

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

Name: Name suppressed

Date Received: 26 July 2019

Partially
Confidential

26 July 2019

The Parliamentary Committee

I have grave concerns over the operation of Northern Beaches Hospital, its lack of governance and its disturbing lack of knowledge around general concepts of how to operate a large-scale health institution.

I am concerned that a number of submissions are from community members who, rightly so, wish the best facility for their area and discuss a number of matters that occurred quite a few months ago. There are matters of concern which are still occurring and are more recent. However, I can say that I fully support the matters raised in a number of submissions that have been presented to the Inquiry (those being Submission No. 44, Submission No.1, Submission No. 9, Submission No.25 and Submission No. 10

- *Term of Reference (h)*

In support of Submission No.10

Senior Medical Practitioners (often with well-established medical careers and superior CPD standing with their relevant College) are rejected outright by the Medical Advisory Committee which receives no submission paperwork prior to consideration or is given access to the electronic submission on the basis that there is no current requirement for that practitioner. I seek to clarify this point, every single practitioner is interviewed AFTER hours by one single person (the A / Director of Medical Services). There is no report or selection committee, the interview is short about 15mins and the recommendation to the Senior Medical Co Ordinator is to either 'recommend' or 'not recommend'. The practitioner is encouraged to submit an online application prior to interview which on the surface of it would suggest there is a requirement for a practitioner or at least a vacant position. The application would seem to pass an audit of credentialing requirements and governance. However, any form of governance ends there. The Committee is not provided with any evidence of the doctor's qualifications, there is no HCCC report done as there is with every single public hospital which would provide the Clinical Executive detailed information if any serious complaint or sanction is applied by the Health Care Complaints Committee. No Service check register is undertaken. The Hospital is currently rapidly trying to rapidly obtain Working With Children Checks and National Criminal record checks for over 50 doctors who are practising but have never provided these clearances nor were they ever asked to do so.

If a doctor is not appointed they are informed they are 'not required'. This means there is no actual work for them to perform, or there is no actual vacant position, or there is no enough 'paying private work' to support the engagement of the doctor, or they may be deemed not clinically sound or they may be considered as surplus to requirements. The point being no information is supplied to the individual to advise of why the decision was delivered, there is no

right of review (as there is in the public system), the doctor is led to believe there is a position and a requirement for their services when in fact there is none. Any appointment is also made for Senior Practitioners (Specialists) on either the amount of private work they can draw to NBH

- *Term of Reference (d)*

In support of the above claim another known clinical matter that occurs relates to Cardiology. Angiograms are performed and are a billable procedure. However, the concern is that when it is suspected that a Stent is required an Angiogram is performed with the full knowledge that no Stents are performed at NBH. The explanation for this officially is that they do not have the facilities to do such a procedure however it is widely known throughout the hospital that staff who can perform Stents are deliberately not engaged and facilities are not equipped for the procedure because it has been deemed as not profitable to perform and not cost effective. Therefore, there is a directive that after the Angiogram patients are transported to RNSH where the procedure can be performed and the billable procedure would go onto Medicare as a line item for a Fee for Service on the public health system. However, the Angiogram can be placed against the patient's private health insurance which is lucrative for the hospital

- *Term of Reference (d)*

There are currently four (4) surgical wards. These are not all operational or being used. The reason being is that Surgery is being decided on a revenue basis. The more private work that is

admitted to NBH the more there is to consider the opening of these Wards. It has been made abundantly clear that they do not wish to open these up for the use of public patient admissions.

There are 3 wards for private and 1 for public however the NSW Deed (Agreement) with the provider requires it to provide services to the public without discrimination.

- *Term of Reference (e)*

There is a discrepancy in the shift hours worked of junior medical officers. Those employed by NSW Health and on rotation into NBH but are the employees of NSLHD work 10hrs however those under Healthscope contracts are required to work 12hrs however all doctors, irrespective of their employer, are remunerated according to the NSW Industrial instrument, the public Hospital Medical Officers (State) Award. There is also concern among doctors who are discussing with ASMOF and Healthscope about a requirement to bundle-on-and-off as other staff are required to do. The concern is that there is no allowance in the system for late finishes or late starts. All staff are given a 5 minute grace but after that they have their pay docked.

For example; if caught in traffic and a person who has a normal start time of 0800 in Emergency arrives at 08.20 and is meant to work an 8 hr shift and instead of finishing at 1600 finishes at 1620 so doing their full 8 hours will be docked 20 minutes of their pay and the 20 minutes after the finish time is not counted.

- *Term of Reference (e)*

Approximately 3-4 months ago an entire ward of nurses (general medicine) resigned collectively. They raised concerns over low numbers of nurses engaged, different staffing ratios according to public or private wards and a general concern over the lack of availability of general medications. Nurses who are engaged to work on the public side are under different conditions and this is due to the nature that like medical practitioners they were given a two (2) year contractual binding arrangement in which the conditions they were working under in NSW Health would remain in effect for the 2 years while they worked at NBH/ Healthscope. This discrepancy extends to the number of nurses required on the public wards (follow those of NSW Health) and those on private wards

- *Term of Reference (g)*

The Australian and New Zealand College of Anaesthetists recently came for a follow up assessment of the hospital. They had granted a 6 month accreditation to the hospital contingent on an improvement to the medical staffing numbers, an improvement on the ratio of public and private procedures being undertaken and that junior doctors had an exposure to Elective surgery procedures. When they returned in July they provided accreditation but were guarded and issued a statement saying that there was a lack of opportunity for junior doctors to . The College accredits for an institution and not for a specific position like other Colleges

- *Term of Reference (g)*

NBH has no Accreditation for junior doctors to be in a training program and work towards specialisation and progress towards being a Consultant/Specialist. As a result, any position that a doctor takes at NBH is Unaccredited which means that they cannot claim or use any of their time towards counting as clinical work when they are in a training program. All Advanced Trainees or Provisional Trainees at the Hospital are on rotation to NBH and are employees of NSW Health (NSLHD). This in effect makes the Hospital the only one in NSW with no accredited training positions and effectively for junior doctors makes this hospital as a stand-alone secondary or substandard hospital. Every other hospital in the state has training accredited positions