Submission No 170

INQUIRY INTO OPERATION AND MANAGEMENT OF THE NORTHERN BEACHES HOSPITAL

Organisation: Friends of Northern Beaches Maternity Services

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Submission to the

Inquiry into the operation and management of the

Northern Beaches Hospital

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MATERNITY SERVICES

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About Friends of Northern Beaches Maternity Services

Friends of Northern Beaches Maternity Services (FNBMS) welcome the *Inquiry into the operation and management of the Northern Beaches Hospital* (NBH) and the opportunity to prepare this submission, focusing on the standard of maternity services for Northern Beaches women and babies.

FNBMS represents maternity services users (consumers) on Sydney's Northern Beaches. We want our public maternity services and facilities to be designed based on evidence to achieve the best possible outcomes for women and babies. We want greater choice in models of maternity care, including midwifery continuity of care. We are a volunteer group made up of local mothers, midwives and doulas who have been active since 2013 when it first became known that the new NBH would be built and managed under a public-private partnership. Our advocacy work has included ongoing attempts for meaningful and productive engagement / consultation with Healthscope, Northern Sydney Local Health District and NSW Minister for Health, the Honourable Brad Hazzard. We communicate with the community via our Facebook page, the media and public events.

Our concerns as detailed below, relate to the following terms of reference:

- the contract and other arrangements establishing the hospital
- ongoing arrangements for the operation and maintenance of the hospital
- standards of service provision and care at the hospital
- staffing arrangements and staffing changes at the hospital
- the impact of the hospital on surrounding communities and health facilities particularly Mona Vale Hospital, Manly Hospital and Royal North Shore Hospital
- the merits of public private partnership arrangements for the provision of health care.

Key questions and recommendations are highlighted in bold throughout.

Concerns and recommendations

1. Contract and other arrangements establishing the hospital

Meaningful Consumer Engagement as per Standard 2

Consumers should have been more involved in the planning and design of the models of care for the new hospital, as per the National Safety and Quality Health Service Standard 2: Partnering with Consumers. This Standard outlines the requirement for healthcare services to partner and engage in a meaningful way with local consumers.

Key points of this Standard include[1]:

- "Partnering with consumers is about healthcare organisations, healthcare providers and policy-makers actively working with consumers to ensure that health information, systems and services meet their needs …
- Partnerships with consumers exist when:
  - consumers are treated with dignity and respect
  - information is shared with consumers

[1] https://www.safetyandquality.gov.au/sites/default/files/migrated/Standard2_Oct_2012_WEB.pdf

  - participation and collaboration in healthcare processes are encouraged and supported to the extent that consumers choose."

- Consumer partnership in
  - service planning
  - designing care
  - service measurement and evaluation
- The strategies organisations adopt to meet the Standard "**need to be meaningful, useful and relevant** to [the] overall governance and structure, as well as to the consumers and carers in your community."

Friends of Northern Beaches Maternity Services have been trying to engage with the Northern Sydney Local Health District since November 2013 about the planning, design and provision of public maternity services at the new hospital.

We have persistently asked to be involved in advisory groups, and have referenced Standard 2 in our requests.

We have tried to engage with Northern Sydney Local Health District, Healthscope, The Minister for Health and have had meetings with them, but no consultation process has been developed.

In a letter from Deborah Willcox, Interim Chief Executive, NSLHD, to Helena Mooney, 13 March 2017 we were advised: "Healthscope…has a well-established Consumer Advisory Group which includes local community representation and women who have recently experienced child birth and meetings have been held on a regular basis. In addition, Healthscope have undertaken a number of community presentations with nearly 10,000 people engaged in this process."

There are a number of concerning issues regarding this:

- The fact that the only local maternity consumer group was excluded from this process
- We were never allowed to know who the 2 consumer maternity representatives were or what was discussed
- We later discovered these 2 "consumer representatives" were actually members of staff who had recently given birth
- Community presentations do not constitute meaningful engagement. They are forums to tell consumers what is happening rather than engaging in a collaborative process.

NSLHD advised us that Healthscope will be using a different auditor to the one they usually engage to audit their adherence to the Standards. We find this concerning.

In summary, Healthscope have failed to meet their obligations during the development of the hospital and refused repeatedly to engage transparently with community and consumer representatives regarding maternity care at the new hospital. The effects of this failure reverberate throughout the provision of services.

Planning and design of the maternity wards

The Hospital should have been designed and built based upon the planned models of care, and their requirements.

Public maternity services have different models to care to private maternity services.

Private is obstetrician-led. Healthscope do not allow water births, nor does their insurance cover water births for their private clients.

Public is predominantly midwife-led. Water births are allowed.

Healthscope has no experience of public maternity services and so designed the rooms and wards based on their private models of care.

Water Births

Design plans were signed off without any baths or birthing pools in any of the birthing rooms.

It was only when consumers pointed out this error in an early meeting, that the option of water birth was integrated into the design plans.

Due to Healthscope's policy of not allowing water births in their private hospitals, we are now in the position of only having 3 rooms out of the 10 that has a birthing pool in which a woman can give birth.

In a brand new hospital, there was the opportunity for all 10 rooms to have such facilities

Instead, staff have the added complication of ensuring a private woman doesn't use one of those rooms when a woman going through the public system needs it. And to ensure a private woman doesn't (accidentally) give birth in the pool.

We are concerned if, in the future, Healthscope (or whoever is running the hospital) amends the water birth policy for their private clients. This will disadvantage public women even further, even though we would ideally like all women to have access to this form of pain relief. However, due to Healthscope's insistence on only building 3 birthing pools, these need to be kept purely for the public system.

We wish to see the 3 birthing pools officially reserved purely for women going through the public system.

Inflatable birth pools should also be made available for women to use in the other 7 birth suites where the domestic sized bath is inadequate for use in labour and unsafe for water birth (just as they have at The Royal Hospital for Women, Randwick).

Specialist Clinics

There are insufficient antenatal clinic rooms to cater for the number of women attending at the hospital, particularly with the need to have high-risk clinics/diabetes clinics as the hospital is rated as a Level 5 facility (we are told these are running in the same space as the regular outpatient clinics).

This would have been avoided if the hospital was properly designed with the appropriate models of care in mind.

A dedicated Antenatal Day Assessment Clinic should ideally be created to deal with this demand.

Lack of oversight and input from Northern Sydney Local Health District (NSLHD)

The Northern Beaches Hospital has been designed, built and managed outside of the jurisdiction and oversight of the Northern Sydney Local Health District (NSLHD). This is very concerning for the quality of the provision of public services.

In all of our meetings with representatives of the NSLHD (including Acting CEOs) we were advised that Healthscope had an arrangement with NSW Health and that the NSLHD had limited, if any, control or input.

Since the hospital opened we have been advised by Brad Hazzard MP that the NSLHD does have some oversight of the hospital, but we are not clear what this actually means.

2. Ongoing arrangements for the operation and maintenance of the hospital

Concerns from the maternity consumer perspective drawn from the Northern Beaches Hospital Project Deed and Schedules are as follows:

Clause 52.3 Obligation to prevent leakage

Our engagement with Healthscope during the design, build and operation of NBH has been token at best despite repeated attempts as the main consumer representative group. They claimed to have 2 consumer representatives on their "Advisory Group" but admitted they were staff who had given birth. The lack of appropriate consumer engagement has seen a failure to provide appropriate choices in public maternity care and women choosing to go out of area to access continuity of midwifery care. This has been exacerbated by legitimate concerns surrounding the standard of care due to operational issues, including staffing levels.

We would welcome the opportunity to engage in genuine, meaningful consultation on maternity service design, monitoring and improvements.

Clause 52.7: Community Participation

Healthscope failed to meet their obligations during the development of the hospital and refused repeatedly to engage transparently with community and consumer representatives regarding maternity care at the new hospital.

Using the Public Patient Portion for the treatment of Compensable Patients

Healthscope cannot guarantee that public patients are not impacted by overflow of private patients. When private women (Compensable patients) request water immersion in labour, they can be (and, we know, have been) accommodated in the public birth rooms that have a birth pool. This potentially denies publicly-funded women access to this safe and effective form of pain relief.

Births cannot be scheduled and planned to manage bed capacity unless they are induced or by caesarean section (and staffing should be allocated based on Birth Rate Plus modelling). Healthscope will of course promote the use of the private facilities at the new hospital.

If the Public Patient Portion is not protected and allowed to be used for Private admissions, what mechanisms are there to ensure that public women will not be disadvantaged?

Clause 53 and Schedule 18: Performance monitoring and reporting

We have significant concerns regarding performance reporting for maternity services as specified in Clause 53 and Schedule 18. The targets and thresholds have been redacted in the public copy of the documents and any meaningful measures to protect normal birth have been made service measures with no accountability to the operator other than to report the statistics. It is unclear from the Deed and Schedule what would constitute an Event of Default or Failure in respect to the maternity service provided.

What measures are in place to ensure that the new Northern Beaches Hospital will not end up having a caesarean section rate comparable to Healthscope's other private hospitals? Does not meeting the performance targets equal an Operator Event of Default? Under Clause 77.2?

Clause 59.2: Operator's obligations in respect of all Personnel

We would like to point out that under Clause 59.2, **Healthscope must ensure that all midwifery staff are trained and accredited in waterbirth** and that lack of accreditation in this skill will not be used as a mechanism to prevent women from birthing in water.

Schedule 5: Insurances

It's unclear from this schedule whether the conditions of the new insurance must match those of the current state insurance arrangement. Healthscope's insurer does not cover water birth. **We would like some guarantee that there will be no change in practice regarding services and models of care provided to women in the public maternity service due to restrictions placed on the operator by their insurer (or those of the VMOs they employ)**. This includes services in line with the service level of the new hospital such as the provision of vaginal birth after caesarean section, vaginal breech birth and water birth with appropriately qualified and credentialed clinicians.

Schedule 16: Activity schedule

How will Healthscope determine the activity schedule for maternity/obstetric services independently of the models of care they will be providing? This includes an estimate of the number of surgical/instrumental births under the care of obstetricians. **Will the activity profile be publicly available?**

Schedule 18: KPIs

Why have the thresholds and failure points been redacted from the public document?

No targets or benchmarks have been set for some important indicators that are only service measures for 4 maternity KPIs – 26, 27, 28 and 30.

Why has the reporting of Aboriginal and Torres Strait Islander women receiving antenatal care <14 weeks been kept as a separate reporting requirement?

What are the failure points? There is no benchmark or threshold for vaginal birth. Where is the incentive for them to promote normal birth and prevent unnecessary CS?

We would like to see appropriate performance measures tracked and reported on.

Schedule 19: Reporting

Does Clause 2.1 in Schedule 19 mean they must report on their compliance with the Towards Normal Birth policy or equivalent, including induction of labour policies, early planned birth etc? What are the penalties if they are not complying with the policies or guidelines?

Does this include completion of an RCA for all SAC1 incidents and reporting to the CEC as required by all public hospitals? Private hospitals perform poorly on this generally and it would be concerning if the new hospital did not follow the NSW guidelines for these activities.

Is there any monitoring of wait times for appointments or even length of appointment times? We have concerns that the pressure of fitting in so many appointments in so few rooms will result in both increased waiting times as well as shorter appointment times for women, thereby resulting in poorer outcomes for women and babies.

We would like to see transparency (and thereby accountability) in performance measures and reporting.

Due to the political reasons behind the creation of this public/private hospital, that there will be an impact on the management, reporting and consequences (or lack thereof) of the data.

3. Standards of service provision and care at the hospital

Access to Midwifery Group Practice (MGP / midwifery continuity of carer / caseload)

This has been at the heart of our discussions with Brad Hazzard, Northern Sydney Local Health District and Healthscope over the past several years.

MGP provides continuity of carer with a known midwife throughout pregnancy, birth and the postnatal period.

The evidence is very clear as to the benefits of MGP (reduced intervention, reduced risk of babies being born prematurely, reduced neonatal deaths, higher maternal satisfaction, associated cost savings. The Cochrane review concluded that "most women should be offered midwife- led continuity models of care." [2]

According to the 2018 Medicare Benefits Schedule Review Taskforce: "There is overwhelming evidence that midwifery continuity of care results in outstanding clinical, financial and consumer satisfaction outcomes that benefit families and the community." [3]

NSW Health's target for the number of women to receive this type of care is 35%, as outlined in Towards Normal Birth.[4]

The NBH currently has 6.5 FTE MGP midwives who care for 260 women per year (an MGP midwife has a caseload of approximately 40 women per year). This equates to approximately just 14% of women birthing through the public system.

We know that there is currently a significant waitlist for this highly popular option.

What we don't understand is why MGP - a proven, highly popular, safe, cost-effective form of care is being denied to the majority of women?

By not expanding the number of Midwifery Group Practice (MGP) midwives that was available at Manly hospital, the only way the majority of women will have access to continuity of carer is through private obstetrics. That is what Healthscope are deliberately doing. Making women choose to go private and not public. MGP has been shown by the highest level of evidence (RCTs and systematic reviews) to be the gold standard of maternity care and has the best outcomes for mothers and babies.[5] Why would Healthscope restrict access to this model of care? It also has the highest satisfaction rates for women and for staff. But, it will take business away from their private obstetric model of care.

In line with the evidence, we would like to see a significant expansion of MGP. In the future, we would also like to see this model of care made available to women of all risk levels.

We are very concerned about the financial conflict of interest Healthscope has around the provision of various models of care. Private care is substantially more profitable and so we are concerned that it is not in Healthscope's interest to significantly expand or promote a popular public model of care such as MGP for the benefit of local women and babies.

[2] Midwife-led continuity of care compared with other models of care for women during pregnancy, birth and early parenting, Sandall et al, Cochrane 2016: https://www.cochrane.org/CD004667/PREG_midwife-led-continuity-models-care-compared-other-models-care-women-during-pregnancy-birth-and-early

[3] Medicare Review Taskforce 2018 Report by the Participating Midwife Reference Group: https://www.health.gov.au/internet/main/publishing.nsf/Content/BEB6C6D36DE56438CA258397000F4898/$File/Report%20from%20the%20Participating%20Midwife%20Reference%20Group.pdf

[4] NSW Towards Normal Birth: https://www.health.nsw.gov.au/kidsfamilies/MCFhealth/maternity/pages/towards-normal-birth.aspx

[5] Opcit, Cochrane 2016

Lack of Public Maternity Policies and Procedures

With the exception of water birth and whether a woman can have a doula, there were no maternity policies or procedures in place at NBH.

We have been informed that the midwives did not have a copy of NSW Health's policies, and that Northern Sydney Health did not let them take the policies from Manly or Mona Vale with them as Healthscope is managing the hospital, rather than NSLHD.

We were assured by Healthscope during our discussions that consumers would also be included in the development of these policies and procedures. As the Healthscope contract states that the operator is to follow NSW Health policy, it is alarming that they had not developed local policies and procedures (a requirement of NSW Policy) to correspond to all NSW Health guidelines and policy directives.

This is a serious quality and safety issue that needs to be addressed urgently.

A Clinical Midwifery Consultant should be engaged to write these documents and expand current midwifery models.

Birth suites lacking basic equipment

There is still a shortage of basic maternity equipment to support active birthing, such as mats in the birthing suites. Although these supposedly have already been ordered, we are still awaiting confirmation that they have been delivered.

It is extremely concerning that such simple things were not available from the date the hospital opened, and that confirmation has not yet been provided whether they are yet available, over 6 months after opening.

Birth mats must be available in all birth suites.

NBH could also do as other public hospitals have done by investing in other active birth 'furniture' e.g. Comfortable Upright Birth stools or the Active Birth Couch.

There's also a need to provide portable nitrous oxide in a blend stronger than 50/50. This is to adequately resolve the failure to provide more than one gas port in the room design. There is only a single gas port by the bed in each room which does not stretch far enough for women to be able to use this commonly used form of pain relief in the shower / bath.

This, again, is another example of a private operator not understanding or prioritising what is needed for the provision of high-quality public maternity services.

Birth outcomes

All of these issues combined with issues in staffing and culture (outlined below) have an effect on birth outcomes for women and their babies. Such outcomes are reflected in the change in statistics for normal birth and caesarean sections. Although Healthscope are not reporting outcomes currently, we have been given some statistics being collected individually by staff. Collecting and reporting of personal statistics is an important part of reflective midwifery practice, and is encouraged as part of professional development activities to monitor and improve practice. It is also an essential component of monitoring the quality and safety of a new maternity unit (as you would when implementing any new process, procedure or intervention). Collection and reporting of maternal and perinatal outcomes in a timely manner at the new hospital should be paramount.

Based on personal statistics being collated by midwives at the hospital, we have been informed that, so far in 2019, there is a:

- 37% caesarean section rate for public women – an increase from 29.8% at Manly and 29% at Mona Vale.
- 44% normal birth rate for public women – a decrease from 52% at Manly and 56.8% at Mona Vale.[6]

Such a significant change is deeply concerning so soon after the hospital's opening. More needs to be done to ensure the safety and quality of care women receive is not compromised due to a private operator providing public maternity care.

Access to data

Following on from the previous point, **we again request that Healthscope make their statistics readily available for review**. It is imperative that there is transparency over what is happening for women and their babies, both at a NSW Health Management level, and at a consumer level.

The current timetable for the public to gain access to this data will be the 2019 NSW Mothers and Babies Report which is usually released in November the following year. This means that it won't be until 2 years after the hospital opened that we will be fully aware of the type of care and resulting outcomes that have been provided by Healthscope.

This is deeply concerning and is too long to wait. It is imperative that the statistics are made available earlier.

We have heard that there have been problems with the reporting system. But this is not a sufficient excuse for the lack of transparency and accountability for what is actually happening to women and their babies at the hospital.

4. Staffing arrangements and staffing changes at the hospital

Reliance on agency staff

Although the initial acute shortages have been alleviated, the high dependency on agency staff is a concern (especially without established policies and procedures). There are still insufficient maternity staff and this is having an impact on the care for women.

Using agency midwives has a knock-on effect, both on the culture and working conditions for midwives, and on the standard of care for women and babies (agency staff are less familiar and less efficient and effective than employed midwives).

We have been told that there are "unnecessarily high" levels of induction of labour, presumably because it's easier to manage by a stretched workforce.

We would like to see a reduction in agency staffing in favour boosting the number of employed midwives.

Culture

Healthscope are not experienced in running public maternity services. The culture is different to a private hospital maternity service. Other Healthscope private hospitals are run with a very medicalised culture in maternity care, and they are not required to follow NSW Health policy or guidelines, which are based on the best-available evidence. It is appalling to hear from midwives that they feel like they need to defend midwifery as a profession in order to stop them from simply becoming obstetric nurses.

Such a feeling also extends to normal birthing practices. Healthscope does not allow water birth in its other hospitals, so the feeling is that it's unsupportive of water birth - a view that is not unfounded

[6] NSW Mothers and Babies 2017: https://www.health.nsw.gov.au/hsnsw/Publications/mothers-and-babies-2017.pdf

considering the staunch opposition by Healthscope to install birth pools/baths in the rooms during the build. This creates a culture of fear. Midwives are now getting women out of the baths earlier than they would elsewhere, which compromises the woman's birthing experience unnecessarily and creates unsafe conditions. This is exacerbated by the significant use of agency midwives who would not necessarily be trained and accredited in water birth.

5. Impact of the hospital on surrounding communities and health facilities particularly Mona Vale Hospital, Manly Hospital and Royal North Shore Hospital

Collaboration with Independent Midwives

A number of local women choose to engage a Privately Practising Midwife and have their baby at home. Sometimes women need to be transferred during labour to the nearest hospital for additional support. It is important that pathways for transfer are available, safe and encouraged, so that when women are no longer suitable to birth at home can access the additional services they need in a hospital. Access to safe homebirth services is supported by both Commonwealth and State Government policies, frameworks and initiatives, as well as supported by the Australian College of Midwives. Some public hospitals in NSW provide homebirth services within publicly funded models of care. Where these are not available homebirth services can be provided by Privately Practising Midwives.

Ideally, we would like to see such midwives having collaborative agreements (visiting rights) whereby they continue to care for the women who have engaged them within the hospital. Similar arrangements are in place at Westmead and are supported through NSW Health policy and guidelines. The Northern Beaches Hospital is happy to have such arrangements with private obstetricians, and we would expect that all birthing women can be properly supported by their chosen care provider at the new hospital.

6. Merits of public-private partnership arrangements for the provision of health care

Research shows that, controlling for any other factors, low-risk first time mothers have a 20% increased chance of having intervention (medical and surgical) in a private hospital. This type of care also appeared to be associated with higher rates of newborn morbidity and no evidence in the reduction of mortality in the period immediately after birth.[7]

A privately-run public hospital has an effect on birth outcomes for women and their babies, purely due to the culture and philosophy of the private institutional environment. Sadly, and alarmingly, we are seeing that within the first few months of opening at the NBH.

We believe that there is a financial conflict of interest for Healthscope to manage both public maternity services and highly profitable private maternity services, and would like to understand the regulations Healthscope need to adhere to around this.

[7] Rates of obstetric intervention and associated perinatal mortality and morbidity among low-risk women giving birth in private and public hospitals in NSW (2000-2008): a linked data population-based cohort study, H Dahlen, A Bisits et al, BMJ: https://bmjopen.bmj.com/content/4/5/e004551.full