Submission No 109

INQUIRY INTO OPERATION AND MANAGEMENT OF THE NORTHERN BEACHES HOSPITAL

Name: Mr Paul Cunningham

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NSW LEGISLATIVE COUNCIL - PORTFOLIO COMMITTEE N0. 2 - HEALTH

INQUIRY INTO THE NORTHERN BEACHES HOSPITAL

I respectfully submit the following to your inquiry into the establishment, operation and management of the Northern Beaches Hospital (NBH). I do so as a private individual, unaffiliated to any group.

There are two aspects to my submission:

- as a resident of Frenchs Forest, and
- my experience as a patient in the hospital.

Each section will be structured to relate to the published Terms of Reference of the inquiry. Then follows my "Conclusion and Recommendations"

PART 1 - AS A RESIDENT

a) **"the contract and other arrangements establishing the hospital".**

(i) Location

The fundamental problem with the NBH is that it is in the wrong place.

NSW Health finalised its Development Options Business Case in late 2005. In its qualitative analysis the former Warringah Council Chamber land in Dee Why and the Warringah Golf Course "consistently ranked as the top two sites", with Frenchs Forest a distant third. But in 2006 government decided on Frenchs Forest, based on "risk" (the strength of public opposition anticipated) and cost. The cost was calculated on the basis that the necessary road network improvements would cost a mere $21.3M, whereas the latest published figure is $500M, which doesn't allow for the fact that the roading project is now more than a year behind schedule.

Short-term political and bureaucratic criteria won out over the health professionals' long-term preference.

It should also be noted that the choice of Frenchs Forest was conditional on having a "complementary hospital on the existing Mona Vale site".

When Brad Hazzard, then Planning Minister, signed the 16 Oct 2012 order (2012 No. 537) kick-starting the process for the Frenchs Forest hospital, he did so without reviewing or updating the 2006 decision, despite much of its data being the best part of a decade old. Nor were any new locations considered.

So when Health Infrastructure claimed in the Environmental Impact Statements for the proposed hospital that the choice of location was based on "robust qualitative analysis", that was untrue.

They also claimed that the Frenchs Forest site was central to the catchment area (which had previously been defined as what is now the Northern Beaches LGA). This is blatantly false geographically, and as regards population distribution, the centre was assessed in the original studies as being Cromer (it would have moved north since then).

(ii) Planning controls

Neither of these major falsehoods was challenged by NSW Planning when it approved the hospital, despite having them pointed out in residents' submissions.

Which highlights the fundamental systemic flaw in approving public projects, ie. if one part of government (in this case Health) says it wants to do something, another part of government (eg Planning) is not going to stop them. They're both on the same team, after all!

Similarly, the ministerial condition imposed on all future stages when the hospital Stage 1 approval was granted, that the hospital's secondary access at Warringah Road should be "left in, left out only" has been simply ignored with the construction of a dangerous right turn exit.

On-street parking in streets surrounding the hospital was to have been the subject of a study, to be completed within six months of the hospital opening. I can find no evidence that this report has been produced, and I as a local resident have certainly not been consulted.

(iii) Design and Quality

Despite the government's outlandish claims about the NBH being a "world class, state-of-the-art facility", it was only ever intended to be a Level 5 hospital. As a result, there are numerous stories of patients bypassing the NBH, or being shipped out of the NBH for treatment elsewhere. For example, on 23 July a teenager knocked down by a car near the junction of Warringah Road and Forestway, perhaps 300 metres from the NBH, was taken by helicopter to another facility.

The other fundamental flaw in the original concept for the hospital was that no attempt was made to ensure that it complied with "Green Star" certification, despite the acres of roof space suitable for solar panels.

(iv) Contract

The "public/private" concept has been opposed by the community since it was first mooted. It appears to be simply a way for the government to get hospitals built on the cheap. To the public (including patients and staff) is seems to be a source of confusion.

The main issue is secrecy. The public is entitled to know how Healthscope/ Brookfield is accountable for its use of a public facility. What measures are in place to ensure that public patients receive quality care? Are there objective criteria such as nurse/patient ratios? What controls are in place to ensure that public resource is not used to augment private resource, or to limit the amount of space leased out to third parties such as the consulting rooms on the 7th floor, cafeterias, pharmacy, etc? Who owns the land and buildings? Who is responsible for maintaining them? Is there a 20-year buy-back agreement, as was mooted at one stage, and how will it be valued? On what grounds may either side terminate the contract? What happens if Healthscope/Brookfield goes bust, or decides that the NBH isn't giving them an adequate return? Does the government have the power of veto should the present owner wish to on-sell the NBH, which given the nature of private equity is quite likely?

And that is all without asking the "commercial in confidence" questions of who pays whom what under the contract.

b) **"changes to the contract since opening"**

The sale of Healthscope to Brookfield means that public hospital assets are now under the control of an overseas private equity company. This is wrong in principle, as well as being a potential loss of tax revenue to the government.

It is public knowledge that lack of staff resulted in the NBH operating at well below full capacity for a long time. Has this situation been rectified? Are staff/ patient ratios adequate? Is priority given to staffing public wards? Will future new hospitals be fully staffed from the outset?

c) **"ongoing arrangements for the operation and maintenance of the hospital"**

It is clear to even a casual observer that the hospital grounds are not being adequately maintained, with plants withering, grass uncut, etc.

f) **"the impact of the hospital on surrounding communities and health facilities"**

(i) surrounding communities

The decision to build the hospital in Frenchs Forest has been an utter disaster for the suburb.

Probably the only point on which there has been unanimity throughout the planning process is that the hospital would not be feasible without upgrading road access. The two are inextricably linked, effectively one project, despite the government trying to minimise public opposition by dividing it into four stages.

We were promised that the road work would be completed prior to the opening of the hospital, whereas the roads are running well over a year late. The public has not yet been told what effect the delay will have on the latest published figure of $500 million for the cost of the road work.

The roading project has damaged the environment even more than the hospital. During construction, residents have been subject to noise, mess, delays and inconvenience, all still ongoing. For example, it is often impossible for traffic to exit Hilmer Street in a westerly direction because of traffic backed up all the way from the Forestway lights.

We have permanently lost amenities like the Brick Pit Reserve, and the small businesses on Bantry Bay Road and Warringah Road. Some residents have had their homes compulsorily purchased. Public transport has been made less convenient by the loss of bus stops. The light, elegant pedestrian bridge across Warringah Road at Forestway has been replaced by a gargantuan monstrosity which adds minutes to the time taken to cross the road, as does the even bigger, longer new bridge near Hilmer Street. We have lost trees, and birds and animals have lost their habitat.

Even when finished, the road upgrade will only affect East/West traffic and do nothing to ameliorate North/South access to the NBH via Wakehurst Parkway, a vital but inadequate and unreliable link to the population further up the peninsula and from the Manly direction.

The final paragraph of the last Environmental Assessment Report (Roads Stage 2) states "The Department considers that the project's benefits outweigh the potential residual impacts which can be managed and would not, subject to the recommended conditions, result in any long term adverse or irreversible effects." It is ludicrous to claim that the building of a massive, dual-level, 12-lane highway is not irreversible.

Worst of all, the new hospital and associated road work are being used as the excuse to justify further devastation of the suburb, under the name of the Frenchs Forest Structure Plan, designated by NSW Planning as a "priority precinct". The last remaining bit of greenery, the Forest High School grounds, is to become a "vibrant town centre", accompanied by further massive

development. While probably outside the scope of your inquiry, you should be aware of the "cause and effect" linkage.

It should also be noted that helicopters are noisy and dangerous machines to have flying low over residential areas. There should at least be a curfew (say 10:00pm until 8:00am) to minimise the detrimental impact on the neighbourhood.

(ii) health facilities

The public was initially told that the NBH would be an additional resource, and that Mona Vale and Manly would be retained, albeit that Mona Vale would require some structural remediation, and that Manly was in desperate need maintenance and refurbishment.

g) **"the merits of public private partnership arrangements"**

None, except perhaps to the shareholders of Brookfield.

PART 2 - AS A PATIENT

a) **"the contract and other arrangements establishing the hospital".**

(i) Design and Quality

From a patient's viewpoint, there are numerous deficiencies.

Not only is the main car park ugly, but the layout is poor. It is almost impossible to align one's vehicle in such a way as to obtain a ticket from the machine at entry without getting out. One woman in front of me couldn't work out how to get a ticket even after getting out of her car. The parking bays couldn't be any smaller.

Access to the short-term drop-off/pick-up areas at both the main hospital and Emergency Department is very awkward, particularly the latter, for which it is especially important. These areas are of inadequate size to meet demand, particularly as there does not appear to be any monitoring or supervision to prevent over-staying.

The layout of Emergency Department has Triage at the far end of a long room, instead of by the entrance. This might be a step too far for serious incoming cases. Stuck on the walls there are lots of notices printed on A4 paper, some duplicates within a metre of each other, indicating that original signage was inadequate. Signage in the main reception hall is also poor, eg it is almost impossible to find how to get to the 7th floor without having to ask at the Concierge desk.

My ward door wouldn't close properly. On the bathroom taps it's almost impossible to determine which way to turn for hot from cold. Worst of all, sound-proofing between wards is non-existent, with conversations in nearby rooms clearly audible. One patient was even conducting his business by phone from his room. The staff have numerous other examples of poor design (eg no room for their break) and equipment.

Systems are not 21st century. I lost count of the number of times I was asked to list my current medications. On each occasion the information was scribbled down by hand, once using a clipboard held up against a waiting room wall. In a modern hospital this information should be recorded once in an electronic file accessible to any part of the hospital. When discussing medicines with a patient, medical staff should use the brand name with which the patient is familiar, not an obscure chemical name. There was disagreement between staff on whether "nil by mouth" included my current medication. Staff also disagreed on whether my bed-side cabinet drawer should be kept locked.

Also on the subject of IT, the app designed to let friends follow your progress is stupid, useless, and a waste of time and money.

d) **"standards of service provision and care at the hospital"**

On the evening of Sunday 9 June I suffered a bad fall outside my home, receiving cuts and abrasions from head to toe, sore ribs, and in particular a badly damaged left hand.

I attended the Emergency Department of the NBH at 7:40am the following day (Queen's Birthday Monday).

By midday I had been processed, examined, x-rayed, and diagnosed with 3 bad fractures in my left hand. I was about to be bandaged up in a cast and sent home when Orthopaedics had a last minute change of mind, deciding to admit me for "closed reduction" surgery under general anaesthetic, which I was told would take place "ASAP", probably that afternoon. In fact from that point it was **over 27 hours before I reached theatre**.

Although Emergency Department was slow, and they weren't interested in cleaning up my cuts, otherwise I felt satisfied with the quality of treatment from Dr and Nurse Emergency Department has been made a scapegoat by external reports, which in my experience is unjustified, at least in comparison with the main hospital.

As part of my admission process, I was asked whether I wanted to be a public or a private patient. The nurse seemed uncertain when I asked what the difference was. The distinction sounded a bit vague - a better chance of a single room, and the option of post-discharge follow up with my operating

surgeon. If I had an excess to pay to my health insurer it would be waived, which sounds very fishy. In retrospect it seems that being a private patient you a) have carpet on the floor, and b) have to pay for some drugs at the pharmacy which might otherwise be free.

I was in Ward 5A, Room 10, before 3:00pm, by which time I had had nothing to eat or drink for about 19.5 hours. In anticipation of surgery, I was required to continue fasting, so the first action of the ward was to put in a request for a doctor to come and put a cannula in my hand so that I could go on a saline drip to counteract dehydration. **It took over 8 hours for a doctor to respond**.

Meanwhile I just had to lie and wait for news of when my surgery might take place. At 11:00pm I was finally told that it was cancelled for that day. My surgeon told me subsequently that she was aware of that by 7:00pm. Nobody thought to communicate with the patient.

At that point I was allowed to eat, although the feeding "window" was a mere one hour, until midnight when I had to start fasting again in anticipation of surgery the following day (Tuesday). Despite the hospital being a 24x7 operation, for catering it was "out of hours", so all I was offered (despite being without food for over 27 hours) was a couple of unappetising and unhealthy white bread sandwiches.

Tuesday morning was the same, just lying, waiting, with nobody able to tell me when or even if my operation would take place. It was explained to me that admissions through Emergency were restricted to one or two operating theatres (other theatres being allocated to pre-booked elective surgery), that priorities changed frequently, and as my injuries were not life-threatening I could keep on being bumped down the queue.

Having invoked the assistance of a doctor and the Nurse Unit Manager to try to find out what was happening, around 3:00pm they finally told me that I should expect to be called to theatre about 4:30pm. Less than 5 minutes after being given this information, I was being wheeled to theatre. Either theatre scheduling or communications, probably both, were useless.

I have no complaints about the theatre staff. They were friendly and reassuring, and as far as I can tell they did their job well.

Following surgery and recovery I was returned to my room, and offered some inedible food.

Handovers between nursing shifts were hit and miss. Sometimes the entire new group would be be introduced, sometimes one nurse, and on this occasion there was no handover, despite the fact that I was just out of a general anaesthetic. During the evening I sat in my chair, ignored by the nursing staff,

until eventually at 10:08pm, unable to reach my nurse call button, I had to resort to ringing the main hospital phone number to get put through to my ward to get a nurse to come and help me back into bed. Even if I had been able to use my call button, response times were never good, the reason being "we do have other patients, you know", meaning that there aren't enough nurses and/or when one nurse is busy the others don't cover.

Nursing is not proactive. I had to insist that my cuts and abrasions were cleaned up. Pain-killing medication is readily available, but nothing is given to prevent its common side-effect, constipation, until after it has become a problem and the patient asks for a remedy. I wasn't once asked "When did you last have a bowel movement?"

Wednesday morning again was a matter of just waiting, not knowing what was happening or when I would be going home. No information, no communication. Eventually, a pharmacist came to talk to me, and at about 2:15pm, I was abruptly given a discharge letter. A week later, my GP had still not received his copy, despite my request at the outset that he be informed.

At the in-house pharmacy, when I collected my medication on discharge, i was again asked if I was public or private. The difference seems to be that a private patient has to pay for some things, but the person serving me wasn't sure. She also said she couldn't use the terminal at the counter, so had to disappear into a back room with my credit card, which she acknowledged was contrary to banking advice.

So having been told originally that I might get home on Monday, I finally left at 2:50pm Wednesday. I'll give Healthscope the benefit of the doubt and attribute the length of my stay to their inefficiency. A more devious mind might interpret it as a scam to increase revenue from my health fund and make occupancy rates look good.

CONCLUSION AND RECOMMENDATIONS

Frenchs Forest is relatively close to several large private hospitals (eg North Shore Private, Mater, Sydney Adventist Hospital) as well as some smaller clinics. The elective surgery needs of private patients are already well catered for. What the Northern Beaches area needs is a public hospital with a much greater proportion of the resource being allocated to emergency admissions.

The public/private concept clearly hasn't worked, is fraught with uncertainty and is susceptible to abuse. Healthscope have shown themselves incapable of running a public hospital to a satisfactory standard, and by implication the current contract does not give NSW Health sufficient control to ensure quality outcomes for both patients and taxpayers.

Recommendations:

1. Terminate the current contract with Healthscope/Brookfield, and make the NBH a fully public facility under the direct control of NSW Health;

2. Increase the proportion of resources within the hospital allocated to the Emergency Department;

3. No further development of the Frenchs Forest site, with future state investment in health infrastructure being directed towards the more central/ northern parts of the peninsula;

4. Improve internal systems and communication - less hand-written paper, less repetition, better information flow;

5. Employment contracts should require staff to work when the hospital needs them (subject to minima and maxima), rather than relying on volunteers to work public holidays;

6. Install noise insulation between rooms;

7. Redesign the access and layout of both long and short term car parking, and ensure policing of the latter.

8. Review and upgrade signage within the hospital;

9. Ensure the 24x7 availability of healthy food for patients and staff;

10. Impose a night-time curfew on helicopters;

11. Change the layout of the Warringah Road exit from the NBH to comply with Health Infrastructure SSI 5982, Northern Beaches Hospital Infrastructure Approval June 2014, page 5, Schedule 2 Part B "Requirements for Future Stages" , para b) "a maximum of three entrances including primary vehicle access from Frenchs Forest Road West and secondary **left in, left out only** access from Warringah Road";

12. The State government to disclose immediately the current estimated total cost and completion date for the road network upgrade.

FOOTNOTE

I am assuming that the committee can requisition whatever reports and information it requires from the relevant departments, but given that NSW Health told the NSW Civil and Administrative Tribunal (File No. 1410661, Paul Cunningham v NSW Ministry of Health, 2014/15) that they were unable to find

the Development Options Business Case for the NBH, to which I refer above, I should be happy to furnish a copy of this on request.

PAUL CUNNINGHAM
Frenchs Forest
26 July 2019