Submission No 215

THE SAFETY AND QUALITY OF HEALTH SERVICES PROVIDED BY NORTHERN BEACHES HOSPITAL

Organisation: Members of the Medical Advisory Committee, NBH

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Submission to:

Parliament of New South Wales

Legislative Assembly

Public Accounts Committee

Inquiry into the safety and quality of health services provided by Northern Beaches Hospital

By:

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On behalf of all the Members of the Medical Advisory Committee

To:

Mr Jason Yat-Sen Li MP

Chair, Public Accounts Committee

As chair of the Northern Beaches Hospital (NBH) Medical Advisory Committee (MAC), I wish to make the following submission to the 'Inquiry into the safety and quality of health services provided by Northern Beaches Hospital' ('Inquiry') on behalf of all the clinical members of the MAC.

1. Executive Summary

1.1 We make this submission as the clinical members of the NBH MAC – the senior clinical leadership group in the hospital. Collectively, we have extensive clinical and leadership experience at NBH, at other public and private hospitals in the Northern Sydney Local Health District (NSLHD) ('the District') and elsewhere in New South Wales (NSW), as well as previously at Manly and Mona Vale Hospitals.

1.2 In our opinion, NBH provides excellent, safe and high-quality clinical care to its patients and to the Northern Beaches (NB) community.

1.3 In our opinion, the NBH Emergency Department (ED), the second biggest ED in the NSLHD, provides an excellent service to the community; its performance on key indicators, based on verified independent data, outranks that of our peer public hospitals and of other public hospitals in the NSLHD.

1.4 In our opinion, NBH's clinical governance framework, serious adverse event investigations processes and safety culture is robust, responsive and proficient.

1.5 In our opinion, clinical staffing at NBH is safe and appropriate, but is hampered by the 'Project Deed' which places little to no obligation on the NSLHD to properly and adequately comply with its contractual duty to supply junior doctors and specialty registrars to NBH. We also believe that NBH is hampered in recruiting its own junior medical workforce because NSW Health does not recognise employment at NBH as being continuous service in the public hospital system (as it currently does for other private hospitals in NSW), which in turn deprives junior doctors of their accrued benefits if they work at NBH.

1.6 In our opinion, despite the NSLHD, NSW Health and Government stating that they have satisfied and implemented all the recommendations of the 2019 Parliamentary Inquiry, the key outcomes of material significance to the people of the NB (which aim to significantly improve the health care services available to the NB community) have never been fully operationalised. These include 'Recommendation 2' (same levels and standard of care to public and private patients), 'Recommendation 3' (provide all coronary intervention treatments available to private patients to all public patients) and 'Recommendation 13' (NSLHD adjust the activity profile of NBH to meet the community's needs).

1.7 In our opinion, the Auditor-General's (AG's) report has correctly identified that NBH:

- meets national quality standards for hospital care;
- has not been well integrated into the District and network (in our opinion, due to resistance and reluctance by the broader public sector to engage with NBH);
- has not implemented the Government's safe staffing levels initiative (in our opinion because the programme is underfunded, has only managed to be rolled out in 5 of 19 EDs in NSW in the 2 years since the programme commenced, and has never offered equivalent funding or an opportunity for NBH to be part of the programme); and,

- is financially penalised for failing to meet arbitrary performance targets which are set by the NSLHD, targets which themselves are not met by any other hospital in the NSLHD, when all the while NBH continues to outperform other public hospitals in NSW on most performance indicators.

1.8 In our opinion, since before NBH opened in 2018, ideological, political and financial self-interests motivated many to target and attack NBH and those who work in the hospital, and to punish, directly or indirectly, the people of the NB. NBH continues to be the subject of unparalleled scrutiny and unjust treatment by the NSLHD, NSW Health and Government because of their opposition to the project as a whole. This is very disappointing to us, to the broader NBH workforce and to the people of the NB.

1.9 Independent data demonstrates that NBH performs at, or above, the level of many of its peer public hospitals as well as many other hospitals in the NSLHD and the State. Those who work in NBH are not surprised by these findings. The patients of the NB are not surprised by these findings.

1.10 Healthcare projects in the style of the NBH partnership flourish elsewhere in Australia. The model has been a proven success for all parties, including, most importantly, the local communities served by these hospitals. There is opportunity within the Project Deed governing the NBH project to make it a success; we do not believe these opportunities are being maximised.

2. Background

2.1 NBH is a 488-bed hospital operated by Healthscope under a public-private partnership ('PPP') on behalf of the NSLHD. NBH is classified as a private hospital, and like every private hospital in NSW has, as part of its executive structure, a MAC.

2.2 In accordance with both the statutory requirements of the *Private Health Facilities Act 2007* (NSW) (s.39) and with the Healthscope By Laws, the purpose and function of the MAC broadly are:

- communication – to facilitate communication between the Chief Executive Officer (CEO) and health professionals in the hospital, including recommendations in

relation to policies and guidelines, management and evaluation of teaching, training, education and research programmes, as well as the distribution of information relating to quality and safety at NBH;

- monitoring and reviewing clinical services - to advise the CEO in relation to services to meet the health needs of the community, optimising the delivery of patient care, establishing and maintaining mechanisms for formally reviewing clinical outcomes and management, the introduction of new surgical and medical procedures, proposals for research and clinical trials, and to review the activities and actions taken by reporting committees; and,
- credentialling – the credentialling of health practitioners to provide services at NBH and delineation of their clinical responsibilities, as well as advising the CEO on matters concerning clinical practice.

2.3 In addition to the Executive members, the membership of the MAC includes all the 'Clinical Directors' from the various medical divisions within the hospital, that is: Anaesthetics, Cardiac Services, Children's Health, Clinical Governance, Emergency Medicine, Intensive Care, Medicine, Mental Health, Surgery, and Women's Health.

2.4 The MAC's Clinical Directors have extensive experience in clinical practice and in clinical leadership including at Manly / Mona Vale Hospitals prior to the closure of those hospitals in 2018, in other public hospitals in both the NSLHD as well as other Districts within NSW Health, and include significant and extended tenures, both prior and current, in roles such as Head of Department, Clinical Director, and Chair of Medical Staff Councils outside of NBH in the public and in the private hospital systems.

2.5 It is the unanimous and strongly held opinion of the members of the NBH MAC that the health services provided by NBH are safe and are of a very high quality.

2.6 We wish to submit to this Inquiry for its consideration our opinions, experiences and perspectives as the senior clinicians at NBH and do so in relation to the Inquiry's terms of reference (TOR), namely:

3. TOR: 2a Services provided by the Emergency Department

3.1 The NBH ED has 50 beds, including 4 resuscitation bays, 7 paediatric beds and 11 'Short Stay' beds. The ED sees over 65,000 patients per year: 23% of these patients are under 16 years of age; 33% are over 65 years of age.

3.2 NBH's ED sees a similar annual volume of patients to what is seen through the EDs at Sutherland, Blacktown and Wyong Hospitals. In the NSLHD, NBH is the second busiest ED with Royal North Shore Hospital (RNSH) seeing almost 90,000 patients annually (busiest ED in the District) and Hornsby Ku-ring-gai Hospital about 45,000 cases annually (third busiest).

3.3 The ED performance continues to be strong on key measures compared to our peer group hospitals:

- 90% of patients who arrive by ambulance are transferred to our care within 30 minutes (10% higher than peer hospital average); and,

-treatment is commenced on timé for 20% more patients with emergency and life-threatening conditions than occurs in our peer-group hospitals.

3.4 Since the opening of NBH in 2018, the ED has seen a higher than State average increase in life-threatening (Triage Category 1 and Category 2) presentations.

3.5 The NBH ED is a large department that serves its community well. Our performance is comparable to, and, on many performance measures, better than other hospitals in the NSLHD and better than our peer public hospitals in NSW.

4. TOR: 2b,c,e SAERs, Review Incidents and governance arrangements

4.1 NBH has an excellent reporting culture that encourages the disclosure of clinical incidents via the electronic Riskman system.

[redacted]

4.3 As a group we are committed to providing a psychologically safe environment that allows our colleagues to speak up and feel confident they will be dealt with as part of a just and restorative culture.

4.4 As with all clinical institutions, there are always areas where clinical governance systems can be improved. We remain committed to identifying areas for development, working with our clinical partners such as the NSLHD and the Clinical Excellence Commission to ensure that NBH delivers evidence-based and safe care, whilst continuing to strive for (and achieve) clinical excellence.

4.5 As senior clinicians, we are proud of the care that patients receive each day at NBH. Through ongoing development of strong links with community partners, and multi-disciplinary collaboration within the hospital, we feel that we are building a healthcare environment that delivers outstanding care to the NB community.

5. TOR: 2f Clinical staffing

5.1 A predominant and constantly challenging aspect of staffing the NBH is the failure of the NSLHD (and, on occasion, other Districts) to consistently provide allocated junior medical staff to NBH.

5.2 The majority of the junior medical officers (JMOs) working at NBH are allocated on secondment from NSW Health, largely from the NSLHD.

5.3 It remains a frustration to all clinicians at NBH that, under the Project Deed and the 'JMO Memorandum of Understanding', it is the right of the District that, at any given time, with as little as no warning, the District may withdraw, remove, fail to supply, or grant leave to any NSW Health JMO working at NBH without the obligation to provide a suitable alternative relieving or replacement JMO.

5.4 This right of the State makes it very difficult for NBH to predict staffing numbers, and thus, by extension, to operate its medical teams in an efficient manner.

5.5 These last-minute staffing deficiencies can have significant and adverse effects on after-hours rosters, on-call arrangements, clinical emergency response teams, the function of the

operating theatres, and also on the morale and well-being of all staff, be they senior or junior doctors or nursing staff and clinical support staff.

5.6 While Healthscope directly employs its own JMOs, it is simply not possible to employ enough JMOs to be able to permanently compensate for the failure of the LHDs to allocate designated junior staff to NBH.

5.7 Compounding this issue, employment of JMOs by Healthscope to perform public hospital-type duties at NBH is not recognised by NSW Health as continuous service within NSW Health.

5.8 As a result, should a JMO wish to be employed by NBH, this is seen by NSW Health as interruption of service to the public sector. This has negative implications for these JMOs on their employee benefits and is obviously a significant deterrent for JMOs to work at NBH. This, in turn, diminishes the available pool of employable, qualified JMO candidates available for employment by Healthscope at NBH.

5.9 If NSW Health were to extend to those JMOs working at NBH the recognition of continuous service, as already exists for similarly employed or seconded positions within NSW Health and its affiliated health organisations, then NBH could secure a more reliable and qualified JMO workforce than is currently being provided by the District.

5.10 As members of the MAC who also work in the other primary allocating hospitals within the District, we know that the District re-deploys allocated staff away from NBH to compensate for their own hospitals' staffing shortfalls simply because they can do so without any form of restitution or re-dress by NBH under the Project Deed or the JMO Memorandum of Understanding.

5.11 A number of these unfilled posts are accredited at NBH by specialist medical colleges due to the recognition that NBH offers a unique training environment due to its high caseload, unique case mix, its culture, educational environment and unparallelled VMO-led model of care, all of which make NBH's training posts very popular with the training registrars. We would prefer to see that these specialist training positions are never left vacant by the Districts.

5.12 By way of example, in 2025, the Hornsby Hospital JMO Network failed to allocate one JMO post at NBH in Term 1, and, for the second half of 2025, have already informed NBH that they will be unable to supply 4 JMOs to NBH – out of a total allocation of 16 NBH posts from Hornsby Hospital. Meanwhile, all JMO posts at Hornsby Hospital are completely filled during the same period.

5.13 For the obstetrics and gynaecology accredited registrar posts at NBH, the District left one registrar post vacant for the second half of the 2024 academic year, and have yet to fill that same vacancy in 2025 – again, whilst all registrar posts elsewhere in the District in obstetrics and gynaecology have remained fully staffed during the same period.

5.14 We believe this situation was not foreseen by those who created the Project Deed (nor by those who signed it), but could simply be remedied by placing a greater onus upon the District to ensure that allocated JMOs are properly and reliably supplied to NBH, by incorporating more robust forms of restitution and/or redress into the Project Deed and the 'JMO Memorandum of Understanding' when the District fails to provide allocated JMOs to NBH, and by recognising employment of JMOs by Healthscope into public hospital-type roles at NBH as being continuous service within NSW Health.

6. TOR: 3 Findings and recommendations of 2019 Parliamentary Inquiry into the operation and management of the NBH

6.1 The 'Parliament of NSW Legislative Council Portfolio Committee No. 2 – Health' report "Operation and management of the Northern Beaches Hospital", published in February 2020, included the following 'Recommendations' which we wish to address specifically herewith:

6.2 "Recommendation 2: That NSW Health and Healthscope ensure that the same levels and standards of care are provided to public and private patients at the Northern Beaches Hospital."

6.2.1 Despite this recommendation being signed-off as completed by the NSLHD, this recommendation has never been fully operationalised.

6.2.2 The truth is that high-quality, specialised services are provided to private patients at NBH that are simply not provided to public patients; examples include bowel cancer treatment, ovarian cancer treatment, interventional radiology procedures, advanced diagnostic and therapeutic endoscopy services, interventional cardiology procedures, and cardio-thoracic surgery.

6.2.3 Justification by the NSLHD for this disparity in the provision of care to public patients typically relates to what the NSLHD refers to as "restricted services", or in the alternative, limitations and variations set out in the Project Deed or their Annual Notice.

6.2.4 Furthermore, since the NSLHD may alter or amend this service plan from year to year, it makes planning advanced sub-specialised services for public patients on the NB very difficult.

6.2.5 In reality, these so-called restricted services, or contractual variations, in our opinion, are typically motivated by the NSLHD exercising their options under the arrangement with NBH to divert public patients away from NBH and back to public hospitals in the NSLHD with the obvious and apparent intention of preserving NSLHD services in situations where the viability, staffing or funding of that NSLHD service is threatened by its own low volumes or sub-threshold case numbers.

6.2.6 We feel that this strategy by the NSLHD only serves to punish public patients on the NB at a time when they are at their most vulnerable.

6.3 "Recommendation 3: That NSW Health ensure that the Northern Beaches Hospital is able to provide all coronary intervention treatments currently available to private patients to public patients also, regardless of the urgency of their need."

6.3.1 Again, despite this recommendation being signed-off as completed by the NSLHD, this recommendation has never been fully operationalised.

6.3.2 Similar to our comments above in relation to Recommendation 2, the truth is that high-quality, specialised services (in this case, coronary interventions) are provided to private patients at NBH that are simply not being provided to public patients.

6.3.3 More importantly, the concept of the NBH coronary intervention service provision being "regardless of the urgency of their need" has also never been realised. Public patients who present to NBH ED are only permitted by the NSLHD to access coronary interventional services as part of their emergent care for up to 72hrs after the time of their admission. Beyond this time frame they are expected to be transferred to RNSH for their coronary intervention even though those procedures could be performed in a timely manner at NBH. Not only does this lead to unnecessary clinical transfers, disjointed care, extra cost to the system and inevitable delays to definitive treatment for the patients of NB, it is not aligned to NBH's nor to NSW Health's philosophy of patient-centred care.

6.3.4 Furthermore, for public patients at NBH who, where clinically appropriate, could have their coronary interventions performed on a semi-elective or elective basis on a subsequent admission, are not permitted, funded or supported by the NSLHD and are not permitted to be carried out at NBH - yet would routinely go ahead if the patient was privately insured.

6.3.5 Instead, these NBH public patients are forced, following their discharge from NBH, to be referred to another coronary specialist, who in-turn will place that patient on the NSLHD waiting list to have their procedures performed elsewhere in the District (or beyond) and further from their home and their support network. This obviously introduces significant delays and distress, as well as potential clinical deterioration for these public patients.

6.3.6 Again, justification by the NSLHD for this disparity in provision of care to public patients typically relates to what the NSLHD usually refers to as "restricted services", or limitations and variations as set out in the Project Deed or in their Annual Notice.

[redacted]

[redacted]

6.4 "Recommendation 13: That the Northern Sydney Local Health District make full and proactive use of its ability to adjust the activity profile of the Northern Beaches Hospital according to the community's evolving needs, both via the 'annual notice' process and renegotiation of specific aspects of the deed."

6.4.1 Despite this recommendation being signed-off as completed by the NSLHD, this recommendation has never been fully operationalised.

6.4.2 Whist we accept that the NSLHD has indeed made "full and proactive use of its ability to adjust the activity profile", in our opinion, this has not reflected the NB "community's evolving needs".

[redacted]

6.4.4 Additionally, NBH faces challenges each year as a consequence of the activity profile and the caps placed on total activity at NBH not keeping pace with the evolving needs of the community. As a result, NBH is not paid for all the public work it does in any given year.

6.4.5 Such funding shortfalls that occur when activity exceeds expectations, or "budget", is not a unique situation in the NSW public hospital system. There would not be a single Local Health District in all of NSW where budgeted activity is adequate to cover the needs of the local community in any given year.

6.4.6 In the mainstream public sector however, this is simply met with increased one-off funding grants from NSW Health or from Government, typically towards the end of the financial year.

6.4.7 This does not occur at NBH. Instead, NBH provides that additional "over-budget" bundle of public work at no-cost to the Government or to the NSLHD, and does not receive any additional funding as would typically occur in the public hospital sector.

7. TOR: 4b NBH audit by the Auditor-General for NSW

7.1 The AG's report included the following 'Key findings' which we wish to address specifically herewith:

7.2 "NBH has achieved accreditation to ensure the hospital meets national quality standards for hospital care, but some quality and safety concerns remain".

7.2.1 We are disappointed by this finding and feel that the AG's comments misrepresent the true picture of the high-quality care and safety provided at NBH.

7.2.2 As the AG notes, NBH has "achieved and maintained accreditation and licensing ... ensur[ing] that [NBH] meets national quality standards for hospital care ... the same national quality standards as NSW public hospitals."

7.2.3 Obtaining and maintaining accreditation and licensing is a significant achievement and one of which everybody at NBH is very proud. The processes and undertakings are onerous, and the accreditation process itself is a stringent and tightly controlled assessment carried out by the Australian Commission on Safety and Quality in Health Care (ACSQHC), a specialised national team of hospital inspectors and accreditation experts, as well as by the Regulation and Compliance Unit of NSW Health's Private Health Facilities licensing team.

7.2.4 To the dismay of many at the time, NBH was initially subjected to Accreditation in March 2019, a mere 5 months after the Hospital's opening. NBH embraced the challenges that this accreditation assessment posed and passed the assessment without concern.

7.2.5 Again, in December 2023, NBH was subjected to a so-called 'short notice assessment period' accreditation review, and again, received full accreditation without any concerns being raised by the expert assessment teams.

7.2.6 Respectfully, it would seem that whilst the AG has "some safety and quality concerns", these concerns are not matched by the ACSQHC nor by the NSW Health Private Health Facilities licensing team. As the AG points out, the NBH is not considered a "high risk facility".

7.2.7 The AG goes on to state that NBH has "recorded some concerning results for hospital-acquired complications relative to expectations" yet notes that NBH's "[h]ospital-acquired complication rates ... are mostly within the expected range of results."

7.2.8 As the AG points out, of the 16 nationally agreed hospital acquired complication indicators, NBH has performed better than the target set by the NSLHD in all but 3 of those 16 indicators. For one of those 3 indicators, falls, NBH has consistently performed better than the target for NBH set by the NSLHD since November 2023.

7.2.9 Since NSW Health does not publish information on hospital-acquired complications for any of its own facilities, including any other facility in the NSLHD, there are no formal mechanisms by which to compare NBH's performance against any other hospital in the District or in the State.

7.2.10 The AG has identified that in relation to the 16 quality indicators, NBH is broadly performing to a standard that is higher than what is currently being achieved elsewhere in the NSLHD for the overwhelming majority of these indicators. This is an outcome which everybody at NBH is rightly very proud.

7.3 "NBH is not well integrated into the District and network"

7.3.1 NBH frequently encounters difficulties when forced to transfer public patients out of NBH because those patients' health care needs fall outside the funded or approved services which NBH are permitted to provide.

7.3.2 Contacting the receiving NSLHD hospital, handover of the patients' care to the treating team, securing a bed and arranging transfer is always a difficult, time-consuming and complicated process.

7.3.3 We know from our own experiences that these transfers out of NBH are not prioritised by the 'patient flow coordinators' at the receiving hospitals, who themselves are faced with their own bed pressures in their own hospitals.

7.3.4 For the affected patients to not be punished and for their care to be prompt and efficient, we feel that in situations where the NSLHD is unable to accept their care in a clinically appropriate timeframe, and the service can and is being provided to private patients at NBH, then the NSLHD should decline the transfer and authorise care to continue at NBH - and for NBH to be funded appropriately for that care.

7.3.5 Furthermore, NBH constantly encounters barriers in accessing community-based services such as home nursing or rehabilitation services for NB residents who are fit for discharge from NBH.

7.3.6 Frequently, the community services will decline or delay acceptance of care where the patient who is leaving NBH is privately insured, telling us that their service is too overwhelmed to accept private patients, thus forcing these patients to access expensive private community service providers instead; sadly, it is often too onerous for many of these patients to meet the private cost of those services.

7.3.7 We know from our own experiences, that private patients who live on the NB when they leave public hospitals elsewhere in the NSLHD are never declined access to these same community services on the NB – presumably since they are leaving a "public" hospital in the NSLHD, even though they are privately insured.

7.3.8 We feel that it is unfair and unjust for the NBH patients to be punished in this manner and ask that these inequities be addressed as a priority.

7.4 "Healthscope is not required to implement the safe Staffing Levels initiative at NBH, which may affect service quality over time"

7.4.1 In 2023, the NSW Government, in conjunction with the NSW Nurses and Midwives' Association, NSW Health, and all of the Local Health Districts, introduced a 'safe staffing levels' programme aimed at enhancing nursing and midwifery staffing in NSW public hospitals by introducing minimum staffing levels (by way of ratios and additional supplementary roles) and ensuring the implementation of the Government's commitment of 2,480 full-time equivalent staff to help with the rollout of safe staffing levels.

7.4.2 Implementation of this agreed staffing level initiative commenced in large public hospital EDs in early-2024. NSW Health has committed to implementing all necessary measures to meet these new safe staffing level requirements.

7.4.3 In September 2023, the NSW Government committed almost $1 billion towards the recruitment of the necessary nursing and midwifery positions to meet these new safe staffing level targets.

7.4.4 It is the opinion, however, of the NSW Nurses and Midwives' Association, that this funding allocation is inadequate to meet the roll out of safe staffing levels in every hospital, in every ward, and in every unit within the five designated clinical specialty areas over the next four years.

7.4.5 As of April 2025, the safe staffing levels recruitment for the initial phase of the programme has only been fully realised in 5 out of the targeted 19 large public hospital EDs in NSW; our closest and largest hospital within NSLHD, RNSH, is one of those 5 hospitals.

7.4.6 To date, NBH has not been approached by Government, by NSW Health, nor by the NSLHD to be part of the safe staffing levels roll out, and none of the $1 billion specifically allocated by the NSW Government to the roll out has been allocated to NBH.

7.4.7 As a Level 5 ED which provides public Emergency services to the people of NSW, NBH should, in our opinion, be part of the safe staffing levels programme roll out and should be funded in the same way as other large public hospitals have been to achieve this target.

7.4.8 For the NSW Government to deny this opportunity and this funding to the NB community and to NBH is, in our opinion, unfair, unjust and unreasonable.

7.5 "NBH does not meet all performance expectations ... but ... often outperforms its NSW public hospital peers"

7.5.1 As the AG has identified, NBH has not met the ED performance targets set for it by the NSLHD, even though NBH consistently outperforms its NSW public hospital peers.

7.5.2 Not only is NBH performing better than its peer public hospitals, but as a consequence of the Project Deed, NBH is financially penalised, by way of so-called 'abatements', for failing to meet the arbitrary performance targets set by the NSLHD – a target which has proven unachievable in the rest of the NSW public hospital system.

7.5.3 Naturally, other public hospitals which fail to meet this arbitrary target set by NSLHD do not receive financial penalties for their apparent under-performance.

7.5.4 This aspect of the Project Deed, in our opinion, should be addressed and corrected as a priority.

7.5.5 Furthermore, as pointed out by the AG, for the performance indicator of the number of patients who remain in the ED for longer than 24 hours, NBH outperforms its peer group hospitals in the NSW public hospital system. As stated by the AG, "it is rare for patients to spend more than 24 hours in the Northern Beaches Hospital emergency department when measured against comparators."

7.5.6 Again, as a consequence of the Project Deed, NBH has been financially penalised for failing to meet this arbitrary performance target set by the NSLHD – a target which has proven unachievable in the rest of the NSW public hospital system.

7.5.7 Similarly, other public hospitals which fail to meet this arbitrary target set by NSLHD do not receive financial penalties for their apparent under-performance in the same way as NBH is penalised.

7.5.8 The AG also found that for the performance indicator of transfer of care between ambulances and the ED, NBH outperformed all of its equivalent peer public hospitals. Additionally, the AG also noted that NBH, like every ED in NSW, is permitted to reduce the number of scheduled ambulance arrivals when their ED is busy and above a safe operating capacity.

7.5.9 The AG found that NBH ED "used this option infrequently compared with its peer ... metropolitan hospitals" and noted that the NSW Ambulance Service had never contacted NSW Health with concerns about delays in transfer of care from ambulances into the ED at NBH.

7.5.10 Everyone at NBH, and particularly the staff in the ED, are rightly very proud of this performance measure, which justifiably would rank the NBH ED as one of the most efficient in NSW.

7.5.11 The AG also noted that "NBH outperforms its NSW public hospital peers for key output indicators ... relating to ... elective surgery". This is an outcome of which NBH is very proud and an outcome which the NB community, like every community across NSW, considers one of the essential services of their local hospital.

7.5.12 The AG noted that NBH "outperforms its NSW public hospital peers on elective surgery access measures and wait list management timeliness" and that NBH is performing better than its target for completing all public elective surgery on time for Category 1 (within 30 days), Category 2 (within 90 days) and Category 3 (within 365 days) procedures. As clinicians who also work in other public hospitals in the NSLHD, we know that this performance outcome is not currently being achieved at any other hospital in the NSLHD.

7.5.13 The AG goes on to note that in 2022, NSLHD purchased additional elective surgery at NBH to help the NSLHD clear its own backlog of elective surgery cases following the lifting of COVID-19 surgery restrictions. This programme was a tremendous success for NBH, for the NSLHD and, most importantly, for the patients who lived outside the NB but who had their elective surgery performed sooner at NBH than they would have received if they remained on waiting lists in the NSLHD.

7.5.14 Sadly, as the AG noted, despite NBH's strong performance in elective surgery, the NSLHD does not routinely purchase elective surgery activity from the NBH. We see this as yet another example where the full benefits of the NBH Project Deed are not being fully utilised by the NSLHD [redacted]

7.5.15 The AG goes on to note that the NSLHD justifies this situation by citing their concerns that by sending the NSLHD's overdue elective surgery workload to NBH it might impact negatively upon NBH's ED performance.

8. Closing comments

8.1 We, the senior clinical representatives at NBH, strongly believe that NBH provides safe and high-quality care to all its patients. By any reasonable or recognised measure, independent and verified data continually demonstrate this excellence.

8.2 No doctor, nurse, patient or resident of the NB area ever proposed the model of care or the commercial partnership that was handed to us by Government and branded as the solution to replacing our existing, old, dilapidated public hospitals at Manly and Mona Vale.

8.3 Nevertheless, a small, determined, dedicated and conscientious body of clinical and healthcare professionals rallied behind the NB community and strived for over 4 years to help bring the NBH to life in 2018.

8.4 As is well-known, the new NBH attracted no shortage of strongly opinionated and vocal opponents whose motivation for outrage was often based on ideological, political or financial self-interests rather than facts, reality, evidence or the truth.

8.5 Despite this opposition, the same group of dedicated professionals carried on doing their best to ensure that the NB community received the hospital they were promised. These same people pushed on through accreditation and licensing processes, a Parliamentary Inquiry, the COVID-19 pandemic, they erased elective surgery back-logs caused by the

8.6 Meanwhile, the NBH never closed, never stopped caring for its community and never gave up; the people who made it work just kept making it work. They rolled up their sleeves, put on their boots and just kept coming to work. These people were never afforded, nor sought, the luxury or the privilege of an opinion, a slogan, a soap box or an ivory tower; they were far too busy looking after sick people – not commentating from the safety of the sidelines.

8.7 We know that the care at NBH is exceptional. We know that the care we provide is better than we could ever have imagined at Manly or Mona Vale Hospitals. We know that the care is better than that being provided elsewhere in the District, not to mention elsewhere in this State. The data proves it to be true; our data, NSLHD's data, NSW Heath's data and ACSQHC's data.

8.8 We had no say in how Manly and Mona Vale Hospitals changed into NBH; we expect, we will have no say in how NBH changes again into whatever the Government of the day decides it will become next.

8.9 Sadly, we know it works – because we all make it work. But without the leadership, the commitment, the courage and the determination of Government – the same sort of leadership, commitment, courage and determination shown by everyone here that has kept NBH going for almost 7 years – then the NBH will simply not be able to thrive nor be allowed to reach what we all know to be its full potential.

8.10 We hope that this Inquiry can understand how we got to where we are today, how things could have been better, and how ongoing success at NBH could so easily be achieved for the people of the NB if those charged by the people of NSW to act for the people of NSW also act for the people of the Northern Beaches.

We sincerely thank you for considering our submission.

[redacted]

Dr David Jollow, Women's Health, and Chair - Medical Advisory Committee

- and the clinical members of the Medical Advisory Committee:

[redacted]
Dr Anne Greer, Anaesthetics

[redacted]
A/Prof Andy Ratchford, Emergency

[redacted]
A/Prof Vijay Solanki, Cardiac Services

[redacted]
A/Prof Matthew Morgan, Intensive Care

[redacted]
Dr Robert Slade, Children's Health

[redacted]
Dr Lyndal Newton, Medicine

[redacted]
Dr Sophie Parker, Clinical Governance

[redacted]
A/Prof Ranil Gunewardene, Mental Health

[redacted]
A/Prof Stuart Pincott, Surgery