Submission

No 50

INQUIRY INTO THE ROYAL NORTH SHORE HOSPITAL

Name: Dr David Sonnabend

Position: Chairman, Department of Orthopaedic and Traumatic Surgery, Royal North Shore Hospital

NORTHERN SYDNEY
CENTRAL COAST
NSW HEALTH

Our Ref:DHS/ctb:gc,nile,f
Your Ref:

12 November 2007

FAXED 13/11/07

Reverend The Honourable Fred Nile ED, L. Th, MLC
Chairman, Joint Select Committee on the RNSH
Suite 1141
NSW Parliament House
Macquarie Street
SYDNEY NSW 2000

By Fax : 9230-2098

Dear Reverend Nile,

Re : Royal North Shore Hospital Enquiry

I write in my capacity as head of the Department of Orthopaedics and Traumatic Surgery at the Royal North Shore Hospital. Members of this Department met on 6th November 2007 and unanimously requested that I write to you regarding certain matters. I am aware that a number of my orthopaedic colleagues have written to you regarding specific issues. In particular, I am aware of the correspondence you have received from Dr J S Hughes and Dr I D Farey. I do not wish to burden you with repetition. Nonetheless, we (the Department) wish to make the following observations.

Having seen the list of colleagues scheduled to appear before your committee on its first two sitting days, we are concerned that only one surgeon – Dr C Fisher – is amongst them. Much of the problems associated with Royal North Shore Hospital relates to the (mal) functioning of the operating theatres. As you know, there has already been one external investigation (Chairperson – Dr D King) and one internal investigation (Chairperson - Professor C Pollock) into the performance of the operating theatres. We are concerned that Dr Fisher alone – a single subspecialty surgeon, representing the entire medical staff of the hospital, and not a member of the one of the Departments most involved in acute (emergency) surgery - might not provide sufficient gravitas to the specific and major problems facing those Departments.

Lack of access to emergency theatre (OR) time is a festering sore. Case delays, often of days' duration, are the rule – unpredictable, prolonged, and prejudicial to patient welfare, as well as staff sanity. The repeated cancellations and delays of emergency cases (as outlined in Dr Hughes' and Dr Farey's letters, inter alia) make proper time-

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management impossible, disrupt the practices and lives of all staff involved, and guarantee inefficiency and discontent. When booked elective cases are cancelled – either prior to admissions or, worse still, after admission, all parties involved are disadvantaged. Unlike virtually every other major hospital in NSW, we do not have adequate provision for urgent OR cases. Rather than take priority, "emergency theatre lists" are essentially limited to "gaps in the roster" and an inordinate proportion of emergency surgery is performed out of hours, often late at night. Queuing of multiple cases is common. Orthopaedic and Hand Surgery cases make up approximately 70%(!) of the acute OR caseload, and hence the frustrations of this problem apply particularly to us. "Case prioritization" is an obviously difficult, often contentious, and always thankless task. Proper provision (staffing and funding) of emergency theatres is essential.

The effect of appointing "Duty Managers" to best manage theatre case – triage and theatre-allocation has been disappointing. Their task is almost impossible. They are asked to juggle inadequate facilities, insufficient staff and excessive demand. The steady departure of senior theatre staff over the last two years is a reflection of the difficulties involved and possibly of associated theatre mismanagement. (Some form of exit interview with these colleagues could provide a valuable insight.)

The surgical staff of Royal North Shore Hospital has become progressively more demoralised by the recurrent failure of Area administration to heed our concerns. I and numerous others have repeatedly discussed our concerns both formally and informally with a succession of administrators. These have included Dr S Christley, Ms P Blakely, and Ms Debra Latta. I have written to and sat with them, singly and with colleagues, to plead the cases for assistance for the spinal unit, operating theatre access (in and out of hours) and inpatient ward maintenance, to little avail. Their courtesy and attention has never been translated into action. (In this context, I must note the exception of the current General Manager of Royal North Shore Hospital, Ms Mary Bonner, who has tried energetically to improve the functioning of the Orthopaedic Department. To date, her efforts have been frustrated by a norovirus epidemic, acute and chronic staff shortages and severe budgetary constraints.) We are particularly demoralised by the ineffectiveness of our repeated submissions to both external (Chairperson – Dr King) and internal (Chairperson – Professor Pollock) formal enquiries. Other related inquiries have addressed resource and case allocation within the NSCCAHS and the role of Ryde Hospital, and numerous consultants, internal and external have interviewed us repeatedly, all to no apparent avail. The associated uncertainties and inactivity are demoralizing.

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Operating room and other data collections have been at various times inaccurate and incomplete. While "available statistics" may be presented so as to prove otherwise, it is clear that the (emergency and elective) surgical demands made of "the system" exceed its capacity to provide.

While I am not in possession of detail, it has been repeatedly suggested that RNS's statewide Spinal Services – an expensive component of the hospital budget – are not adequately funded as a statewide service, and that they place excessive demand on the hospital budget. Data collection is apparently inconsistent. There was once a "board" facing the lift doors at the main hospital entrance. It told the history of the hospital – its growth from cottage to an institution of over 900 beds. Strangely, that board has disappeared, and documentation of the subsequent shrinkage of the hospital to 380 operating beds is nowhere to be seen.

Should you wish it, I (or any other member of my Department) would be very willing to appear before your committee to elaborate on matters raised here.

Yours sincerely,

DAVID H. SONNABEND
Chairman, Department of Orthopaedics and Traumatic Surgery, Royal North Shore Hospital
Professor of Orthopaedics and Traumatic Surgery, University of Sydney