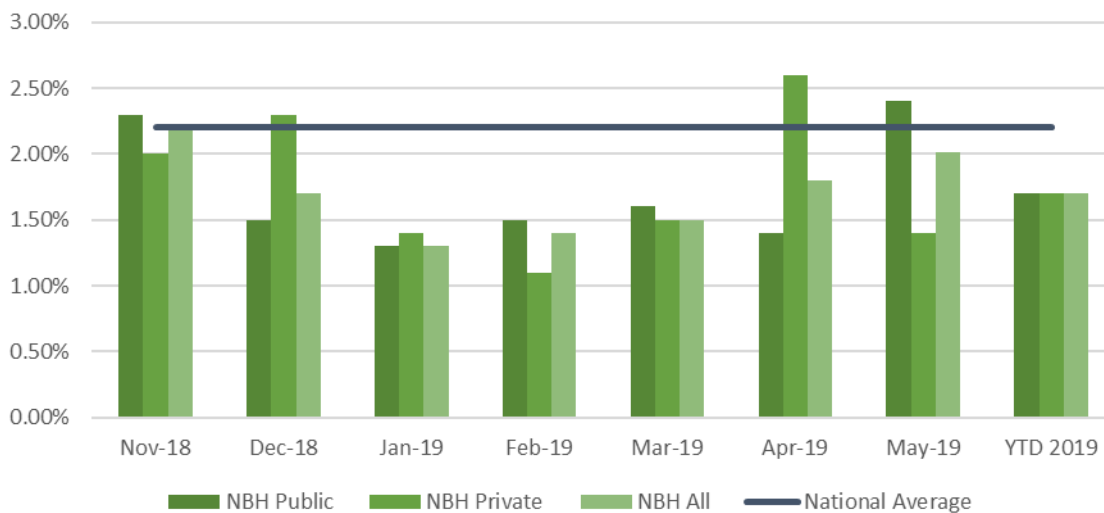
Of the remaining ACHS indicators, one of these is neutral and five are below average but the difference is not statistically significant or the sample size is low.

(iii) Data on Hospital Acquired Complication (HAC)

Healthscope has been collecting HAC data for all its private hospitals, using the national Independent Hospital Pricing Authority (IHPA) methodology, since July 2017. The overall HAC rate is a combination of 16 measures including infections, pressure injuries, falls and other potentially preventable complications. Healthscope hospitals use HAC data to reduce complications and promote quality improvement.

HAC rates have been monitored at NBH since opening, and, since December 2018, the aggregated public and private rates have remained below the national (public and private) rate reported by the Australian Institute of Health and Welfare (AIHW) in their most recent report. This can be seen as follows:

Hospital Acquired Complications



(iv) Data from 'MyHealthscope' Report

As discussed in Section 2, clinical quality indicators are published on every Healthscope hospital website, as well as at an aggregate national level, known as 'MyHealthscope'. Key sources of benchmark/comparative information include the ACHS and BHI information set out above.

Recently, the data became available to enable publication of clinical quality indicators and health outcomes at NBH. This report can be accessed on the NBH website and displays outcomes for all patients, public + private. In addition to the standard indicators used throughout Healthscope's private and public hospital network, two additional measures have been added for NBH:

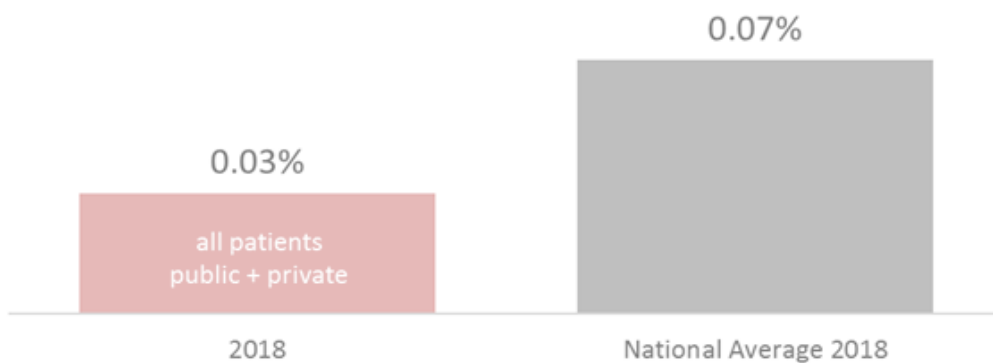
- Transfer of care from ambulance to emergency department staff.
- Length of stay in emergency department.

The MyHealthscope report for NBH shows the Hospital is performing better than the benchmark (private and public hospitals) on all indicators. Examples of key indicators include:

- Patients developing pressure injuries – NBH’s rate is well below the industry rate:

% Patients Developing Pressure Injuries Northern Beaches Hospital

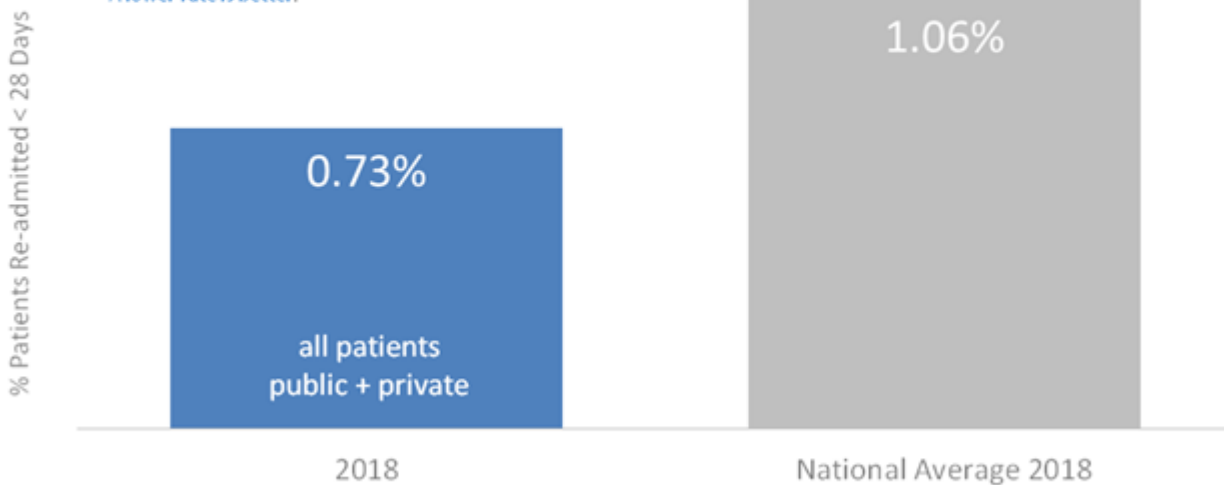
A lower rate is better.



- Unplanned hospital readmissions – NBH’s rate is well below the industry rate:

Unplanned Hospital Readmissions Northern Beaches Hospital

A lower rate is better.



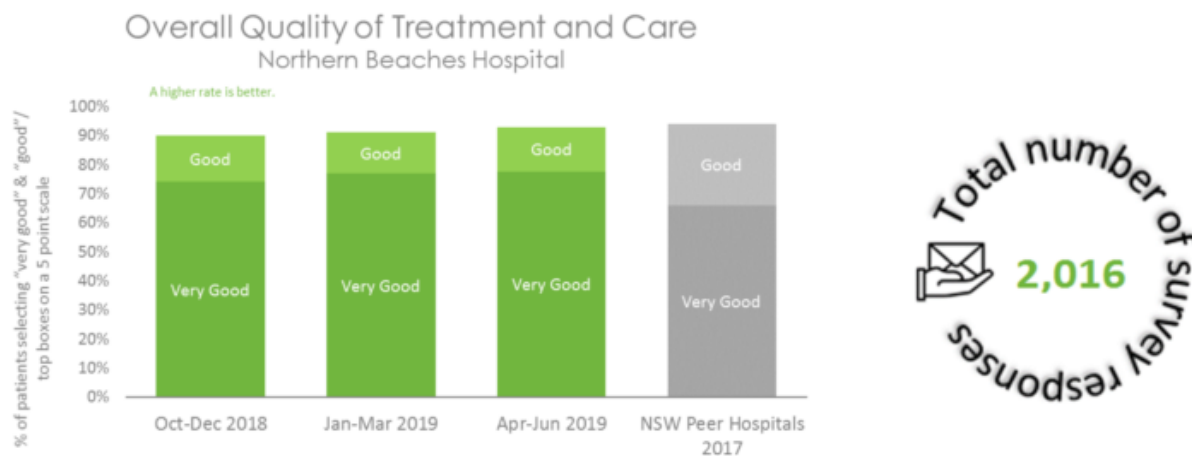
5.2 Patient Experience

NBH is committed to providing patients with the best possible experience during their hospital stay. To evaluate how well the Hospital is meeting their needs, patients are invited to complete a survey after discharge. NBH has based its survey on the new Australian Hospital Patient Experience Question Set developed by the Australian Commission on Safety and Quality in Health Care for use in both public and private health services.

Completion of the NBH patient survey is voluntary and anonymous and most patients complete surveys online. The Hospital conducts surveys continually throughout the year, which provides feedback that is more accurate than periodic surveys.

Senior hospital staff have access to NBH's survey results via an electronic Patient Experience Portal. This allows them to review feedback immediately and identify any opportunities for improvement. Maintaining anonymity, both positive and negative patient comments are shared with relevant staff. This is part of the Hospital's commitment to provide the best possible experience for our patients.

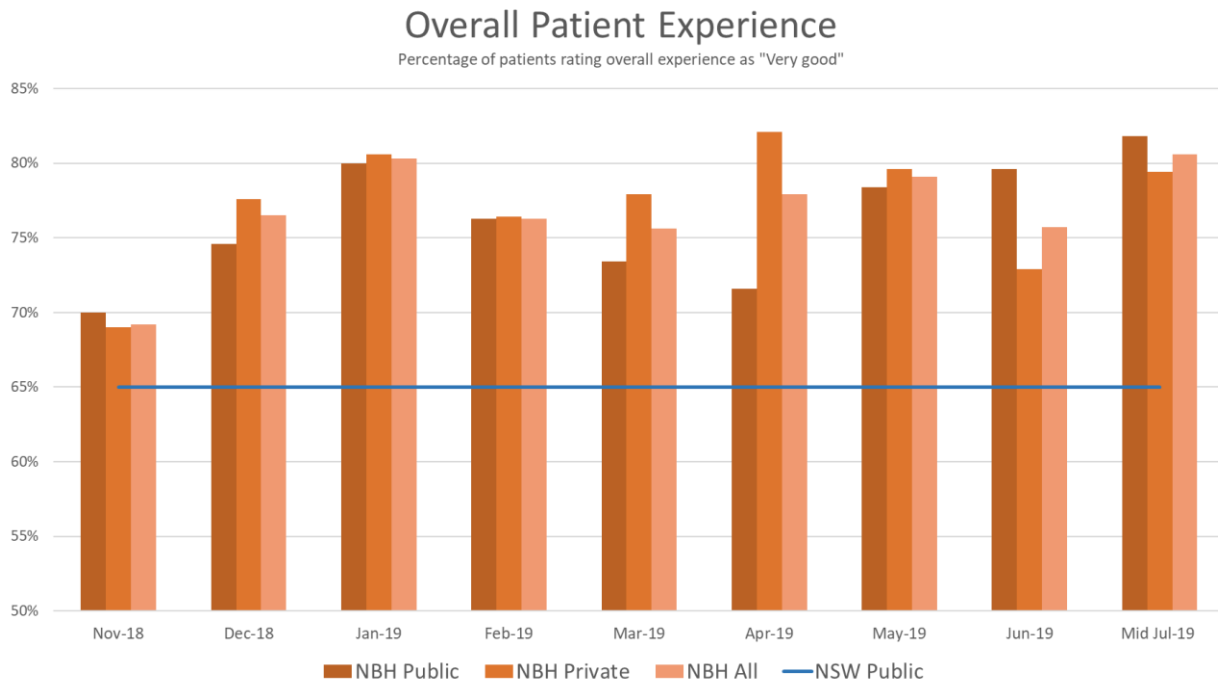
NBH's survey results are also monitored by the Quality Department at Healthscope Corporate Office. Reports are presented to senior management and the Board. One of the key questions about patient experience is the overall quality of treatment and care, which can be rated on a scale of 1 to 5, from 'very poor' to 'very good'. The coloured bars in the graph below show the percentage of patients who have rated the quality of their treatment and care overall as 'very good' or 'good' (top two boxes) over six months to April 2019 from when the hospital opened. This is compared to the percentage at peer hospitals in NSW, shown in the grey bar.



This graph shows that combined 'good' and 'very good' ratings at NBH have been consistently at or above 90%. The percentage of 'very good' ratings is higher than at peer hospitals in NSW. A full data set for this graph is provided below:

AHPEQS - Overall, the quality of treatment and care I received was:															
Northern Beaches Hospital															
Total Responses: 2,016 Percentage of Total Responses for the Quarter	Oct-Dec 2018					Jan-Mar 2019					Apr-Jun 2019				
	Very Poor	Poor	Average	Good	Very Good	Very Poor	Poor	Average	Good	Very Good	Very Poor	Poor	Average	Good	Very Good
		4	12	12	43	203	8	15	37	97	510	5	20	52	164
	1.5%	4.4%	4.4%	15.7%	74.1%	1.2%	2.2%	5.5%	14.5%	76.5%	0.5%	1.9%	4.8%	15.3%	77.6%
BHI Patient Survey - Overall, how would you rate the care you received while in hospital?															
NSW Major Hospitals Peer Group B															
Total Responses: 7,634 Percentage of Total Responses for the Quarter	2017 (most recent comparison period available)														
	Very Poor	Poor	Neither Good Nor Poor	Good	Very Good										
	1.0%	1.0%	4.0%	28.0%	66.0%										

Shown on a progressive basis, this patient experience data for NBH shows a substantial increase since opening – over 80% of patients rate the Hospital as “very good” at mid-July 2019, 11% higher than in the first month. This can be seen in the graph, below.



NBH employs a variety of strategies to improve patient experience. These include:

- Ongoing staff education and provision of resources to ensure that care is person-focused and of the highest standard.
- Hospital management constantly monitoring the rating of overall treatment and care and taking action to address any areas of concern.
- Consulting with Healthscope’s National Patient Experience Manager to assist NBH implement strategies to enhance patient experience.
- Engaging consumer consultants who provide feedback from a patient’s or carer’s perspective.
- Involving patients in their care, for example by shift handover occurring at the bedside.
- Follow-up phone calls to patients after discharge from hospital to ensure they are recovering well.
- Keeping relatives informed of the current location of their loved one in hospital via the ‘Patient Finder’ app.
- ‘Patient Journeys’ – volunteer patients diarising detailed feedback on every part of their hospital experience from pre-admission to post-discharge follow-up.
- Focused initiatives to address areas of concern, such as taste testing to improve our menu, or measuring of noise levels within different hospital areas

5.3 Staff Engagement

Communications and engagement with staff is a priority at NBH, and critical to the Hospital successfully delivering on its mission. Key means through which senior management communicate with staff, and receive feedback, include executive attendance at heads of department, nurse leadership and medical forums. Other channels include monthly newsletter and email updates.

The workload and reliance on non-employed staff (agency and locums) has been a considerable challenge to people engagement at the Hospital, although this has improved over the course of 2019. Through the Hospital's General Manager of Human Resources, NBH continues to prioritise recruitment effort to ensure permanent, high quality clinical staff are recruited and supported. Substantial progress has been made through the year and the Hospital aims to be fully recruited for the majority of our services by the middle of next year.

Rewards and recognition offered at NBH include participation in the 'STAR awards' (an annual award program linked to the STAR values of Service excellence, Teamwork and integrity, Aspiration and Responsibility), monthly local staff awards based around service excellence and teamwork, offerings based on 'going above and beyond' and the opportunity for showcase at Heads of Department and other leadership meetings.

An Employee Engagement Survey was conducted at NBH in May 2019, which is part of an annual engagement survey which has been undertaken by Healthscope across its network since 2017. Pleasingly, the response rate among NBH staff has been very high (49%). The overall engagement score for NBH staff is 75%, compared to an industry benchmark of 80%, which means the Hospital and senior management clearly has more work to do over coming months.

Appendix: Australian Council on Healthcare Standards Report (Second Half 2018)