

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

**Organisation:** NSW Health  
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# **Inquiry into the operation and management of Northern Beaches Hospital**

## **NSW Health Submission**

## Introduction

The NBH, located at Frenchs Forest, is within the geographic area of the Northern Sydney Local Health District (NSLHD). The nominal population catchment areas for NBH comprise the local government areas of Manly, Pittwater and Warringah (however, consistent with Medicare agreement, free public access is available to Medicare eligible patients regardless of place of residence).

Prior to the opening of the NBH, the Northern Beaches community was serviced predominantly through Manly and Mona Vale Hospitals, with complex tertiary services being provided at Royal North Shore Hospital. The imperative for NBH included:

- the infrastructure limitations of Manly and Mona Vale hospitals' small and ageing facilities which were unable to be reconfigured to provide contemporary models of care;
- the fragmentation of services across these hospitals and the unavailability of certain specialist services;
- the hospitals were not well located in relation to their population catchment areas;
- community health services were spread across a number of facilities within NSLHD; and
- the community expectation that a new hospital would be built following a commitment by former NSW Premier Morris Iemma in March 2006.

NBH is part of a broader redevelopment project that provided government the opportunity to deliver a health solution for the Northern Beaches community by:

- consolidating existing services and the addition of new services at the Frenchs Forest site to provide a critical mass and optimisation of health services for acute and outpatient services at NBH;
- retaining Mona Vale Hospital and redefining its role to provide sub-acute services and other services complementary to NBH;
- reconfiguring community health services; and
- ceasing the provision of health services from Manly Hospital.

The opening of Northern Beaches Hospital (NBH) hospital on 30 October 2018 completed the Northern Beaches Health Service Redevelopment Project. The Redevelopment Project included:

- Northern Beaches Hospital (NBH) ;
- Construction of the purpose-built Brookvale Community Health Centre, which was completed in January 2018 and provides access to more than 20 community health services, and incorporates a B-Line bus interchange and a multi-storey car park for staff, clients and commuters;
- The Mona Vale Community Health Centre, which opened in March 2016 and provides a range sub-acute and community based services; and
- The purpose-built Dalwood Child and Family Health Centre at Seaforth which opened in December 2015 and consolidated and expanded services that were already on site.

NBH consolidated the acute care services of Manly Hospital and Mona Vale Hospital, providing residents of the northern beaches with enhanced access to more complex care closer to home and

critical care services, including a state of the art Emergency Department, an advanced intensive care unit, and surgical services.

The hospital component of the project was progressed via a public private partnership model, designed to deliver an operator-led solution for the hospital. In particular, the model gave the non-public sector operator responsibility for integrating public and private health care services into a new, single facility building (to be licensed as a private facility, providing services to both public and private patients), to maximise the range and breadth of services available to the community of the northern beaches of Sydney.

NSW Health has entered into a long-term partnership with provider Healthscope to deliver public patient services at NBH over the next 20 years. At the end of the contract period, the public portion of the hospital may be handed back to NSW Health at no cost. Healthscope then has a further 20 years to provide services to private patients before the remaining part of the hospital may also be returned to the state.

In addition, a substantial capital investment was made by the NSW Government in road upgrades to the area, including major work on Warringah Road, Forest Way and the Wakehurst Parkway increasing capacity, to ultimately reduce congestion and improve traffic flow. NSW Roads and Maritime Services undertook detailed traffic planning studies to support NBH including planning for public transport access. The coordination of transport service has been an important element in the overall health service redevelopment on the northern beaches. NSW Transport identified more than 1,200 additional weekly bus services introduced across the Northern Beaches to improve access to NBH.

## **a) THE CONTRACT AND OTHER ARRANGEMENTS**

In 2013 - 2014, the NSW Government conducted a comprehensive and competitive procurement process for the NBH in accordance with the NSW Public Private Partnership Guidelines.

On 11 December 2014, NSW Health executed the Northern Beaches Hospital Project Deed (the Project Deed) with Healthscope to design, build and operate NBH.

### **Healthscope's obligations**

Under the Project Deed, Healthscope was responsible for:

- designing, constructing and commissioning NBH during the development phase, a period from 28 January 2015 to 23 October 2018;
- the transition from development phase to operational; and
- operating and maintaining the facility to deliver health and hospital services from 30 October 2018 to:
  - (i) meet the needs of the community for public health services in accordance with quality standards for a period of 20 years; and
  - (ii) accommodate the needs of private patients for a further period of 20 years (ie 40 years).

Healthscope was responsible for designing and building NBH to:

- provide at least 423 beds (with a minimum of 173 private patient designated beds), with sufficient capacity to meet public patient demand;

- integrate the public and private components as far as practicable;
- provide capacity to evolve the site to meet anticipated activity increases; and
- assume responsibility for all maintenance and lifecycle obligations over the project term.

Healthscope was also responsible for:

- implementing the transition strategy from Mona Vale and Manly Hospitals;
- demonstrating operational readiness so that the services could commence at NBH; and
- migration of eligible staff who accepted an offer from Healthscope.

### **Role of the Independent Verifier**

The Project Deed required the appointment of an Independent Verifier to be appointed jointly by NSW Health and Healthscope to verify operational readiness.

Operational Readiness is defined in the Project Deed as “*the stage where (a) Technical Completion has been achieved; and (b) all of the Operational Readiness Criteria have been satisfied to the reasonable satisfaction of the Independent Verifier.*” The Operational Readiness Criteria are set out in Schedule 7 to the Project Deed.

The Independent Verifier’s role included to:

- receive, review and provide comments on the draft Operational Readiness Report with respect to compliance with the specified Operational Readiness Criteria set out in Schedule 7 of the Project Deed;
- receive and review notice from Healthscope that it had reasonably formed the view that it had achieved Operational Readiness;
- determine whether additional Operational Readiness Tests were required to demonstrate that the Services were able to be provided;
- issue the Operational Readiness Certificate (after consulting with NSW Health) when satisfied that Operational Readiness had been achieved.

Operational Readiness was primarily the responsibility of Healthscope; however, this also involved a substantial commitment on behalf of NSW Health to support preparations for opening. Healthscope was responsible for demonstrating completion of Operational Readiness to the reasonable satisfaction of the Independent Verifier, as outlined in the Project Deed.

The Independent Verifier provided certification on 23 October 2018.

The Project Deed is available on the NSW Treasury Website in accordance with the disclosure requirements in Division 5 of Part 3 of the *Government Information (Public Access) Act 2009* (NSW).

### **Licensing requirements**

NBH is required to be licensed as a private facility under the *Private Health Facilities Act 2007* (NSW). On 15 December 2014, Healthscope sought an Approval in Principle (AIP) to operate a Private Health Facility. This approval was given on 25 March 2015, after initial probity and governance checks.

An AIP does not permit the provision of services or treatments at a facility, but enables early regulatory oversight prior to the facility opening, to address matters such as compliance with the

relevant building requirements (including Australasian Health Facility Guidelines). It is valid for 12 months, and can be renewed, as occurred in this case.

Before a licence to operate can be issued, the *Private Health Facilities Act 2007* (NSW) requires Regulators to be satisfied in relation to a range of issues through onsite inspections, assessment of documents, certification and evidence of compliance with the relevant licensing standards provided by the operator.

In relation to NBH, the Regulators sought and obtained documentation and also conducted inspections on 17 July 2018, 22 August 2018 and 24 September 2018 to:

- ensure that NBH had been built in accordance with the approved plans and complied with the conditions of the AIP;
- ensure that each area of the facility was fitted out as required, for example including medical gases, nurse call/emergency call system for each bed/patient areas, necessary medical/nursing equipment, appliances and materials.
- Confirm key documentation has been provided, including:
  - Occupancy Certification: facility approved for use as a BCA Class 9(a) health care building;
  - Installation Certification: biomedical equipment, central sterilising equipment, warm water system, medical gases, nurse/emergency call system, backup power supply, air conditioning;
  - Hospital's Medical Advisory Committee: terms of reference and membership details and confirmation the Committee had approved the admission policy and criteria for each class; and
  - Policies/procedures, including admissions and reportable incidents.
- Confirm the facility meets other general licensing standards including, for example:
  - systems for maintenance of buildings, facilities and equipment are in place;
  - Fire safety and emergency response and disaster planning procedures;
  - Infection control;
  - clinical care – staff qualification and experience, clinical records and patient information, admission policies and procedures, discharge and transfer of patients;
  - Quality improvement- incident and adverse clinical event management, complaints, quality and outcome audits and risk assessment and safety inspections; and
  - Specific standards for each Class of service and treatment they are proposing to provide.

A licence was issued on 24 August 2018 (for “medical class” only), to enable NBH and the medical specialists to obtain their provider number from the Commonwealth Health Department, Health Insurance Branch. This licence also included standard conditions, including a requirement to participate in the Australian Health Service Safety and Quality Accreditation Scheme.

The final licence, covering all classes of services and treatments, was issued on 15 October 2018, as a pre-condition to Operational Readiness.

### **Compliance Obligations**

The Australian Council of Healthcare Standards (ACHS) undertook an interim assessment of NBH from 7 to 9 November 2018, 10 days after commencement of service delivery. NBH was assessed against the 8 National Safety and Quality Health Service Standards and was awarded accreditation by the ACHS with no recommendations. Interim accreditation includes assessment against the following Standards:

- Clinical Governance for Health Service Organisations
- Partnering with Consumers
- Preventing and Controlling Healthcare-Associated Infections
- Medication Safety

- Comprehensive Care
- Communicating for Safety
- Blood Management
- Recognising and Responding to Acute Deterioration

Prior to Operational Readiness, Healthscope also demonstrated compliance against a range of other certifications and permits. Examples of these are detailed at Annex 1. All permits and certifications listed in Annex 1 were achieved prior to Operational Readiness.

## **b) CHANGES TO THE CONTRACT AND ARRANGEMENTS SINCE OPENING OF NBH**

There have been no amendments made to the provisions of the Project Deed since the NBH opened. The Project Deed provides a flexible framework to enable variation in arrangements, including activity levels and other related matters, to accommodate provision of services over the next 20 years to meet emerging health needs of the community and achieve the agreed performance expectations (as outlined below).

## **c) ONGOING ARRANGEMENTS FOR MANAGEMENT OF THE HOSPITAL**

### **Governance arrangements pre-opening**

Established governance arrangements provided oversight of the NBH Project prior to its opening. These included the following structures:

- Project Delivery Board (PDB) – included representatives from NSW Treasury and NSW Health. The PDB provided executive oversight of all Project milestones, and advised in key strategic decisions surrounding development, technical completion and operational readiness;
- Project Management Office (PMO) – NSW Health established a dedicated project management team to establish appropriate governance and reporting mechanisms and support the delivery of all NSW Health responsibilities in preparation for opening. The PMO developed a series of interconnected work streams, including:
  - a. Contract Management
  - b. Facilities (incorporating Mona Vale and Manly Hospitals)
  - c. Workforce
  - d. Information Management & Technology
  - e. Service Planning and Patient Flow
  - f. Communications
  - g. Operational Readiness and Transition
- Project Coordination Group (PCG): as required by the Project Deed, a PCG was jointly established by NSW Health and NBH and chaired by NSW Health's NSLHD representatives. The PCG discussed and reviewed matters relating to the Project Works including development, design, construction and commissioning issues and preparation and compliance with Project Plans.

Service Planning and Patient Flow was a critical stream with senior clinicians from NSLHD working closely with Healthscope to support the development of clinical services and define the integration of those services with existing NSLHD services, resulting in the development of a Key Service Linkage Directory (KSLD), which outlines standardised service linkages including patient transfer and referral pathways between NBH and NSLHD.

## **Governance arrangements ongoing**

- Operational Services Group (OSG): as required by the Project Deed, an OSG was jointly established and co-chaired by NSW Health and NBH. Membership of the OSG was prescribed in the Project Deed. The OSG meets on a fortnightly basis to establish and maintain effective operational interfaces, review progress against identified milestones, and to review and resolve any operational issues as these are identified.
- The PDB as described above will be reconstituted as an Executive Steering Committee to provide oversight of ongoing operations.

## **Contract Management**

NSLHD is responsible for the day-to-day management of the Project Deed requirements on behalf of NSW Health, including through:

- direct engagement and liaison with NBH management and senior executives on a day to day basis;
- the OSG, as described above;
- providing approval on NSW Health's behalf prior to the appointment of key personnel at NBH.

## **Payment for clinical services**

Under the Project Deed, NSW Health pays Healthscope for the provision of public patient services, which is calculated at a discount percentage off the State Price<sup>1</sup> on the basis that:

- the State Price relates to the average price of service delivery across a range of facilities and settings across NSW Health, including rural and remote services;
- NBH is a significant metropolitan hospital offering services at a higher role delineation and thereby able to achieve efficiencies associated with its scale; and
- NBH can achieve operational synergies, including through the substantial private patient opportunity in the Northern Beaches hospital catchment area.

This approach is analogous to the application of the State price to public hospital facilities across NSW.

## **Managing activity and volume**

A core element of the Project Deed is the mechanism for managing volume and activity for clinical services. NSW Health prescribes the volume of services to public patients it proposes to purchase from Healthscope on an annual basis. This allows NSW Health to vary the volume of a range of specific services purchased from Healthscope and may include changes to the volume and services if there is a change in demand or need for those services. In setting the annual volume, NSW Health must have regard to various factors, including the volumes arising from the preceding year and changes in role delineation.

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<sup>1</sup> The State Price is the amount that NSW Health pays to local health districts/specialty health networks based on an activity based funding model measured through National Weighted Activity Units or 'NWAUs'. The State Price is calculated each year using clinical costing data provided by local health districts and speciality health networks.



Healthscope is obliged to treat all patients that present to NBH regardless of insurance status.

### **Performance requirements and performance management**

Healthscope is required to deliver services to public patients at the standard expected of all NSW public hospitals. NSW Health monitors Healthscope's performance under a performance management framework which includes:

- the service specifications and key performance indicators (KPIs) detailing the nature and quality of the services to be provided (outcomes-based service levels);
- the inclusion of remediation processes to allow Healthscope to respond to and remedy certain events (remediation);
- a mechanism within the payment framework for the reduction in payments made to Healthscope as a result of service delivery that falls below the levels provided in the service specifications and KPIs (abatement);
- termination of the Project Deed for continued and/or excessive unsatisfactory performance that leads to events of default (default and termination).

### **Lifecycle costs**

Healthscope is responsible for the capital works associated with lifecycle of NBH. The State pays Healthscope a lifecycle fee for the performance of lifecycle infrastructure maintenance and refurbishment works associated with the public patient portion and its allocation of the shared portion for NBH.

### **Service reporting requirements**

Healthscope is required to provide reports under the Project Deed to NSW Health, including:

- monthly performance reports against KPIs;
- monthly activity reports;
- clinical and corporate incident reports via a reportable incident brief, consistent with the NSW Health Incident Management Policy;
- financial reporting with each payment claim.

### **External Reporting**

Consistent with reporting requirements for all NSW Health entities, the NBH is required to provide data on public and private activity to the NSW Bureau of Health information (BHI).

### **Performance data and auditing**

Healthscope must submit data to NSW Health in relation to public patients and services provided at NBH that is consistent with the policy requirements applicable to all NSW Public Health services. This data is used to assess and report upon the NBH against the relevant state-wide Key Performance Indicators.

NSW Health has contractual rights to:

- require an audit of the data used for performance management and reporting;
- require an independent audit of financial information

- perform an audit of Healthscope's records; and
- inspect NBH to identify compliance with its obligations under the Project Deed.

## **Dispute resolution**

Any disputes between the parties are to be resolved in accordance with the Project Deed. The Deed incorporates escalation processes including a written notice referring the dispute to executive negotiators, who must attempt to resolve the dispute, and referral to either expert determination or arbitration, where appropriate.

## **d) STANDARDS OF SERVICE PROVISION**

### **Clinical services and support services**

Healthscope is responsible for operating NBH as a licensed private hospital to meet the needs of the Northern Beaches community for both public and private patients:

- so as to provide a full complement of clinical services and support services in accordance with detailed service specifications;
- with a range of service complexity for each specialty clinical treatment or service predominantly to "level 5" role delineation; and
- in accordance with relevant quality standards.

NBH maintains operational links with other NSW Health services, including NSLHD Community Health and Mental Health, NSW Ambulance, Sydney Children's Hospitals Network, eHealth NSW and HealthShare NSW.

### **Quality standards and integration**

Healthscope is required to deliver clinical services consistent with regulatory and professional bodies. This includes a requirement to obtain and retain the appropriate accreditation and have in place structures and processes which achieve:

- compliance with National Safety and Quality Health Service Standards;
- compliance with national standards for mental health services;
- quality and corporate governance frameworks;
- appropriately credentialed and qualified clinical staff and clinical personnel; and
- compliance with specific NSW Health policies and health care-related legislation.

Healthscope must also ensure processes are in place for public patients through integration and collaboration with existing service providers, including:

- NSLHD and Statewide services, networks and functions; and
- ensuring appropriate interfaces with community health, sub-acute and other health services;
- providing services to public patients who present or are referred to NBH with a condition that is consistent with the service profile and role delineation of NBH; and
- ensuring that public patients are not inappropriately transferred to public health services or facilities.

## **Private Patient Process**

As noted above, the Project Deed ensures the provision of clinical services for public patients who attend or are referred to the NBH. Appropriate clinical treatment is provided, irrespective of private insurance status or ability to pay.

If a patient attends NBH and requires an in-patient admission, they can elect to utilise their private health insurance and be admitted as a private patient. If a patient does not have private health insurance, or elects not to use it, they will be admitted as a public patient and will be treated at no cost to the patient.

The Project Deed also requires Healthscope to provide complementary private services, which must be at least equivalent to public services available.

The Project Deed requires that the provision of private service does not adversely impact public services.

## **e) STAFFING ARRANGEMENTS AND STAFFING CHANGES AT THE HOSPITAL**

### **Workforce responsibility**

Healthscope is responsible for workforce matters at NBH, including:

- recruitment, training and retention of suitably qualified, accredited and registered staff;
- payment of all employee entitlements;
- negotiation of terms and conditions of employment with its employees and their representatives, subject to obligations in relation to staff migration;
- ensuring a healthy and safe workplace; and
- managing the performance and conduct of employees,

Junior Medical Officers (JMOs), however, remain employees of NSLHD and are rotated through NBH via secondment to enable them to complete training. Healthscope is responsible for the day to day management of the JMOs at NBH in consultation, where required, with NSLHD as employer.

### **Workforce migration**

Healthscope was required, as part of the transition, to migrate staff of Mona Vale and Manly hospitals, where possible.

Staff of NSW Health, Mona Vale and Manly hospitals were matched to positions at NBH, and matched staff were then offered an opportunity to accept a position at NBH. At the conclusion of the Workforce Migration process, a total of 693 staff transferred to NBH, (670 from NSLHD, 9 from NSW Health Pathology and 14 from HealthShare NSW).

Staff migrating to NBH did so on their existing award terms and conditions at the time of transfer. The transferring award entitlements, including rates of pay and provisions for nursing hours per patient day, are guaranteed for a period of two years. Transferring staff had current leave entitlements honoured, as well as continued superannuation membership (including any defined benefits scheme), and they were also eligible for a transfer payment of up to eight weeks' pay, which was treated as an eligible termination payment.

Following this two year period, the provisions of the *Fair Work Act 2009* (Cth) will apply to staff of NBH. The *Fair Work Act 2009* (Cth) currently guarantees the transferring award terms and

conditions for up to five years, subject to any alternative arrangements, including where agreed between staff and Healthscope.

### Junior Medical Officers

JMOs (including interns, residents, and registrars) were not included in the workforce migration; as noted above, these staff remain employees of NSLHD. JMOs are seconded to NBH, and NSLHD is reimbursed by NBH for the costs of providing these staff.

JMO placements ensure the ongoing training and support needs of trainee doctors are met.

Support for clinical services may require the recruitment of additional medical staff over time. These staff may be recruited as JMOs by NSLHD, or recruited independently by Healthscope as Career Medical Officers (CMOs), staff specialists or Visiting Medical Officers.

### Recruitment

Healthscope has continued to recruit further medical, nursing and allied health staff through the operating term, to support provision of clinical services.

## **f) IMPACT OF NBH ON THE LOCAL COMMUNITY AND SURROUNDING SERVICES**

The impacts of the Northern Beaches Health Services Redevelopment Program on the local community include:

- Consolidation of Community Health Service Redevelopment by bringing together community health services on the northern beaches, which were spread over a number of sites, into contemporary, purpose-built and more readily accessible accommodation and thereby supporting a more efficient and integrated health service.
- Construction of the new \$50 million Brookvale Community Health Centre (BCHC), which commenced in April 2016 and was completed in January 2018. It provides a 6,000sqm five-level centre incorporating a B-Line bus interchange and includes a multi-storey car park for staff, clients and commuters.
- The new Mona Vale Community Health Centre, which opened in March 2016, becoming a hub for community health services on the Northern Beaches peninsula.
- The new purpose-built Dalwood Child and Family Health Centre at Seaforth, which opened in December 2015, consolidating and expanding services that were already on site.
- Relocating all acute clinical services of Manly Hospital to Northern Beaches Hospital, following the closing of the Manly Hospital on 30 October 2018. The Community Health Services (including community Mental Health services) provided from the Manly Hospital campus have been relocated to Brookvale and Mona Vale Community Health Centres.
- Relocation of acute services at Mona Vale Hospital to Northern Beaches Hospital. Enhancements of the Mona Vale Hospital site include the development of an Urgent Care Centre for minor injuries and illnesses (operational), and development of Palliative Care (10 beds) and Geriatric Evaluation and Management (GEM) unit (10 beds). An interim Ambulance Station has opened at the Mona Vale Hospital site, ahead of the permanent expanded NSW Ambulance station which is under development.

- Monthly data available to date indicates that fewer residents of the Northern Beaches community are attending Royal North Shore Hospital for emergency and admitted care since the opening of NBH.

## **g) PUBLIC PRIVATE PARTNERSHIP ARRANGEMENTS FOR THE PROVISION OF HEALTHCARE**

In general, Public Private Partnerships (PPP) are considered as long-term agreements between the public and the private sectors for the private sector to provide and operate infrastructure and/or services.

Public and private hospitals can be procured and operated in several ways, with varying degrees of private sector involvement/integration.

### **‘Operator-led’ PPP models**

PPP models such as that undertaken at NBH have two material components to be delivered; the delivery of the asset; and the delivery of the operations and clinical services.

The asset component of operator-led PPPs involves combining private sector design, construction, financing, maintenance into one contract with government.

The services component of operator-led PPPs involves the bundling of private sector clinical services for public patients for a defined period, service case mix and minimum volume. Under this model the hospital infrastructure, related shared facilities and clinical and non-clinical services to public and private patients are integrated in a single facility and are the responsibility of the private operator.

It is fundamentally a partnership to design, construct, finance and operate a hospital (delivering all clinical services) for government under a long-term contract.

The operator is to provide healthcare for public patients (at no cost to those patients) and private patients and meet relevant government and industry standards.

The hospital operator remains accountable to the Local Health District, and government pays the operator for the services they provide to public patients (in the case of NBH, total payments are subject to an annual cap).

## **h. OTHER MATTERS**

### **Hospital opening**

After NBH opened, some operational issues arose - as is often the case when a new hospital opens, whether it be public or private. While these remained the responsibility of Healthscope to address, NSW Health took a range of actions to support Healthscope’s resolution of these matters, and was in frequent contact with Healthscope throughout this period. Examples included:

*Junior Medical Officer (JMO) staffing:* Health Education and Training Institute (HETI) facilitated Prevocational Accreditation Committee (PAC) site visits to NBH in December 2018 and January 2019. The Site Visit Reports identified issues at those points in time, including; staffing levels; clinical handover; workload; and rostering practices. In response to the findings detailed in the Reports, Healthscope together with NSW Health and the Australian Salaried Medical Officers Foundation (ASMOF) implemented a suite of interventions including enhancing staffing levels and after-hours rostering to improve workload distribution and support the JMO workforce. Provisional

Accreditation by the PAC has been maintained. The PAC will determine the awarding of NBH full Accreditation in September 2019 following a further survey visit in mid-2019.

*Senior Medical Staff:* Concerns were raised regarding the process of engagement for senior medical staff, including contract terms for Visiting Medical Officers, Staff Specialists, and the structure and function of various clinical services. Together with the Australian Medical Association (AMA) and ASMOF, NSW Health worked closely with Healthscope to resolve concerns through consultation with affected medical staff.

*Patient Flow:* Patient flow was identified as an issue. NSW Health made a senior nurse manager available to work on site with NBH Emergency Department staff for four weeks to review and improve flow processes. In addition, NSW Ambulance and NBH also held daily meetings to more effectively manage issues and any required escalations.

*Supply and Logistics:* Concerns were raised about stock levels for high volume items and the availability of specific items. In response to these concerns, NSW Health and HealthShare NSW offered assistance to Healthscope to enhance the supply chain and support NBH with ordering and logistics arrangements.

*Staffing profile and clinical engagement:* Vacancy levels, the level and type of support being provided to senior and junior medical staff, communication pathways, and mechanisms to support the engagement of clinical staff were identified as issues impacting on NBH. In response, NSW Health, Healthscope, AMA and ASMOF established weekly meetings to address the issues and monitor the actions being implemented by NBH.

### **NSW Ambulance**

Since the opening of NBH, NSW Ambulance has regularly transported patients from surrounding suburbs to the Emergency Department at NBH.

Paramedics are guided by the NSW Health Patient Allocation Matrix (PAM) when transporting patients to hospital, which assist paramedics to transport the right patient to the right hospital in the shortest possible time. On some occasions this means that paramedics do not transport a patient to the closest hospital and proceed to another hospital due to the nature of the patient's injury or illness, in order for that patient to receive the most appropriate clinical care. For example, a trauma patient may be transported to a major trauma centre for treatment, rather than the closest hospital.

### **Traffic conditions and access to the NBH**

Paramedics navigate busy streets on a daily basis to respond to patients as quickly as possible. NSW Ambulance has contingencies in place to navigate patients to the closest appropriate hospital to provide the clinical care required. NSW Ambulance also has access to a number of resources including aeromedical support which can be utilised if necessary.

### **Transfer of care to the NBH**

Paramedics are required by NSW Health policy to maintain the care of their patients at a hospital until clinical handover can occur with the receiving hospital staff. This ensures continuity of care, which is essential for optimal patient outcomes. Since NBH has opened, NSW Ambulance records show that Transfer of Care performance at the Northern Beaches Hospital is 96.6% within 30 minutes (18/19 FYTD May), which is well above the target of 90%.

### **Ambulance resourcing in the Northern Beaches area**

In 2016/17, the NSW Government introduced an additional 12 paramedics to the northern beaches to further support the community. This enhancement to local resources is the equivalent of two additional ambulance crews a day, seven days a week.

A new ambulance station on the site of the Mona Vale Hospital was announced in 2018. This will provide a modern, fit-for-purpose facility for paramedics to deliver care to patients on the Northern Beaches. Paramedics are currently working from a station on the former Mona Vale Hospital campus, which along with Narrabeen and Belrose Ambulance Stations provides a local response capacity to the community.

In addition, as part of the NSW Government State-wide Workforce Enhancement Program commenced in 2018, a further 12 paramedics will commence working in the Northern Sydney area before the end of 2019.

## **Annex 1: Examples of Certificates and Permits attained prior to Operational Readiness**

Healthscope was obligated to demonstrate how these certificates and licences were going to be attained, and which party had responsibility for this. All listed certificates and licences were attained (in addition to a range of others).

### **Healthscope**

- Certification of Furniture, Fixtures and Equipment (FF&E) and IM&T (Information Management and Technology)
- Certificates of testing Dialysis equipment
- Certificates of testing of specialist equipment
- Permit for safe use of Helipad
- Private Hospital Licence
- Provider number for Hospital
- Insurance Certificates
- Loose FF&E initial Test and Tag
- Loose FF&E barcoding
- NSW Food Authority Licence for Food Preparation and Services to Vulnerable Populations under the *Food Regulation 2010* (NSW)
- Central Sterile Supply Department (CSSD) Installation and Operational Qualification Tests certificate
- CSSD Performance Qualification and Certificate of Validation

### **Imaging Service provider**

- Diagnostic Imaging Accreditation (Stage II), under The Diagnostic Imaging Accreditation Scheme (DIAS)
- Accreditation certificate—Medical Centres (AGPAL) and Hospital (ACHS)
- Location Specific Practice Number (LSPN)
- Radiation Management Licence
- Radiation User Licences
- National Registration and Accreditation Scheme
  - o Australian Sonographer Accreditation Registry (ASAR) Registration (Sonographers)
  - o Nuchal Translucency Licence (Foetal Medicine)
  - o Provider Numbers (Medical Practitioners)
  - o Magnetic Resonance Imaging Registration for Accreditation
  - o Mammography Accreditation (Mammography Quality Assurance Program— MQAP)

### **Cleaning provider**

- Quality Management - DNV Certificate Authority AS/NZS ISO9001:2008 Certificate
- Getinge Validation Certificates for Sterile Theatre Bundles

### **Waste Management provider**

- Environmental Management Systems Certificate - SGC Systems and Services Certification ISO 9001
- Quality Management Systems Certificate SGC Systems and Services Certification ISO 14001



- NSW EPA Waste Service Licence
- BSI Certification Group ISO Triple Certification Certificates
- AXA Global Solution Public Liability Insurance for \$20 million
- Gallagher Bassett, Waste: NSW Workers Compensation Insurance
- Zurich Australian Insurance Limited motor vehicle insurance across the Veolia national fleet

### **Food Services**

- Halal Certification Authority Australia Halal Certification— Product Range Approval Certificate
- Kashrut Authority Koscher Certification— Product Range Approval Certificate

### **Ecolab**

- National Association of Testing Authorities (NATA) Microbial Laboratory Licence
- SAI Global Watermark Approval—Chemical Dispensing Equipment Licence
- Therapeutic Goods Association (TGA) Surface & Hand Disinfectants & Sanitisers Licence

### **Pharmacy provider**

- Pharmacy Premise Approval
- PBS approval number
- Certificate of Registration of all pharmacists
- Police Clearance Certificate of all Pharmacy Staff

### **Pathology provider**

- Accredited Pathology Laboratory