REPORT ON PROCEEDINGS BEFORE

PORTFOLIO COMMITTEE NO. 2 - HEALTH

INQUIRY INTO THE OPERATION AND MANAGEMENT OF THE NORTHERN BEACHES HOSPITAL

CORRECTED

At Sydney on Tuesday 5 November 2019

The Committee met at 9:30.

PRESENT

The Hon. Greg Donnelly (Chair)

Ms Cate Faehrmann
The Hon. Wes Fang
The Hon. Emma Hurst (Deputy Chair)
The Hon. Shayne Mallard
The Hon. Walt Secord

The CHAIR: Welcome to the third and final hearing of the Portfolio Committee No. 2 and its inquiry into the operation and management of the Northern Beaches Hospital. Before I commence I acknowledge the Gadigal people, who are the traditional custodians of this land. I pay respect to Elders past and present of the Eora nation and extend the respect to other Aboriginals who are here or joining us on the internet. Today the Committee will take evidence from two specialist doctors who have had contact with the Northern Beaches Hospital, one a medical oncologist and one an ear, nose and throat surgeon. We will also hear from representatives of the hospital and the company that manages and operates it, Healthscope Limited. And, finally, we will hear from representatives of Northern Sydney Local Health District and NSW Health.

Before we commence I would like to make some brief comments about procedures for today's hearing. Today's hearing is open to the public and is being broadcast live on the Parliament's website. I acknowledge the significant interest the public have had in this inquiry. I remind audience members that today is not an open forum for comment from the floor. Audience participation is not recorded in the transcript and make it difficult for witnesses to communicate with the Committee. Today's hearing is open to the public and is being broadcast via the Parliament's website. A transcript of today's hearing will be placed on the Committee's website when it becomes available. In accordance with the broadcasting guidelines, while members of the media may film or record Committee members and witnesses, people in the public gallery should not be the primary focus of any filming or photography. I would also remind media representatives that you must take responsibility for what you publish about the Committee's proceedings.

It is important to remember that parliamentary privilege does not apply to what witnesses may say outside of their evidence at the hearing. I urge witnesses to be careful about any comments you may make to the media or to others after you complete your evidence, as such comments would not be protected by parliamentary privilege if another person decided to take an action for defamation. The *Guidelines for the Broadcasting of Proceedings* are available from the secretariat. There may be some questions that a witness could only answer if they had more time or with certain documents to hand. In these circumstances, witnesses are advised that they can take a question on notice and provide an answer to us within 21 days.

I remind everyone here today that Committee hearings are not intended to provide a forum for people to make adverse reflections about others under the protection of parliamentary privilege. I therefore request that witnesses focus on the issues raised by the inquiry's terms of reference and avoid naming individuals unnecessarily. Witnesses are advised that any messages should be delivered to Committee members through the Committee staff. To aid the audibility of this hearing, may I remind both Committee members and witnesses to speak into the microphones. The room is fitted with induction loops compatible with hearing aid systems that have telecoil receivers. In addition, several seats have been reserved near the loudspeakers for persons in the public gallery who have hearing difficulties. I ask Committee members and witnesses to place their phones on silence for the duration of the hearing.

JONATHAN PAGE, medical oncologist, formerly employed at Northern Beaches Hospital, affirmed and examined

The CHAIR: Dr Page, I invite to you make an opening statement. If you could keep it to a few minutes. Your submission has been received by the inquiry, submission 233, and the Committee members have read it. If you are agreeable we will then move to questions from the Committee members. There are members present from the Government, Opposition and cross bench.

Dr PAGE: Thank you very much for the invitation to talk to this inquiry. I am a medical oncologist with 36 years of experience in many hospitals over that period of time. My main concern relates to patient care and patient safety. When we first moved into the Northern Beaches Hospital I was staggered at the level of incompetence and poor planning, which was immediately going to impact on patients. Most of this developing catastrophe was quite avoidable, which made it even more disturbing. I might simply say in my statement there is a close analogy between the safety for patients and safety in the airline industry. We teach this to medical students, and have done for 15 years, that the level of safety in the airline industry is micromanaged or nanomanaged. There has been an exception in recent times. But it would be inconceivable to launch a new plane without all the safety checks and yet a hospital is opened without that having been done. I felt we were moving into a prototype and I do not feel the hospital should have been open for business until perhaps around about this time. In other words, I feel it was opened about one year too early.

The Hon. EMMA HURST: Dr Page, you worked at Manly Hospital for 36 years, do you believe there is a difference in the standard of care at Northern Beaches Hospital and does it differ from Manly?

Dr PAGE: A dramatic difference. The physical setup at Manly Hospital was determined by the staff when the new clinic was built many years ago—nursing, oncology, administration—and therefore it worked very well in terms of the physical layout. Everything from the way patients were received—these are patients with cancer, with limited lifespan, they are in dire straights, they are anxious and we ensure that they are cared for. Everyone from the secretary who admitted them into the clinic was trained to talk to patients in this level of anxiety. We had offices available for the oncologists and these were well fitted. The clinic was well fitted, the waiting room was in an appropriate area that was set aside so privacy was maintained in the clinic and so forth. Nearby we had our own specialist oncology pharmacy and we had Allied Health. All of that was very well designed. The clinic was in the middle of the hospital so it was adjacent to a surgical ward, which is where a lot of our patients were. We could move to and fro and it was also near the intensive care unit. For a small hospital it was well designed.

The Hon. EMMA HURST: What was the difference with the new hospital?

Dr PAGE: The other thing at Manly is that it was part of the online patient management system, the electronic health record through which we communicated with other public hospitals in the area, with the community nurses, and departments within our own hospital, including pathology and radiology. It was an excellent service. In the new Northern Beaches Hospital that did not exist. That was one of my key concerns. We went in there with a fledgling poorly designed electronic medical record that simply did not work. The main factor was that it did not communicate with the Manly Hospital or any other public hospital so we had no access to the records of all our patients. We had no access.

To use the airline analogy this was like a plane flying without any connection to the flight tower. That was a major issue that the administration did not respond to, although in January it was a feature of the medical director's newsletter. It was then perceived to be a major issue—and indeed, it was because patients were in grave danger, not only oncology patients but patients coming through the emergency many of whom had been to Manly and Mona Vale and North Shore, but there was no access to any of their records. Therefore the doctors were flying blind. Apart from that, the physical structure of the clinic was completely substandard. We knew this was going to be the case because we had already been in to see it and they had not listened to us in previous meetings over the past several years.

It was for this reason that none of our colleagues—there were three of us who moved there from Manly and we had 17 colleagues in the area—wanted to be part of this hospital. They all said, "Over to you guys". That is because we did not have the office space, the secretarial space, the computer access—it was just badly designed. I am led to believe that Healthscope did not receive a budget for outpatient care and perhaps therefore they were less attentive. They may have had an issue with oncology, because I note in the submission from Healthscope there is a list of departments in the hospital, but oncology is not mentioned. We regarded ourselves as a core component because we interacted with virtually every other department in the hospital through our

communications skills and seeing people who are in dire straits with cancer and suffering the side-effects of treatment. It was compounded by the fact that there was no hospital palliative care service and there was no hospital haematology service.

The Hon. EMMA HURST: With the electronic medical records [EMR]—it seems like such a massive oversight—were you ever given any explanation from Healthscope as to why this basic access was not arranged prior to the hospital opening?

Dr PAGE: No, we were not and we asked specifically. We asked senior administrators and the IT department. In lots of staff meetings it was raised because it was not only me but everybody else having difficulties. It was particularly a problem for the junior staff, because they were the ones admitting patients to the ward. Normally, in any other public hospital, they would go online and get all the background they needed, all the documentation that they needed to ensure the care was the best possible. That is my concern; we cannot give people the best possible care. We could not confirm medications, medication reactions, the anaesthetists could not confirm patients' operative details in the past—none of this. We had no online access to the public hospital pathology service. We could not look at the scans that our patients had had in the past. There was simply no answer.

The Hon. EMMA HURST: As far as you are aware, is this an ongoing issue?

Dr PAGE: I checked a month ago, it was not then, but I know it is a current issue. This is a year after the hospital was opened. It may well have been solved to some degree by now. To make matters worse, they developed ludicrous alternatives. The first one was, for our clinic, they asked the medical librarian at Mona Vale, who had access to the public hospital system, which we call PowerChart—that is what we wanted and she had it. We asked her to go through our patient list for the clinic on her computer and to print off 20 pages. She had no reason to know what we needed and those physical pages were then faxed to our clinic. We had a pile of paper. Later on, the North Shore provided us with two laptops that were dedicated communication with their EMR service.

The Hon. WALT SECORD: Dr Page, thank you for your time. From 1 November 2018 until 24 August 2019 was your period at Northern Beaches Hospital. Were you a public hospital doctor or were you a private doctor at the hospital?

Dr PAGE: I was both. Most of my work was public, but I was also seeing private patients.

The Hon. WALT SECORD: What made you reach the decision to resign on 24 August 2019? That is a big step.

Dr PAGE: It is a big step, but I had had lots of meetings organised by me with the executive—in fact, that is how we got some things done. I had to threaten to resign in January in order that myself and my colleagues were to be paid. We were not paid for the first three months and then we were not paid for another three months. This is in the background.

The Hon. WALT SECORD: For six months you were not paid?

Dr PAGE: We were paid once, for one month. This is in the background and it was a financial stress on top of everything else, particularly for my younger colleagues. This is just another arm of the incompetence. In April I sent an email to the CEO saying I have no choice but, if things do not improve, to resign in August. I gave the date and a list of things I wanted addressed. I had no reply.

The Hon. WALT SECORD: No reply?

Dr PAGE: No reply to say we accept your resignation. I gave four months' notice as an opportunity for the hospital to improve the issues that related to patient safety. They did not take that up and two months later the medical director rang me basically to expedite my resignation, not to correct any of the issues but just to say they needed to know when I was going because they needed to make other arrangements.

The Hon. WALT SECORD: What about the matters that you raised with them? At any point did they address them rather than worrying about getting a replacement? I am talking about the issues that you revealed.

Dr PAGE: They did not do anything about the payment issue, which related to me and my colleagues.

The CHAIR: I do not want to cut across the questions, but was non-payment of effectively your salary an endemic issue? Did it affect a number of people in senior positions at the hospital?

Dr PAGE: It mostly related to us because most of our work is as an outpatient. In the outpatient area, that is where the problem arose. In the inpatient area of work we were paid like all the other senior staff. That was not such an issue. Most of our work, though, is in the outpatients and that is where we were not paid.

The Hon. WES FANG: I want to confirm that your employment status was that you were employed by Healthscope as a doctor and for inpatient services you were paid by Healthscope and that payment was made. We are talking about the outpatient work and that was billed through Medicare. You were effectively a visiting medical officer. Is that right?

Dr PAGE: Yes.

The Hon. WES FANG: Was Healthscope responsible for submitting the Medicare item numbers to Medicare for payment and then passing that payment to you or did Healthscope direct Medicare to pay you directly?

Dr PAGE: That is a good question. That is the basis of the issue, exactly as you stated it. At Manly we had a system and that was supposed to be transferred over. As you say, that system was that patients come in to the clinic like they would to a general practice, the details are collected, the item numbers are recorded, the information is transmitted to Medicare and then the payment would normally be directed to us by Medicare. That just did not happen.

The CHAIR: For months at a time; it rolled on.

Dr PAGE: It went on and on and on. In the end, when I threatened to resign in January, Healthscope themselves paid us. Every subsequent payment I was given from the clinic, to the time I left, came from Healthscope because they had not been able to communicate with Medicare.

The Hon. WALT SECORD: I understand that you were not paid for three months and then paid and then not paid. What about the time when you had no access to patient records from day one? You are an oncologist. For people who do not understand the medical system, that is dealing with people with cancer. How did you deal with patients and how did you attend them if you did not have their medical records? Were you flying blind? What were you doing?

Dr PAGE: We were flying blind but obviously we owed a duty of care to our patients to get the information as best we could.

The Hon. WALT SECORD: How did you do that?

Dr PAGE: One way is we got some information through the Mona Vale Hospital medical library, bizarre as it sounds. Later on, perhaps after four or five months, we got a small laptop provided by North Shore. It was their property and it connected directly to the North Shore electronics system, demonstrating that it was possible.

The Hon. WALT SECORD: Do you think mistakes happened because doctors did not have access to medical records?

Dr PAGE: I am sure of it.

The Hon. WALT SECORD: Mistakes would have happened because of the lack of access to medical records.

Dr PAGE: Correct. There would have been mistakes through ignorance, delayed appropriate care, incorrect care.

The Hon. WES FANG: Do you have any examples?

Dr PAGE: I have got personal examples.

The Hon. WALT SECORD: Could you share them with us without identify the patients please?

Dr PAGE: Yes, I can give you two. Early on I was asked to see a patient who had come in under another department. This particular woman had a severe infection. She had been in the hospital for three days and came in delirious and could give no history. Of course, there was no information available on the electronic medical record. She came in and was treated as an older woman with a lung infection. When she came out of her delirium she happened to mentioned my name so the team asked me to go to see her. I went to see her and recognised her. She is woman who had had treatment by me for a very aggressive lymphoma, which is a malignancy of the lymphoid. In fact, she went to the point where she needed the equivalent of a bone marrow transplant. She relapsed after the early treatment and went to that level. Since then, she had been well for eight years. By that time she was

in her 70s. Because of all that, she must be regarded as someone with an imperfect immune system. She was a person at risk of not responding to basic antibiotic therapies. She needed a special level of assessment.

The Hon. WALT SECORD: What would have happened to her if she did not, in her delirium, mention your name?

Dr PAGE: Potentially, she could have died. She was treated in good faith by the team. I am not saying anything bad about the team. They were like any other team. I was the same in that I did not have that information until later. You feel very bad about that because you really want to do the best for your patients. But she potentially could have come in and been regarded—as she was—as having community-acquired pneumonia. They are treated in a certain way. Such patients are generally low risk and respond well to basic antibiotics. But if someone is immunocompromised, as this woman was, they need a completely different assessment. That would normally involve the infectious disease specialists and they would probably need a broad spectrum, potent restricted antibiotic.

The Hon. WALT SECORD: You left the hospital on 24 August 2019. Was that a tough decision?

Dr PAGE: It was, yes. It was a tough decision because I had been working in the public system—as I said—for 36 years. I am more of a public doctor than a private doctor. I support the Medicare system and do all I can to minimise patient costs because most of my patients are in the later phases of their lives. I do not believe in huge gaps—or any gaps. We do our best to minimise pharmaceutical costs and to provide them with all the social work and other information. We look after our patients. We see them readily at short notice and so on.

The Hon. WALT SECORD: It was a tough decision?

Dr PAGE: It was a tough decision. I have now left the only remaining public hospital appointment that I had. I am leaving junior doctors. They are oncologists and specialists, but they have relatively little experience. Of those doctors, two of them have had maybe 18 months to a year—

The Hon. WALT SECORD: Compared to 36 years for you?

Dr PAGE: Yes.

Ms CATE FAEHRMANN: Dr Page, what would you like to see out of this inquiry?

Dr PAGE: What I was hoping would happen did not. In other words, I wanted some major intervention after one month. I know there is a falsehood still being spread—particularly by Healthscope, among others—that any new major undertaking in health begins with a period where some errors are made. This was an order of magnitude greater than that. I would like that to be on the record. These were major egregious oversights that could have been prevented. I have looked and there is plenty in academic literature from around the world about comparable hospitals that have been opened. The problems that have occurred are documented. Being academic, they look at the ways to prevent it. We should have had the same level of safety as the launching of a new airliner.

I would like the truth to be established by both Healthscope and other public personalities. These were not teething problems. This was a child with a hole in their heart who needed heart surgery. That hole in the heart is symbolic because it was a hole in the part of the heart that represents compassion. It was a compassion-free zone, except for the hardworking doctors. But when you are working beyond a level of difficulty it is hard to maintain compassion because you are in survival mode. That was the case. And that was not recognised. I would like that on the record. I would like a greater degree of surveillance over the functioning of this hospital by Healthscope and whoever follows them.

Ms CATE FAEHRMANN: If similar things have happened in other jurisdictions overseas and academics have studied and researched this and made recommendations as to how to open similar hospitals without these major issues occurring, why do you think they occurred?

Dr PAGE: It was a cultural matter. What I saw in the main people we were dealing with—and there were not many meetings about the detail—and the features I felt were present were arrogance, ignorance and a lack of care. That is a dangerous triad. When I was first presented with the physical layout of the oncology department area with no discussion beforehand I pointed out all the limitations. But they said they could not do anything because the building's outer wall and the columns had been set. We had a 12-chair treatment area, which was nowhere near enough to be sufficient in the near future.

Ms CATE FAEHRMANN: Just to clarify or confirm, with regard to the oncology service or clinic at the Northern Beaches Hospital, you were not consulted in terms of what was required for that?

Dr PAGE: Correct.

Ms CATE FAEHRMANN: Were any other oncologists who were going to be working there consulted?

Dr PAGE: They were not consulted. I went to a meeting and the floorplan was laid out to show me. It was a meeting of half an hour and no minutes were taken. I offered my views and nothing transpired from that. That is very different to the experience of a colleague of mine who is a similar position at Liverpool, which is having its oncology department redeveloped at the moment. It is completely different. They have had lots of meetings with all sorts of stakeholders to design the number of offices and the layout, which fits in with all the multidisciplinary meetings that we have. That has not happened. We are looking after a big catchment area—more than a quarter of a million or maybe 300,000. That is about a third of Liverpool, but Liverpool has other hospitals. There just was not the same discussion as was present there. Therefore they have sufficient offices. They have secretarial staff who are senior and who are experienced in oncology. They have allied health and all the other features that we should have, admittedly at a slightly smaller level because we are a smaller hospital.

Ms CATE FAEHRMANN: Thank you.

The Hon. WES FANG: Dr Page, thank you for coming in and providing some insights to us today. I am just going to take you back to some of your earlier testimony. I just want to clarify some points. When we read your submission it was possible that we could determine from it that you received no payment at all in the first couple of months at the hospital. That is why I asked the questions previously. When you were doing outpatient clinics, that is what you were referring to in terms of not receiving payments. But you were receiving payments as a doctor for all your inpatient work. So we are only talking about the outpatient clinics. Is that correct?

Dr PAGE: That is correct. But that is most of our work.

The Hon. WES FANG: What is the percentage of your outpatient work?

Dr PAGE: I would think it is probably 60 to 65 per cent.

The Hon. WES FANG: When you were running clinics would you do half a day or a full day? I imagine if it was 65 per cent you would probably be doing something like three clinics a day. Is that correct?

Dr PAGE: It would vary. I was doing two full day clinics.

The Hon. WES FANG: Two full day clinics?

Dr PAGE: Yes, per week.

The Hon. WES FANG: And you also worked in private rooms as well? Were you doing private work in your rooms plus working for—

Dr PAGE: No, essentially zero. I have a private office in Manly but I was, mostly then, just seeing old patients. I was not seeing new patients.

The Hon. WES FANG: It was Healthscope's responsibility to ensure that the Medicare item numbers were submitted to Medicare. They ran the outpatient clinic. You were just providing the services as, essentially, a visiting medical officer?

Dr PAGE: Correct, yes.

The Hon. WES FANG: It has now been about three months since you have worked for Healthscope at Northern Beaches Hospital?

Dr PAGE: Yes.

The Hon. WES FANG: I note that you spoke about the information technology [IT]systems and the issues there. We have recently been fortunate enough to tour the hospital and it would appear to us that those concerns have been addressed. So, with regard to the issues that you were highlighting previously about information on patients, if the IT system is now interfacing with NSW Health's system, that would have removed any concern you would have. Is that correct?

Dr PAGE: It would have addressed my IT concerns and, indeed, if it is—

The Hon. WES FANG: We will go through your concerns one at a time but I am talking about your IT concerns now.

Dr PAGE: It would. That is what I stated. It was deficient. If it is now working well—I have got to say that I would need to have that confirmed with the doctors who are using it day by day, my colleagues who are still there and, particularly, the junior staff, because it was said that the system was working earlier in the year and,

yet, the junior staff were having all their notes disappear several times a day; they were deleted. But I am sure, either now or very soon, it will be working well and it will be communicating with the rest of the public service system.

The Hon. WALT SECORD: But it did not work for a year.

The Hon. WES FANG: It is our understanding that the system is now interfacing correctly and working. I am just trying to go through some of the concerns that you have and see what has been—

The CHAIR: When you say "our", you cannot speak on behalf of the Committee. You can say it is your understanding. That is important.

The Hon. WES FANG: Okay. It is my understanding—

The CHAIR: Speak on behalf of yourself.

The Hon. WES FANG: I was referring to the Hon. Shayne Mallard there.

Dr PAGE: Well, you could say that finally this aircraft is communicating with the flight control tower.

The Hon. WALT SECORD: After a year.

Dr PAGE: After a year of being in the air, it can now land.

The Hon. WES FANG: I am very aware of—

The Hon. SHAYNE MALLARD: You are talking to an ex-pilot.

The Hon. WES FANG: I have a degree in aviation.

The CHAIR: Who happens to be married to a doctor.

The Hon. WES FANG: I have a degree in aviation and I am married to a doctor so I am all over your analogies.

The Hon. SHAYNE MALLARD: You are way outgunned.

The Hon. WES FANG: With regard to the substandard layout, as you describe it, of the outpatient clinic, has Healthscope done any work to try to improve the situation at the moment?

Dr PAGE: No. We have one office in the department that is used but now we have six oncologists and six haematologists, so 12 people, and so we are using offices that are some distance away in the outpatient department area. So we are using offices, and we are mixed in with other clinics—maybe antenatal or fracture clinics—and so we tend to have generic nursing staff there when we need specialist nursing staff. Offices have to be booked ahead of time. It is simply not the normal design. I mentioned Liverpool, where you have the offices nearby, circular where people interact with one another all the time, and they have secretarial staff there who can help. They might have research staff. They may be teaching students. It is all in that one area, instead of scattered.

The Hon. WES FANG: But that does not affect patient safety at all, does it?

Dr PAGE: I think it does. I think it does but it is probably only maintained—the level of safety, that is—by extra work by my colleagues and nursing staff. They have to be extra vigilant that they are not missing anything, that everything is done.

The Hon. WES FANG: So they have provided office space and places to work. They have provided treatment areas. They have now provided an IT system that interfaces with NSW Health. It sounds to me like the issues that were faced early on in the starting of the hospital are certainly being addressed and the hospital seems to be functioning reasonably well.

The Hon. WALT SECORD: What do you base this on?

The CHAIR: Order!

The Hon. WES FANG: Walt, you have had your chance.

The Hon. WALT SECORD: He is making a statement. Ask the witness a question.

The Hon. SHAYNE MALLARD: Point of order—

The Hon. WES FANG: That is the pot calling the kettle black.

The CHAIR: Ask the question with a reasonable preamble, not a particularly long one, and allow the doctor to answer the question.

The Hon. WES FANG: Would you agree that, while you may not approve of the layout, there is nothing there that is affecting patient safety?

Dr PAGE: Well, I think there is. I think there is a residual shortcoming in patient safety because of the layout.

The Hon. SHAYNE MALLARD: Good morning, Dr Page. Thank you for coming in and sharing your experiences. Your career has been largely in public health?

Dr PAGE: Yes.

The Hon. SHAYNE MALLARD: Do you support public-private partnership [PPP] models for delivering hospital services?

Dr PAGE: Not anymore. This is my first personal experience of it, apart from working in public hospitals that had a co-located private hospital—say, North Shore and North Shore Private. That was a model operated by different organisations—one by the State Government and one by a private company—that interrelated quite well. This system has been shambolic and I think it has been because of the lack of experience of the private operator in understanding the intricacies of public hospital care.

The Hon. SHAYNE MALLARD: Did you want to leave Manly Hospital?

Dr PAGE: No.

The Hon. SHAYNE MALLARD: You were comfortable there in the public hospital system?

Dr PAGE: I thought it was running very well, and so did my colleagues and people who came to work to cover periods of absence—locums. They would always say, "What a wonderful place to work!"

The Hon. SHAYNE MALLARD: What I am getting at here is there is a philosophical policy divide between a public hospital, in which you have been comfortable working in throughout your admirable career—and I acknowledge that—and going into a very different environment, with respect, late in your career, which is the PPP model. You talked about Liverpool Hospital, which I know very well, but it is a very large, complex public hospital, but in partnership with some universities.

Ms CATE FAEHRMANN: Do not be patronising, Shayne.

The Hon. SHAYNE MALLARD: I am not being patronising. I am just getting—

The Hon. WALT SECORD: Point of order: The witness earlier said that he had changed his position on PPPs. You are putting evidence into his mouth that he did not say.

The Hon. SHAYNE MALLARD: To the point of order: The witness can respond.

The Hon. WALT SECORD: He has been a public doctor for 36 years. The question is very simple. Is it correct that you—

The CHAIR: That is your point of order.

The Hon. SHAYNE MALLARD: All I was getting at is there is a policy difference; just acknowledging that. That is all.

The Hon. WALT SECORD: You said he changed his position.

The CHAIR: I adjudicate this way: I think the point is that Dr Page was working in the new hospital, which, in fact, is a public hospital and a private hospital in one. So it is not as if he has transferred into a private hospital.

The Hon. SHAYNE MALLARD: The point I was getting at is there is a government policy position that many people have a problem with.

Ms CATE FAEHRMANN: You are scraping the bottom of the barrel for that one.

The Hon. SHAYNE MALLARD: No. You made a comment earlier that the hospital was a compassion-free zone. That, obviously, is not a reflection upon the hundreds of staff there—doctors, nurses and allied health professionals—who are working today, delivering health services.

Dr PAGE: Certainly not, and I made that point. I said in the early period, when it was a rolling catastrophe in the first month or two, there was compassion within the hearts of the doctors until they were stretched to pure survival. And to see colleagues working in emergency who had not slept for 24 hours because they had just been working—their main job is to stop patient bleeding and to survive themselves. The lack of compassion and understanding was in the administration and the executive and the people who should have known that this would happen. So, no, my colleagues are fantastic.

When I have heard the stories—when they finally recovered and were telling their stories, essentially in private—I was bowled over. They do not want this to be known. They do not want to let people know that they suffered because they feel that is their role. Any of us would work for 24 hours if we had to to save lives. There is plenty of compassion there but not in the people who set up the structure. That is what I meant. And when we went to such people to say, "This is intolerable," we did not get a compassionate response. There was no apology. It was just, "What would you like us to do?"

The Hon. SHAYNE MALLARD: And this is a private operator as opposed to government?

Dr PAGE: Yes.

The Hon. SHAYNE MALLARD: I am not quite across the detail or expertise as is my colleague the Hon. Wes Fang in regard to Medicare reimbursing and so forth, but are there any outstanding financial issues with Healthscope or the hospital with yourself? Has it been resolved?

Dr PAGE: Not with me. I mean, Healthscope paid out all my outpatient bills themselves, not through Medicare. I do not know what has happened since.

The Hon. SHAYNE MALLARD: Just clarify for me: Healthscope paid that out and then they pursued Medicare because Medicare had not come through. Is that what you are saying?

Dr PAGE: That is basically it, yes.

The Hon. SHAYNE MALLARD: Was that Healthscope's fault, or was that Medicare's?

Dr PAGE: They felt they had to pay. They paid themselves. Whether they were able to get reimbursed from Medicare for that, I do not know.

The Hon. SHAYNE MALLARD: It sounds like they did the right thing, but I am not sure exactly.

Dr PAGE: Well, they paid out. But, I mean , the way it was paid—

The Hon. SHAYNE MALLARD: As you said, junior doctors would probably have been in big trouble in terms of paying their mortgage and things.

Dr PAGE: Well, they would, yes.

The Hon. SHAYNE MALLARD: Yes, I understand.

Dr PAGE: They would.

The Hon. SHAYNE MALLARD: Don't worry: we understand covering a budget. My colleague Mr Fang has a few more questions.

The Hon. WES FANG: I just want to clarify one matter.

The Hon. SHAYNE MALLARD: Sorry. It is like I am the Chair. Sorry for that.

The CHAIR: That is okay. You do not get to allocate the questions. I was passing to the Hon. Walt Secord.

The Hon. WALT SECORD: Dr Page, earlier there was an attempt to cloud or change your evidence. I would like you to clarify.

The Hon. SHAYNE MALLARD: Point of order: That is misrepresentation.

The CHAIR: Order! The Hon. Walt Secord has made a statement and a point of order has been taken.

The Hon. SHAYNE MALLARD: That is offensive.

The Hon. WALT SECORD: And accurate.

The Hon. SHAYNE MALLARD: I did not try to cloud the evidence.

The Hon. WALT SECORD: You guys tried to change the evidence.

The Hon. WES FANG: Oh, come on, Walt.

The CHAIR: We know the way it works. We place a question before the witness and the witness responds.

The Hon. WALT SECORD: I will place a very clear question before the witness. Did you enter the Northern Beaches Hospital in good faith?

Dr PAGE: Well, I did, yes.

The Hon. WALT SECORD: You thought: Okay, it is a private open public partnership [PPP] model. We will give it a go and see how it works. Is that correct?

Dr PAGE: Well, that is correct and I was told by the CEO that the system at Manly, the physical layout to some extent but certainly the payment system, would be the same. It would all be transferred over as well as the pharmacy arrangements and there would be no difference. But we found out it was completely different.

The Hon. WALT SECORD: Absolutely. I see your point. You entered in good faith. You said, "Okay, I will do the PPP model and see how it works", and what conclusion did you reach?

Dr PAGE: Well, from my perspective in oncology, working mostly in the outpatient clinic, I think it is a failed system. It simply did not work and I reached a level of exasperation where I left. I have got to admit I was surprised that, having given my resignation, nobody responded in a positive way. I mean, I listed the reasons and nobody came to me and said, "Well, let's go through. We'd like you to stay on", or, "We know you're going but tell us why and we'll do our best to correct those deficiencies." But that did not happen.

The Hon. WALT SECORD: I know that Grace Bros and David Jones do exit interviews with their staff when they leave. There was no exit interview for you?

Dr PAGE: No, there was not.

The Hon. WES FANG: I just want to clarify one thing. The example you gave earlier of the patient that you had seen eight years earlier, was the treatment that that patient received effective? Is that patients still with us now?

Dr PAGE: Yes.

The Hon. SHAYNE MALLARD: Good.

The Hon. WES FANG: Yes.

Dr PAGE: When I saw her I spoke to the team and of course they were quite exasperated to have this revealed. They adjusted the treatment and the patient did well.

The Hon. WES FANG: In other words, the patient was able to give a history with your name and then they were able to seek your advice, and the patient received the proper and appropriate care.

Dr PAGE: Yes.

The Hon. WES FANG: That sounds in order.

The CHAIR: Dr Page, it will fall to the Committee to produce a report for this inquiry. Part of that involves preparing a set of recommendations that will go back to the Government, which hopefully will take some learnings from this whole experience. I know I am putting you on the spot with this question. If you would like to take it on notice, think about it and then come back, you are welcome to do so. In terms of a recommendation or recommendations that this Committee might make in its report back to Government, do you have any thoughts about what that might be or could be in the context of what the whole inquiry has reflected on and what it ought put back to the Government as far as what this Committee recommends, based on this inquiry? Do you have any thoughts?

Dr PAGE: I think there is essentially a new team at the hospital—a new CEO and a new medical director, who I understand both have experience in the public system whereas their predecessors did not. The current CEO is the fourth CEO in a year. I am optimistic. I think they are probably coming from a place where there is more consultation with senior staff. I would like to see that as a clear intention with the planning of these discussions, department by department, medical and nursing, to ensure that from this point on the hospital works as well as it possibly can. The discussions that should have taken place before original opening, if they have not

been undertaken already, should take place in next several months and they should canvass all the departments, including oncology.

With oncology, I think it has its own specific issues because it is an outpatient clinic whereas many of the other departments, like surgery, the surgeons see patients often in their private rooms and there are private rooms in the hospital or elsewhere. The way oncology has evolved, not only in Manly but throughout the city and in the country, is quite different. It is often a public system because it is complex and the gap cost to the patient can be quite extraordinary. I think the department needs to be reviewed. One thing they could do would be to get a senior person, say from Liverpool, to come over and comment. I mean, they have been through the process and they could ask the question, "Would you be prepared to come and work here? If not, why not?" I know that 17 colleagues said that they would not and they chose not to apply to the hospital when it opened.

The CHAIR: They were 17 oncologists of some experience in the public health system in New South Wales?

Dr PAGE: Yes.

The CHAIR: They made a decision not to apply for oncology employment at the hospital?

Dr PAGE: Correct. They are oncologists who work at North Shore, North Shore Private, and there is a big private clinic at Frenchs Forest near the hospital and they did not want to come on board.

Ms CATE FAEHRMANN: Can I clarify that? Was this following the opening when they saw what it would be like as opposed to beforehand? I would think that there would be some appeal to working in a big flash new hospital. Are you saying that those 17 colleagues saw the set-up for themselves?

Dr PAGE: Well, yes. We had a number of meetings before the opening with the medical director and the relationship between us and that woman, the medical director, became very adversarial.

The Hon. WES FANG: Can I just confirm this? Those 17 colleagues—are they all oncologists, or are we talking about allied health, nurses?

Dr PAGE: No. They are all doctors. I think 15 were oncologists and two were haematologists. The haematologists were expecting an appointment but, as I mentioned, there were no clinical haematologists appointed to the hospital, which was bizarre.

The Hon. WALT SECORD: When you say that, why did you use the word "adversarial"?

Dr PAGE: Well, we were trying to determine how we would work. It was basically, "You will see your patients in your offices." This is the model that was told to us: "You will see them in your offices and then they will come to the hospital for treatment in the clinic, and then they will go back to see you, but you won't be seeing them in the hospital. You won't have offices there to see your patients, your public patients." That basically accounts for the way the physical structure was planned—as if we were going to be like orthopaedic surgeons, you know—where they would see someone in their room, look at the knee, they come in have it replaced, they go back and see the surgeon, and then they are fine; whereas with outpatients, we see them frequently. They come in and have some complex treatments that go over months and months and then they are seen frequently for the rest of their lives. I mean, it is a very intensive process.

The CHAIR: Dr Page, thank you very much for coming along this morning. First of all, thank you for the submission but also for the very frank evidence you have provided this morning. I do not believe there have been any questions on notice but what emerges is that, after reading *Hansard*, sometimes there are questions from Committee members. If you agree, we would forward them to you and there will be a 21-day turnaround for dealing with those questions. That will be done through the secretariat. Once again, thank you very much.

Dr PAGE: Yes. I would be happy to do that. Thank you very much for the invitation.

The CHAIR: We appreciate your participation very much.

(The witness withdrew.)

ALLAN FORREST, Ear, Nose and Throat Surgeon, Dee Why, affirmed and examined

The CHAIR: The Committee has received your submission which is numbered 231 and forms part of the evidence for the inquiry. All Committee members have a copy of your submission and have had an opportunity to read it. Do you want to make an opening statement?

Dr FORREST: My name is Allan Forrest. I am an Ear Nose and Throat Surgeon practicing in Dee Why on the Northern Beaches. I also visit Tamworth once a month for three days at a time. I have been the only ear, nose and throat [ENT] surgeon to visit Tamworth for most of the past five years. I have a long history of highly regarded private and public practice. I have worked at Manly and Mona Vale hospitals for eight years until they closed last year in October, at Royal North Shore and Ryde Hospitals for seven years before that and at Tamworth and Armidale hospitals for 10 years before that.

I have dedicated much of my career to caring for public patients. I am one of very few specialists to have been denied accreditation at Northern Beaches Hospital and I want to explain to the committee how "shabby" my treatment from Healthscope has been. I always believed that accreditation to the new hospital would be a simple transparent rollover appointment from Manly and Mona Vale hospitals. All doctors working at those hospitals were led to believe the same. When I was invited for an interview in July 2017, I had no idea that this interview could so damage my career. It was a very flawed interview process with only two people involved in interviewing, Ms Deborah Latta the Chief Executive Officer of Northern Beaches Hospital at the time and a much junior colleague of mine from nearby in the area.

During the interview Deborah Latta asked me if I had any questions of Healthscope. I said I hoped that my public hospital waiting list would be honoured by the new hospital. At that time my waiting list was 12 months which consisted of mainly people from the northern beaches and also from country areas in northern New South Wales. Deborah Latta replied, "we will have to think about that" to which I said "Hang on, we are talking about a public hospital aren't we?" Deborah Latta replied, "No it's a different funding model". This funding model of the private public partnership was never properly explained to me—certainly not by Deborah Latta at that interview process—or to the medical staff of Manly Mona Vale hospitals or to the general public of the northern beaches for that matter.

In November 2017 I received a short, fairly curt email saying that my accreditation application was unsuccessful. Despite two email inquiries to Deborah Latta asking why or for some explanation, I received no reply. This was devastating to me personally but also professionally. It meant that I had to work very hard to complete my public waiting list before the closure of Manly and Mona Vale hospitals, otherwise those public patients would have been simply hung out to dry. It also put me in a very embarrassing situation of having to tell patients and referring general practitioners in the area that I could no longer add people to my public list. I look after many public patients, and many war veterans, many of whom are severely disabled and need care from time to time under general anaesthetic. This can only be done in a public hospital system, so I had to stop that part of my practice. I have always loved teaching both my registrars and medical students. It also meant that I could no longer teach as this is really only happens within the domain of the public hospital system.

When Deborah Latta and Dr Louise Massara, the Director of Medical Services at the time, both resigned soon after the hospital opened, I thought there may be an opportunity to have my accreditation reviewed. I always believed that Deborah Latta had put a black mark against my name, simply because I queried her answer to my question about my public waiting lists. Dr Simon Woods who was the new Director of Medical Services asked me to come and meet him. The first thing he said to me as I walked into his office was "I want you to understand very clearly that this is a private hospital." He reassured me that it was nothing to do with my professional record that I was not appointed. He told me that the hospital had reached its ENT quota of five. This is quite inconsistent because since I first met Dr Woods earlier this year four new ENT surgeons have been appointed, bringing the total to nine.

I then approached the new head of the ENT department Dr Alex Saxby. He happened to have been a registrar of mine at Royal North Shore Hospital 10 years ago and we got on very well. He spoke to the management in my favour and Dr Woods called me in again. I thought this time he would welcome me on board but he only said that my non accreditation was due to my public waiting list and that included people from the country. I told him that I was no longer operating on public surgical patients and that I had completed my public waiting lists by the time the hospital opened over a year ago now. But this was all to no avail. Nothing that I have been given the chance to say, and no amount of support from my colleagues, has been able to convince the Northern Beaches Hospital management that I would be a valuable member of the ENT department. This is very disappointing and

unfair to a senior ENT surgeon working close by in the area, not to mention the public patients who I am no longer able to care for.

The CHAIR: Thank you for that opening statement.

Ms CATE FAEHRMANN: I ask that that statement be tabled.

The CHAIR: That is your opening statement.

Dr FORREST: It is very similar to my submission.

The CHAIR: Are you agreeable that it be formally tabled and will sit as part of the evidence?

The Hon. WES FANG: It will assist Hansard.

Dr FORREST: Yes.

The Hon. WALT SECORD: Dr Forrest, thank you very much for coming today and for sharing what seems to me to be a particularly sensitive and tough statement. How many patients were on your public waiting list for whom you were responsible when you began your discussions with Deborah Latta?

Dr FORREST: About 120, over a year's work.

The Hon. WALT SECORD: Most of whom were from northern beaches, Tamworth and Armidale?

Dr FORREST: Yes, mostly from the northern beaches but there were a significant proportion—may be a third to 40 per cent—from the northern country areas of New South Wales.

The Hon. WALT SECORD: You said that you were also involved in teaching. What university or organisation were you involved in teaching?

Dr FORREST: I was mainly involved in teaching within the hospitals. We had a registrar at Mona Vale Hospital who I was directly responsible for teaching and taking through operations and journal clubs and that sort of thing but also medical students and visiting students from overseas.

The Hon. WALT SECORD: When you referred to your conversations with Deborah Latta and others telling you that this was a public private partnership, this is a private hospital, was there any coating of it or were they simply just blatant about it?

Dr FORREST: As I said in my affirmation, everything I said was the absolute truth and that is exactly what was said to me at various times. I will not go into more things that Deborah Latta said in the interview because she was not very pleasant but the main thing was that she said that they would have to think about it for a start. I challenged that. I was not argumentative, I just challenged what she said and said, "Hang on, we are talking about a public hospital, aren't we?" Up until then, to be honest, I had not really taken a lot of notice of the development of the new hospital. I just assumed it was a fait accompli that I would be moving from one to the other within the public system.

The CHAIR: On that point, when you say there was an expectation because in fact it was explained within the area health network that this new hospital was opening and there would be opportunities there and people should be preparing themselves to consider applying for employment. That was the expectation?

Dr FORREST: It was an expectation that people would move from Manly and Mona Vale to the new hospital. That expectation was fuelled by a number of discussions with the medical staff at the various hospitals. Some communiques between the Australian Medical Association and health department supported that view. There were no guarantees or promises but there was an expectation that one appointment would follow the other.

The Hon. WALT SECORD: In your written submission you said that Healthscope did not want to look after those country patients. Why would they not want country patients? Is it because they would be on the public system, because they would occupy a bed longer? What would be the reason that Healthscope and the hospital would not want country patients?

Dr FORREST: They are well known to really only want to treat public patients from the northern beaches postcodes, they have postcode limitations. If people come from outside those postcodes I have been told anecdotally that they are sometimes knocked back for admission at the hospital. I do not know and did not comment on the politics behind it but I am becoming aware that a lot of the Sydney hospitals are declining people from out of area for normal routine surgery. That includes a lot of country patients. It certainly included people from Tamworth.

The Hon. WALT SECORD: We heard evidence earlier that there was concern that there was a two tier system. In fact, you could probably say there is a three tier system; private, public and then country patients?

Dr FORREST: The country people are doing it tough as we know and in Tamworth there is no resident ENT surgeon, there has not been for five years. I have been going there to consult. I made a decision early on that I did not want to stay up there to operate because to operate up there would mean that you would have to stay for several days, maybe up to a week afterwards, to carry out immediate post operative care and I did not want to be away. My home is now in Sydney and I did not want to be away from family for that length of time. It was a personal decision. It left the Tamworth people with no public hospital ENT service at all. There was only me. Five years ago I thought, well, Mona Vale and Manly do not seem to mind if I bring them down to operate on them down there. It is helpful for the nursing staff. It keeps the throughput of patients, everyone maintains their experience and skills and the registrar is trained. They did not seem to mind. I just invited people from the country, if they wanted surgery, that they should come down to Sydney. Healthscope did not even ask me if I would bring private patients down, which I still do now, and quite a few private patients from the north-west area through Tamworth.

The Hon. WALT SECORD: For people who are not in the medical profession when you say ear, nose and throat specialist, is that ear, nose and throat cancers?

Dr FORREST: I am not an oncological surgeon.

The Hon. WALT SECORD: What would be the work that you would do?

Dr FORREST: I am mainly a general ear, nose and throat surgeon. I am trained to examine and diagnose and, if necessary, treat smaller cancers in the larynx and make biopsies and make up a treatment plan for a patient and then refer that patient to a tertiary referral centre for more definitive surgery, radiotherapy, whatever is required for cancers. I do see a number of cancer patients and I partially treat them myself but mainly organise their treatment program through a referral to a colleague in Sydney who is more a specialist in oncological head and neck surgery. The whole profession has tended to divide a little over the last 20 years or so into people who subspecialise in just ear surgery, for example, or just nasal and skull base and sinus surgery or head and neck surgery for cancers. Whereas I have remained a general ENT surgeon. I can treat a lot of ear, nose and throat problems but some of the more complex ones that you have alluded to there I refer on to colleagues who have more facilities available to them to treat that type of patient.

The Hon. WALT SECORD: The position you applied for with Deborah Latta, do you know the doctor or doctors or are you in contact with those who now have assumed those positions at the hospital?

Dr FORREST: I know Alex Saxby quite well. He is the head of the department and he is a junior colleague of mine. As I said he was a registrar of mine when I was working at Royal North Shore Hospital 10 years ago. I know several of the others and have been greatly supported by a few of them. Dr Frank Elsworth is the most senior and he works on the northern beaches as well. He was appointed to the Northern Beaches Hospital and he wrote on my behalf to his local member who I believe is Rob Stokes, Pittwater local member, asking for his support. I am sure he will not mind but it was Frank that coined the words "shabby treatment", which I used earlier on in my introduction.

The Hon. WALT SECORD: Your colleagues were surprised that you were not appointed?

Dr FORREST: Yes, they were.

The Hon. WALT SECORD: That is where I was leading.

The Hon. WES FANG: I wish to check with you, you mentioned a number of times that your accreditation has been denied. You are a fully accredited ENT surgeon from the college. There is no issues. You have everything that is required to be an ENT surgeon. It is not so much an accreditation issue it is just you were not offered an appointment, is that correct?

Dr FORREST: Well, an appointment at a hospital means you are accredited to visit that hospital as a visiting medical officer, so we call it accreditation.

The Hon. WES FANG: I wanted to clarify for lay people that there is no question about your accreditation or fitness to be an ENT surgeon. It is just that you were not offered an appointment at the hospital?

Dr FORREST: No, that is what Dr Woods said to me when I first went to meet him. He said, "It is nothing to do with your professional record, it is just that we have got enough."

The Hon. WES FANG: I wanted to clarify that. It is important. You are here as a fully accredited specialist in your field. With regard to Tamworth, obviously being a member of the Nats I have a great interest in rural and regional health. You said you were the ENT surgeon at Tamworth. What happens now for Tamworth?

Dr FORREST: I still go up there once a month.

The Hon. WES FANG: Where do those patients get operated on?

Dr FORREST: If they are private I bring them to Sydney. I use the private hospital that I am still accredited at.

The Hon. WES FANG: And you are the only ENT surgeon in Tamworth?

Dr FORREST: I think from a couple of months ago there have been a couple of other young ones fly in, fly out. They actually come from Melbourne. They have been attracted by a new medical centre there, but that is only recent. Also, Professor Kelvin Kong, who you probably know of, does an Aboriginal Medical Services clinic once or twice a year. That is all. Otherwise it is me.

The Hon. WES FANG: Do those doctors operate in Tamworth, or does everyone have to travel for their—

Dr FORREST: The only ones that are operated on in Tamworth are the occasional, very small cases from the Aboriginal Medical Service.

The Hon. WES FANG: So none of the other ENTs offer surgery in Tamworth, even at the private?

Dr FORREST: I think the new ones offer very minor cases at the private. Nobody does tonsillectomy.

The Hon. WES FANG: Just clarifying, there are ENT services for Tamworth, now. Tamworth has not been left without ENT services. There are—

Dr FORREST: It has been for five years. It has been only me for five years.

The Hon. WALT SECORD: He has answered the question. The answer is no—nil services.

Dr FORREST: Until just recently, as I have explained.

The Hon. WES FANG: So there is a specialist medical centre in Tamworth that provides ENT services, plus you fly in, plus there is also an Indigenous health clinic that is up there. I just wanted to make sure that Tamworth was being serviced.

Dr FORREST: Apart from the Indigenous health clinic, there are no public ENT services.

The Hon. WES FANG: With regard to the conversations you have had with Dr Woods to this point, have you only had the two meetings with him?

Dr FORREST: Yes.

The Hon. WES FANG: They have not said that they are declining to employ you at this stage because of any other reason than there is no position available.

Dr FORREST: The first time he said that. The second time he said it was mainly because of my public waiting list.

The Hon. WES FANG: But you do not have a public waiting list at the moment, do you?

Dr FORREST: I do not have one any more, and I told him that. He implied that there may have been other people objecting for some reason to me coming on board. I do not know. You hear rumours and scuttlebutt. I have been in the industry for nearly 30 years; I cannot be loved by everybody.

The Hon. WES FANG: I am in politics so I assume nobody loves me! There are no other reasons you can think of that you have not been offered an appointment at the hospital.

Dr FORREST: I can think of a few possible reasons, but I do not know of any.

Ms CATE FAEHRMANN: Just one question from me, Dr Forrest. Thank you for coming in. What would you like to see out of this inquiry?

Dr FORREST: Thank you, Ms Faehrmann, for asking me that question. I had hoped someone would ask me that question because I have given it some thought. Two things—personally and for the wider community.

As I mentioned previously to be rejected by the hospital was devastating. I have endured two years of trying to seek some redress. I have been depressed at times, and my family have suffered because of that. But my family still love me, and I would like to thank them publicly for coming to support me here today.

I hope for some fairness from Healthscope. I hope the new CEO, Andrew Newton, who is speaking immediately following me—I hope that he is here listening but I doubt that he would be here yet; he may be—just picks up the phone and rings me and simply says, "Sorry you were treated badly by the previous management. Maybe we can meet and discuss things again." Something as simple as that. I am not overly optimistic for a resurrection of my public hospital career, but I also hope in a broader sense the Government provides clarity to the general public of New South Wales on just what is a private-public hospital, in the same colocation, and where people stand when it comes to seeking treatment there. That includes people from the city and those doing it tough in the country, as well. At the moment there is no clarity. In fact, the whole public-private partnership ideal seems to be shrouded in fog.

The Hon. EMMA HURST: Thank you, Dr Forrest, for coming today, and thank you for your absolute transparency in this process. I cannot imagine that it would be easy to speak with such transparency. You say in your submission that you did not realise that Northern Beaches was not going to be a public hospital until quite late in the process. Was this due to poor communication from Healthscope, and do you have any comments generally about Healthscope's communication amongst staff and potential staff?

Dr FORREST: I do not remember seeing any communication from Healthscope saying how they were going to appoint people, how they were going to run the hospital. There was nothing. As I said, there was no explanation from Deborah Latta, when I went to that interview about the public part. I knew it was a public-private partnership. I understood that, but there was nothing on how they were going to run the public part of the hospital.

The Hon. EMMA HURST: Are you aware of any other staff that were potentially denied a job at the Northern Beaches Hospital or came across any issues based on their commitment to the public health system in any way?

Dr FORREST: No. I am not aware. I believe I am the only one. As I said, I think that is because Deborah Latta put a black mark against my record because of that simple answer that I gave her in the interview, asking about my public waiting list.

The CHAIR: I do not think there are any further questions.

The Hon. WALT SECORD: Thank you for your time.

The CHAIR: Thank you very much, doctor. I appreciate your coming along today. It has not been easy to come along and, as the Deputy Chair said, in a very frank, open and honest way open yourself up to such scrutiny and consideration of your experience and allowing us to see what has transpired at the hospital and your experience with it. So thank you very much; we appreciate your coming along today.

(The witness withdrew.)

(Short adjournment)

ANDREW NEWTON, CEO, Northern Beaches Hospital, affirmed and examined

ANDREW SPILLANE, Director of Finance, Northern Beaches Hospital, on former oath

ANDY RATCHFORD, Director, Emergency Department, Northern Beaches Hospital, affirmed and examined

STEPHEN GAMEREN, State Manager – Hospitals (NSW & ACT), Healthscope, on former oath

The CHAIR: Welcome to the four of you. The original Healthscope submission was submission No. 119. We have received that and you are aware of that. We have received your supplementary submission, and that is No. 119A. That picks up issues that have come up over the course of the hearing thus far. We will follow the same format as last time: We will invite an opening statement and then move to questioning, and we will share that between the Opposition, the crossbench and the Government.

Mr NEWTON: Thank you, Chair. I am grateful for the opportunity to appear before the Committee today. I want to take this opportunity to acknowledge Richard Royle, who gave evidence to the Committee on behalf of Healthscope in August. Richard took the role of the interim CEO of Northern Beaches Hospital prior to my appointment and did an outstanding job. I also acknowledge Dr Simon Wood, who previously appeared before you in his capacity as the interim medical director. Dr Wood is a highly skilled clinician and has played a key role in embedding processes and practices to ensure outstanding clinical outcomes at the hospital.

I commenced as the CEO on 2 September this year. Today I am joined by Stephen Gameren, Healthscope's state manager of New South Wales, who was the hospital's interim CEO from mid-November 2018 until July of this year; Andrew Spillane, the hospital's chief finance officer; and Dr Andrew Ratchford, our director of emergency medicine. On behalf of Healthscope and the Northern Beaches Hospital team, I would like to thank Committee members who visited the hospital in late September. We appreciated being able to provide you with on-the-ground exposure to what we believe is an excellent facility and hope it was of value in your continuing deliberations.

By way of background for the Committee, prior to my current role I was the CEO of the Southern NSW Local Health District. This followed more than 25 years with NSW Health. I started my career working as a nurse in the United Kingdom's National Health Service. I have worked in health administration since 2005 across a number of hospitals. There are a few matters I wanted to clarify, which have been canvassed in recent months: firstly, to state that public health services are purchased from Healthscope by the Northern Sydney Local Health District to meet the needs of the community, based on our hospital's role within the local health district. We work cooperatively with the local health district to provide services consistent with what is required from us to meet the needs of those who live on the northern beaches.

After our appearance on 26 August, it was apparent from the transcript that there was a misunderstanding of the duration of stays in the hospital's emergency department. The position, as Mr Gameren mentioned on the day, is that in November 2018—the first month of operations—there were 17 instances where the patient stayed over 24 hours. In relation to coronary angiography services, I want to clarify that the hospital is not currently contracted to provide these services as part of its public hospital services. People requiring these procedures continue to receive them at the Royal North Shore Hospital. These services were not previously available at Manly or Mona Vale hospitals. Notwithstanding this, Northern Beaches Hospital has the capability to treat patients who present with cardiac symptoms and require urgent assistance.

Northern Beaches Hospital plays an important role in the treatment of stroke patients from the time of stroke through to rehabilitation and discharge home. Thrombolysis treatment, or the provision of clot-busting therapy, to those stroke patients who require it continues to be provided at the Royal North Shore Hospital, as it was prior to the opening of Northern Beaches Hospital. These services were not previously available at Manly or Mona Vale hospitals. On the issue of discharge summaries, since March of this year these are electronically shared with a patient's nominated general practitioner where the patient has consented for this to occur. If the GP does not have the relevant technology, it will automatically be sent to the GP's fax.

It is important to understand this is not an opt-in service; instead, patients opt out if they do not wish for this to occur. One of my first tasks after becoming the CEO was to meet with representatives of the Health Education and Training Institute—HETI—during their accreditation site visit in September. While the final report is yet to be finalised, these discussions were productive and positive and I am advised that the assessors were encouraged by their visit. I understand that the report will be finalised shortly and we will provide a copy to the Committee when it becomes available. I would be happy to answer your questions.

The CHAIR: Thank you, Mr Newton. That is very good; that adds to what is contained in supplementary submission No. 119A.

The Hon. WALT SECORD: Mr Newton, are you familiar with Dr Jonathan Page and Dr Allan Forrest?

Mr NEWTON: Yes.

The Hon. WALT SECORD: Are you aware of the evidence and submissions that they have made to the inquiry?

Mr NEWTON: Yes, I am aware of their submissions.

The Hon. WALT SECORD: Do you stand by the treatment of those two doctors by Healthscope and the New South Wales Government?

Mr NEWTON: I might refer that question to Mr Gameren, if that is okay.

Mr GAMEREN: I have read the submissions from Dr Page and from Dr Forrest. Would you like to be more specific, Mr Secord?

The Hon. WALT SECORD: Dr Allan Forrest gave evidence that there was actually a three-tier system: private patients, public patients and then country patients at the bottom. He put very, very sincere and forceful evidence to this Committee that he was not given accreditation at your hospital because he wanted to treat public patients at the hospital.

Mr GAMEREN: Having read Dr Forrest's submission—I have not personally met Dr Forrest, although Dr Woods has, who I have discussed with. I was also part of the credentialing committee, which looks monthly at new doctors who apply for accreditation or credentialing to work at Northern Beaches Hospital. I was certainly part of the credentialing committee that met Dr Forrest's application to be credentialed earlier in 2019. For reasons that need to remain private and confidential, Dr Forrest was not credentialed at that time and that was discussed with him. In view of his comments on country patients, which I would like to address—

The Hon. WALT SECORD: Let's address that because he put it very clearly that the hierarchy was private then public and then country patients at the bottom and the your organisation did not want country patients from Tamworth or Armidale getting procedures at your facility. Can you clarify that?

Mr GAMEREN: Sure. I will address it in the way that you put it. We treat anyone who comes to the hospital. We have met all our obligations under ear, nose and throat [ENT] surgery and treatment initiatives since the hospital has been open. There is no bias to public or private patients. In terms of Dr Forrest's application, at the credentialing meeting that I was part of there was no mention of country patients and their treatment or otherwise. I really cannot discuss any other matters that happened within that meeting of the credentialing committee, which contains a number of different specialists who discuss applications in a thorough and detailed manner.

The Hon. WALT SECORD: What about the allegation that the former CEO Deborah Latta made it very clear to him that he was there to treat private patients and not public patients?

Mr GAMEREN: I would disagree with that statement. I was not part of that meeting with Deborah Latta and I do not know what she would have indicated to Dr Forrest. But that is certainly not how the Northern Beaches Hospital or Healthscope would approach that matter.

The Hon. WALT SECORD: Did you or anyone at the table investigate those claims?

Mr GAMEREN: We went through a thorough accreditation process.

The Hon. WALT SECORD: No, the claims about the hierarchy of patients from private to public, with country at the bottom. Did you guys investigate any of those allegations?

Mr GAMEREN: There was no need to investigate because that is not how patients are treated at the hospital.

The Hon. WALT SECORD: Hand on heart, private patients do not get preference over public patients or country patients?

Mr GAMEREN: Absolutely not.

The Hon. WES FANG: Can I just confirm on point? One of the points that was raised was that there was a belief that there was potentially rural patients who were not being admitted. Are you aware of any rural patient who has applied for admission to the Northern Beaches Hospital who has been denied?

Mr GAMEREN: I am not aware of that, no.

Ms CATE FAEHRMANN: I am just going to jump in with one clarifying question on the credentialing meeting you referred to before. I assume that the medical specialists being discussed are not at those meetings, which would mean Dr Forrest was not present at the credentialing meeting where the issue about the public waiting lists was not raised. Is that right? He was not at that meeting, was he?

Mr GAMEREN: A credentialing meeting takes place each month at the hospital with various doctors who would apply to work at the hospital. There are many more people that apply than are credentialed to work. Does that answer your question?

Ms CATE FAEHRMANN: Was Dr Forrest present at that meeting you are referring to?

Mr GAMEREN: No. Dr Forrest's application, referees and the results of his application would then be discussed by the head of department for ears, nose and throat. There would be about 12 to 15 doctors representing different specialities around that table. Of course, there are people from the executive there, as well as the medical director, who had met with, in this case, Dr Forrest.

The Hon. WALT SECORD: I have a question for Mr Andrew Spillane. Do financial considerations come into play when it comes to triaging or treating patients at the Northern Beaches Hospital?

Mr SPILLANE: No, they do not.

The Hon. WALT SECORD: Are there circumstances where patients are diverted to Royal North Shore Hospital, rather than being treated at the Northern Beaches Hospital, because of cost implications?

Mr SPILLANE: No, there are not.

The Hon. WALT SECORD: Are you familiar with particular examples of major cases where there have been situations in the emergency department—I will phrase that in another way. Are you ever brought into discussions with doctors on the cost implications of procedures?

Mr SPILLANE: Yes, I am.

The Hon. WALT SECORD: Can you give me an example of how that will unfold?

Mr SPILLANE: That may happen in the case of a new medical technology that is not currently funded through the Commonwealth Prostheses List. We may assess that on the ground of therapeutic benefits and advice from the clinician to support the purchase of that device at our own cost for selected patients.

The Hon. WALT SECORD: You would say that something like that would be too expensive to provide in the private system and therefore that would be something that would occur in the public system?

Mr SPILLANE: No, that is not the case. I can give you an example with a new device that is used to treat patients with chronic ear problems. There is a balloon that inflates and opens up the patient's Eustachian tube. We have provided that therapy to private patients at our own cost.

The Hon. WALT SECORD: Dr Ratchford, are there situations in the emergency department where you would engage in discussions with Mr Spillane?

Dr RATCHFORD: No.

The Hon. WALT SECORD: Has a situation ever occurred in the emergency department where you have had discussions with the financial division of the hospital?

Dr RATCHFORD: No. That is not done by the clinicians. But we do have patient liaison officers who have those discussions with the patients who are admitted as to whether they would like to use their private insurance.

The Hon. WALT SECORD: No. Maybe I am not being clear. I will give you an example. If a medical emergency occurs in the emergency department and you need to make a decision, does that decision have to be ratified or discussed with the finance department?

Dr RATCHFORD: No.

The Hon. WALT SECORD: Can you override the finance department?

Dr RATCHFORD: The finance department does not have any say in the care that we provide to our patients or the disposition of our patients. There are certain conditions at the hospital that we do not have the facilities to treat and those patients are often transferred to Royal North Shore Hospital. That would include, for instance, trauma patients and burn patients. We would not speak with the finance department before we arranged the appropriate transfer of those patients.

The Hon. EMMA HURST: My questions are quite broad, so I am happy to hear from anyone. Throughout the inquiry we have heard a lot of evidence about problems around staff morale because of issues that happened when the hospital first opened. What is being done and what steps are being taken to improve staff morale at this point in time?

Mr NEWTON: I will take that question. In August the results came out of our staff engagement survey. Those results there were quite reflective of how the staff felt during that initial commissioning period. Now we have regular engagement with our staff, including direct communications and consultation meetings. Last week we celebrated the first anniversary of the hospital and had fantastic events over the Wednesday and Thursday, with many people coming in on their day off to participate. What I have seen is a positive workplace culture. Over my years in NSW Health and other places, I can certainly testify to the positive workplace culture at the Northern Beaches Hospital.

The Hon. EMMA HURST: This morning we heard evidence that when the hospital opened, and for a significant time afterwards, a doctor had no access to the patient records at the hospital, leading to serious risks in the treatment of patients because they were not aware of their medical histories. He gave some specific examples of that. What is the current state of the electronic medical records now and is anything still being done to improve that situation?

Mr NEWTON: Significant work has been done in the first year of operations. The Northern Beaches Hospital is the first private hospital to have a direct link into the public health system through what we call the Health Information Exchange. That is now working really well for our clinicians to get direct access into the Northern Sydney Local Health District patient records. People have access 24 hours a day in real time to patients' past medical history.

The Hon. EMMA HURST: We have heard a lot about quite a few serious issues that occurred, particularly during the opening weeks and months of the hospital. I am interested to hear the primary things that Healthscope feels could have and should have been done differently in the planning and opening of the hospital now that there has been time to reflect.

Mr GAMEREN: I think from my time from mid-November there was some obvious shortcomings, which have been discussed. Of course, we deeply regret that and would like to again pay particular thanks to the nursing, medical and allied health staff who pulled together so well over that time to provide an exemplary service. I think some of the key items that we could reflect on, which could have improved certainly the IT platform and commonality amongst the IT platform in terms of how the hospital opened, was I think the ability to spend more time working out the linkages with the Northern Sydney Health District, which have now done so but would have been done in a less live environment, and we would have perhaps reflected on some of the services that we are now operating fairly successfully, which we could have brought forward.

The Hon. EMMA HURST: What would those services be?

Mr GAMEREN: When we first opened we had a much higher—which Dr Ratchford can attest to—use of our emergency department, especially with medical patients. I talked to Dr Ratchford and his colleagues when I started this role and we looked at ways we could manage that workload better for the patients and for the hospital. The opening of a medical assessment unit with an excellent clinician who has joined us has made a difference to that medical cohort. That was available before winter and was an important step we took. Having that on opening would have been a good idea.

Obviously more attention to those early weeks with medical supplies et cetera would have been useful. One of the things that has happened that we were able to innovate quite quickly on opening was that we sent some of our senior nurses, because of the shortage in nursing, over to the UK. I am happy to report that we have had over 30 RNs now join us from the UK and Ireland, which has made a real difference to the nursing team. Perhaps those innovations could have been brought forward a bit and perhaps there could have been a staged opening of the hospital over a longer period of time.

The Hon. EMMA HURST: The Committee also heard an allegation that over 200 hard copy discharge summaries were sent by the hospital to the wrong GP office, which was a big breach in patient confidentiality. Are you aware of this incident? Are you able to comment on what went wrong there?

Mr GAMEREN: Yes, there were two GP practices and electronic discharge summaries had been sent out routinely to the practices since 13 March 2019. Prior to this time, we did not have the ability to send electronically and that has now been resolved. All of those patients' records or discharge summaries are sent through to the relevant GP and My Health Record. The issue was between two very similarly named practices. We have taken advice from the Privacy Commission and 200 of those records were destroyed and the right records were then provided. There has not been a breach in patient confidentiality since then.

The Hon. EMMA HURST: Have any measures been put in place to make sure that nothing like that could happen again?

Mr GAMEREN: To most of the practices we supplied a USB stick, which had security on it. It had to be password protected et cetera. In these two cases hard copies were sent out, but the names of the practices were very similar. The mistake was identified by the GP and the proper process was put in place, but at no stage were those records in the public domain, so to speak.

Mr NEWTON: I could just add to Mr Gameren's response to help answer that question: Yes, there are safeguards in place so that cannot happen again because the discharge summaries are now sent electronically and the contact details are now in our administration systems. They go to the general practitioners nominated by the patient upon admission, providing the patient has not opted out from that occurring.

The Hon. EMMA HURST: I have one more question. I have talked about staff morale, but we have heard a lot of evidence that there has been a loss of trust within the community. What is being done to rebuild that trust and allay concerns within the community that will be using the hospital?

Mr NEWTON: Certainly, if I can start with that one. I think the hospital has hit a reputational issue through the first year of operations. We are working hard, through certain groups of general practitioners and through community groups—I have already met with the Rotary group at Manly—to start to give people a sense of confidence that we are providing safe and quality care at Northern Beaches Hospital. What happened in the past happened, and as we have said we are very sorry about what happened, but currently as we stand the patients who are referred to Northern Beaches Hospital can receive timely, safe and quality care.

The Hon. WALT SECORD: Mr Newton, I have heard various representatives of the hospital say that they are sorry. They apologise for what they say are—not my words but your words and the Minister's words—teething problems. Do you think that you owe Mr Alan Forrest and Dr Page an apology? You have said sorry to the community, you have apologised to the community. Do you think that the organisation owes them an apology?

Mr NEWTON: I think the organisation has engaged with doctors Page and Forrest prior to my commencement and made attempts to resolve their particular problems. I am happy, as the current CEO, to have direct communication with doctors Page and Forrest to listen first-hand to their experiences and have that direct conversation. If needed, I will provide the appropriate response, which could include an apology, yes.

The Hon. WALT SECORD: For the previous apologies that have been issued, does the hospital employ a PR company?

Mr NEWTON: We do not employ a PR company.

The Hon. WALT SECORD: Do you have a PR consultant, someone who assists with your media relations?

The Hon. WES FANG: Like the Labor Party does.

Mr NEWTON: We employ media liaison people to help with the requests that we might get from letters of complaint, ministerial requests and media inquiries.

The Hon. WALT SECORD: Do they advise you to apologise to the community?

Mr NEWTON: The media company does not advise us to apologise. We apologise because it is the right thing to do. When something happens, the important thing is to explain, apologise and reassure. It is very important when people are in a stressful situation, because it is important to acknowledge, if something has gone awry, that we know about it and that we are doing something about it. We apologise because it is the right thing to do.

The Hon. WES FANG: Can I clarify one issue? Mr Newton, you said you have worked in a number of health districts across the State. Do they also employ media people to help with engagement across the community?

Mr NEWTON: They do, yes.

The Hon. WES FANG: It is not an unusual practice, at all.

Mr NEWTON: No.

The Hon. WALT SECORD: I was trying to get to the basis of the question, which was about the motivations behind apologising or saying they are sorry.

The Hon. WES FANG: They might just want to say sorry.

The Hon. WALT SECORD: He answered my question. Do you stand by the claim that the emergency department is working 15 per cent above the State average?

Dr RATCHFORD: I can probably answer the question, but please clarify the question?

The Hon. WALT SECORD: In your opening statement you said that 80 per cent of patients rate the overall quality of treatment as very good and you go on to say that that is 11 per cent higher than the first month of opening. I just want to know about the emergency department. In your submission you make claims that it is operating above the State average.

Dr RATCHFORD: Firstly, I would say that the key performance indicator [KPI] data that was published by the Bureau of Health Informatics for the first two quarters of this year did not accurately reflect the performance of the emergency department, because we had some ongoing issues with our two IT systems that were not speaking.

The Hon. WALT SECORD: It actually was not published because you guys said that you were not able to collect the data.

Dr RATCHFORD: I think the first two quarters of 2019 they were published.

The Hon. WALT SECORD: How is the emergency department functioning now?

Dr RATCHFORD: I am really pleased to report to the Committee that we have just internally looked at our data and for October we have met all of our KPIs for the first time. Those include our five triage categories—so that is time to be seen—and our ETP, which is the emergency treatment performance. That is the percentage of patients who are either admitted or discharged within four hours—we met 81 per cent. Our transfer of care, which is the percentage of ambulances that we offload within 30 minutes, is 99 per cent. That would see us well within the top 10 per cent or 20 per cent of our peer group hospitals across the State.

The Hon. WALT SECORD: But would you not agree that your emergency department is in an unusual situation? It is probably the only hospital in New South Wales where there is a GP clinic right next to the emergency department that takes less urgent patients who would normally show up at a public hospital emergency department. You are the only model in the State that has that.

Dr RATCHFORD: I would say we are very lucky to have the medical centre in that it provides a very important part of the patient care to the hospital patients.

The Hon. WALT SECORD: It takes many of the patients from the hospital.

Dr RATCHFORD: It sees about 50 or 60 patients a day, yes, some of whom would have normally been seen in an emergency department. I am not aware of whether there are other hospitals in the State that have a similar model of care

The Hon. WALT SECORD: I think that is the only one.

Mr NEWTON: Can I add to Dr Ratchford's response? I think that having the medical centre adjacent to the emergency department and taking those lower-acuity patients away from the emergency department makes the result of achieving 81 per cent even more phenomenal. That means the emergency department has a technically higher acuity than what the other hospitals in New South Wales have. The important thing here is we are treating the patients in the right place first time and not having lower-acuity patients in the emergency department.

The Hon. WALT SECORD: Have you now resolved the issues involving the supervision and lengthy hours worked by junior doctors?

Mr NEWTON: Yes, we have.

The Hon. WALT SECORD: Is the Northern Beaches Hospital meeting all of its accreditation requirements?

Mr NEWTON: In relation to junior doctors?

The Hon. WALT SECORD: For doctors in general. I was going to go through each category.

Mr NEWTON: If we stay on junior doctors, as I said in my opening statement we have had our repeat visit, which was a planned visit, by the Health Education and Training Institute [HETI]. I attended the opening session and the summation session at the end of that visit. My experience was there were many more commendations than recommendations likely to come through. I am confident that we will continue to have accreditation to be a training hospital for junior medical officers.

The Hon. WALT SECORD: In previous evidence NSW Health talked about purchasing services from the Northern Beaches Hospital. We just passed the first anniversary of the opening of the hospital two or three days ago. Did the Northern Beaches Hospital or Healthscope receive any penalties for failure to meet government requirements or quotas during the first year of operation?

Mr SPILLANE: Yes we did, Mr Secord. As set out in the project deed there is a schedule of key performance indicators. There are abatements—or fines, for a better word—attached to failure to meet those key performance indicators.

The Hon. SHAYNE MALLARD: We heard this evidence at the first inquiry.

The Hon. WALT SECORD: What were the fines that—

The Hon. SHAYNE MALLARD: We heard this before.

The CHAIR: Order!

The Hon. WALT SECORD: What were the fines that were imposed on Healthscope?

Mr SPILLANE: That is a matter of commercial-in-confidence, Mr Secord, but what I can say—

The Hon. WALT SECORD: What were the categories, then?

Mr SPILLANE: What I can say is that they cover emergency treatment performance in the emergency department and other quality KPIs as well.

The Hon. WALT SECORD: What were the other quality KPIs that you were fined for not providing?

Mr SPILLANE: I would have to take that question on notice.

The Hon. WALT SECORD: You are claiming that the emergency department is operating better than the State average. However, in the last year you were fined for emergency care. Isn't there a disconnect between that? How do you reconcile that?

Mr SPILLANE: The abatement regime or the fine regime applied from the day that we opened the hospital. For example, we were not meeting our emergency treatment performance KPI in the opening months of the hospital and we have only now managed to achieve it in the month of October, 12 months after opening.

The Hon. WES FANG: Could I just clarify: For the last month of operating, was Healthscope fined for emergency department performance?

Mr SPILLANE: We have achieved the KPI.

The Hon. WES FANG: Thank you.

The Hon. WALT SECORD: An analogy was used this morning that opening the Northern Beaches Hospital when it was not ready was like flying an airplane without doing the proper safety checks. How do you feel about that analogy? Does it apply now?

Mr GAMEREN: Obviously the opening of the hospital has been well documented in terms of some of the challenges that we had. We received accreditation and approval to open via a very detailed process through the Australian Council Of Healthcare Standards [ACHS], through an independent verifier, a certificate to open and also through the Ministry of Health. Obviously, on reflection there were lots of things we could have done better, but we received and met all the requirements to open the hospital.

Mr NEWTON: If I could add to Mr Gameren's response, in my many years of experience working in public hospitals—any hospital—I am confident and assured by the current culture, systems and how the hospital is currently operating.

Ms CATE FAEHRMANN: Mr Newton or Mr Gameren, why would senior members of Healthscope tell doctors that Northern Beaches Hospital is a private hospital?

Mr GAMEREN: I think it is gazetted as a private hospital. It is recognised by the private health branch of the Ministry of Health. It is designated a private hospital that sees public patients under contract. Technically, that is correct.

Ms CATE FAEHRMANN: Why would they tell doctors that this is not a public hospital?

Mr GAMEREN: I am not quite sure.

Ms CATE FAEHRMANN: For the same reason? Is it a public hospital?

Mr GAMEREN: We treat public patients under contract with the Ministry of Health.

Ms CATE FAEHRMANN: So it is not a public hospital?

Mr GAMEREN: It is recognised as a private hospital.

Ms CATE FAEHRMANN: Thank you. Some of your evidence today seems to indicate that a lot of the issues that we have heard over the course of this inquiry have been dealt with. At the hearing on 23 September we heard from a couple of GPs who seem to indicate that in fact some of the issues continue. I refer to the evidence by Dr Rogers, who said she had recently had a patient discharged from one of the rehabilitation beds at Mona Vale Hospital around 13 September. The evening before the patient was discharged she received a call from the consultant who had been involved in her care. They spoke for 20 minutes. By midday the next day she had the electronic discharge on her computer. Then she gave an example of a patient who was sent home to die from Northern Beaches Hospital two weeks before that—again, in September. Her colleague tried to phone the geriatrician involved; nobody ever got back to her. Dr Rogers stated:

> We never received a discharge summary for that patient. She was being sent home. As a GP, when a patient is sent home to die, it is a significant resource because you are going to be doing a lot of home visits and a lot of care. We were never told by the hospital that this patient was coming home until the daughter came in with the discharge summary and said, "My mum's at home now."

That is still continuing. We heard from those two GPs that the standard of care at Northern Beaches Hospital, particularly in terms of discharge summaries, was still continuing. What is your response to that?

Mr NEWTON: I met with three general practitioners last Tuesday. One of them was one of the GPs who attended on 26 September. That is when we found out that the general practitioners are much happier with the timeliness of discharge summaries going back into their practices. However, we acknowledge that not everything is resolved. We are continuing to have those discussions. We have offered direct lines of communication back into the hospital if people are continuing to be frustrated by what is perceived as non-communication from the hospital. The general practitioners were very happy with our response and agreement for continued engagement to help with them transitioning patients from the hospital back to home.

Ms CATE FAEHRMANN: So, 12 months in, not everything is resolved.

Mr NEWTON: That is correct.

Ms CATE FAEHRMANN: What else is not resolved?

Mr NEWTON: As I was saying, if we stick on the point of discharge summaries, what we need to be able to advise general practitioners is if one of our patients is at hospital but the patient has opted out of sending a discharge summary. There is a perception there that we are withholding information when in fact the patient has not agreed for that information to be transferred. We need to have a more open dialogue when that happens. That is an example.

Ms CATE FAEHRMANN: What else are you still working on other than discharge summaries that is not resolved 12 months after the hospital opened?

Mr NEWTON: I would need to take that one on notice, please.

Ms CATE FAEHRMANN: Okay. You can take that one on notice.

The Hon. WALT SECORD: I just have one question.

Ms CATE FAEHRMANN: Provided it is particular to that point.

The Hon. WALT SECORD: I want to go back to an earlier question.

Ms CATE FAEHRMANN: No, I am sorry—I am still going. If you are going back to an earlier question, then no—if that is okay, Chair?

The CHAIR: Please proceed.

Ms CATE FAEHRMANN: Another example from Dr Rogers from September was that there were specific instances when patients had arrived in the emergency department with surgical conditions and had been sent home, told that they have to make an appointment with a private specialist at the cost of $220. They phone up the specialist, they cannot get an appointment until four to six weeks. Dr Rogers said, "I phone the specialist as a doctor. The specialist says, 'I can get them in today.' So they get admitted to the hospital and then the choice is: You can either be operated on today in the private system or we have 17 patients on the public waiting list so I cannot tell you when you will be operated on. This is someone who is in pain." What is your response to that evidence we heard last month?

Mr NEWTON: Dr Ratchford, would you like to start with that one?

Dr RATCHFORD: Yes. I just say that any patient who comes into the emergency department is a public patient and is treated as a public patient. If they require urgent treatment and that includes surgery, then that is provided to them as a public patient. They do have the choice to elect to use their private insurance, as I mentioned previously.

Ms CATE FAEHRMANN: We heard that evidence. You are saying that is incorrect evidence?

Dr RATCHFORD: I am saying that every patient that needs to be treated and who comes through the doors of the emergency department is treated as a public patient. I am not aware of anyone being told that they would have to pay for treatment.

Ms CATE FAEHRMANN: Or that they are sent home?

Dr RATCHFORD: I am not aware of that particular case but we would be happy to have a look at it if we are provided with the details. That is certainly not standard practice in the emergency department.

Mr NEWTON: Certainly. We will reach out to Dr Rogers to get the specific patient details.

Ms CATE FAEHRMANN: There is also that she said that was not an isolated situation. She said she was aware of more than one patient and that that happened to more than one patient.

Mr NEWTON: I think it is important to we do that direct engagement with Dr Rogers to get that information.

Ms CATE FAEHRMANN: Sure. I understand that you read the evidence, though. You would have read the evidence and prepared for today before you appeared. You would have read the evidence of those two suggestions, or the evidence by Dr Rogers, that that happened to at least one particular patient and that she said more.

The Hon. WES FANG: Point of order.

Ms CATE FAEHRMANN: The question is: Have you not investigated this before you have come?

The CHAIR: Order! A point of order has been taken.

The Hon. WES FANG: The insinuation by Ms Cate Faehrmann that the de-identified information provided by the witness at the previous hearing could in any way be used to identify specifics of a case is clearly wrong. For Ms Cate Faehrmann to say that the witnesses are unprepared, when there was no identifying information in the previous testimony, is incorrect. Chair, I ask her to acknowledge that in her questioning.

Ms CATE FAEHRMANN: To the point of order: The witnesses have implied that they did read the transcript. If the issue was that the evidence was de-identified and they cannot see that, perhaps they could say that now. They agreed to take it on notice, hence my point that I understand they probably read the transcript and they have come prepared for the last day of hearing. Surely they can respond, as such, if that is the issue.

The Hon. SHAYNE MALLARD: To the point of order: Ms Faehrmann just acknowledged that they said they were take that on notice and they did say that they would contact the doctor and get the details and investigate the specific case.

The Hon. WES FANG: To then say that they are unprepared is—

The CHAIR: I do not believe that Ms Cate Faehrmann said that they are unprepared. I think that is your language, not hers.

Ms CATE FAEHRMANN: I said that they were prepared.

The CHAIR: That is not what she said. We have heard Mr Newton's response about contact with Dr Rogers.

Ms CATE FAEHRMANN: Yes, sure. I will let it go.

The CHAIR: I think that is really as far as it can go.

Ms CATE FAEHRMANN: What level of consultation happened with particular specialists, such as oncologists for example, regarding their new department? We have just heard from Dr Jonathan Page this morning, which seemed to indicate that if there was some consultation around their new home, so to speak, their feedback was not listened to in terms of the inadequacies of their new dwellings.

Mr GAMEREN: I was not personally involved in the pre-opening of the hospital to be able to comment directly on Dr Page's concerns so it is difficult for me to say how that process is managed. What I can talk about, obviously, is what happened after that, if that is appropriate.

Ms CATE FAEHRMANN: Okay. Let us talk about that now. There are still concerns. We heard evidence from Dr Page, who stated that many of his colleagues in the profession stated that they would not work at the Northern Beaches Hospital because of the lack of offices and that where they see patients are essentially small offices compared to other hospitals.

Mr GAMEREN: When we came into the role and talked with the oncology group, obviously they had concerns. We have gone on to put forward the medical records process, et cetera. One of them was space requirements and I think roughly 25 yards away from the outpatient clinical delivery area there is an outpatients area. The oncologists and haematologists have four rooms dedicated now for their use, depending on—obviously, they are not dedicated to each doctor. They are shared between the groups when they consult. They are not there sort of eight hours a day, five, six or seven days a week. When they are using it is one or two days a week, they are available for the oncologists and haematologists to use only.

Mr NEWTON: Can I comment on the assertion that there are many people who do not wish to come to work at the Northern Beaches Hospital? There are many people who do and, when we advertise for staff of any discipline, we get many more applications than there are positions available. That is also evidenced by our current turnover rate, which is approximately 1.1 per cent. That indicates that not many people are leaving the organisation.

Ms CATE FAEHRMANN: I have no further questions.

The CHAIR: I have a couple of questions. Mr Newton, thank you for your statement earlier about reaching out to Dr Forrest and Dr Page. That is much appreciated. The evidence they gave this morning in response to questioning is quite extensive. That will provide you with some insights in addition to what is in their submissions—No. 231 for Dr Forrest and No. 233 for Dr Page. My questions are general in nature and they jump around a little bit, but with respect to the interface—forgive me for speaking in general terms—of the IT system of the hospital with everything else, if I may express it that way, it was explained that the interface with the Northern Sydney Local Health District is in good shape. They are my words. Forgive me if this is a question that reflects my ignorance, but is there any connectivity with any other part of NSW Health that is not in the same shape? In other words, by being in good shape with the Northern Sydney Local Health District, that puts you in sync with the NSW Health system in all respects you need to in terms of running of the hospital.

Mr NEWTON: I think it is because patients who reside on the northern beaches and who are likely to use the Northern Beaches Hospital would use the other hospitals within the Northern Sydney Local Health District, which has Royal North Shore, Ryde and Hornsby. All of that connectivity is in place now directly with the Northern Sydney Local Health District.

The CHAIR: Thank you for that. What happens if someone turns up out of area, to use that phrase? They come into the hospital through emergency or perhaps some other way and they are people who do not reside in or are associated with the Northern Sydney Local Health District. Are there any issues of accessing their information and what you might need to have at hand to do with those patients?

Mr NEWTON: Our clinicians would access that information in the same way as any other out-of-area patient would have that information accessed in the public system. An example could be a patient turning up at Nepean Hospital at Penrith who normally resides at Orange who is an out-of-area patient, so the clinicians would get on the telephone, get onto the medical records department and that information will be transmitted in. So how we operate at Northern Beaches is no different to that.

The CHAIR: The IT system will, using the vernacular, talk to the other hospitals in the public health network to be able to draw in medical records that you may need to treat that patient. Is that what you are saying?

Mr NEWTON: It will talk to the hospitals within the Northern Sydney Local Health District. For anything else we use other means to get those records in, as other hospitals do.

The CHAIR: With respect to the first submission of Healthscope on page eight it listed the departments of the Northern Beaches Hospital. Has that list been extended and updated because of the additional departments? If so, can you take on notice and provide the committee with an updated list? I am interested particularly in palliative care if that is shaping into a department within the hospital. I am using "department" as the language to describe it as a generic term. I am not quite sure whether it is specifically a department. With respect to oncology, I note that that is not specifically listed. Has that now got the status of a department?

I refer to the most recent Healthscope submission on the bottom of page one dealing with outpatients. This inquiry has received evidence of a fair rub over the issue of, dare I say, the less availability of outpatient services that were otherwise available when Manly Hospital and Mona Vale Hospital were operating. You are aware that witnesses, doctors and others, have reflected negatively about that in terms of some outpatient services not available at the new hospital. But as you correctly stated in the first paragraph, "the outpatient clinics are defined within the deed" that you have with NSW Health. The following paragraph states:

> Healthscope supports the AHD's right to plan outpatient services strategically across the district and notes its decision to leave some of these at Mona Vale.

Evidence has been received by this Committee in this inquiry of people who have reflected negatively about the lack or, or less availability of outpatient services with the new regime of having effectively the Northern Beaches Hospital, and Manly Hospital closed and Mona Vale Hospital in a much different model. Are any discussions occurring or planned to take place with NSW Health about outpatient services in the course of the deed? You clearly have a deed which is a binding arrangement but the evidence shows there are some issues which I am sure you are alive to. Have discussions occurred with NSW Health about particular outpatient services but mainly to be reconsidered or looked at again?

Mr NEWTON: There has been, there currently is, and there will always be discussions about services over the 20-year period of the deed. That is important because in 10 years' time the landscape of health care requirements in the northern beaches will not be exactly the same as when the deed was signed. So we have a very good, collaborative, collegial and productive relationship with NSW Health. The answer to the question is yes.

The CHAIR: Is there flexibility within the deed to take on more outpatient services? You can take this question on notice if you need to. Presumably that would be an amendment to the arrangement and consideration would have to be undertaken. Is there capacity within the deed for you through negotiation to take on additional outpatient services?

Mr NEWTON: I think we will take on notice the response in relation to the deed but that does not preclude us from having those ongoing discussions to plan for now and into the future with regards to outpatient services and look to see what we can provide out of Northern Beaches Hospital.

Mr GAMEREN: I think it is probably fair to say schedule 16 of the deed also has an ability for both parties to talk and review over the time period which is a 20-year contract, changes and thought processes that the hospital may offer different services in different ways, outpatient and other services over the course of that period.

The CHAIR: I refer to points three and four on page two of the submission about specific medical services which are presently not available out of the Northern Beaches Hospital. If required, you may take this question on notice. With respect to the two dealt with in points three and four, will you find out whether they could be matters to negotiate with NSW Health in regards to the capacity to provide those services through negotiation and consistent with the provisions within the deed?

Mr NEWTON: Certainly with regards to point three we can provide a response now. We are currently in discussions with NSW Health with regards to the service named in point three. That is progressing really quite well and we are all quite optimistic with discussions with NSW Ambulance, NSW Health and Northern Beaches Hospital that we will get a positive outcome with that one.

The CHAIR: That is good, point three which is the coronary, angiographic services is progressing well. That is very good news.

The Hon. WES FANG: Thank you for your appearance today, for your very detailed submissions and for the recent site visit in which many committee members participated. For me one of the biggest things that I walked away from that site visit were conversations I had with some of the medical staff, particularly in the emergency department. They said they are working hard to provide a good service and feel that there is a constant unwarranted negativity towards the hospital and staff within the media, being driven by certain people. Will you talk to that and how it affects staff morale?

Dr RATCHFORD: I might take that question. I think you might be referring to—

The Hon. WES FANG: I do not want to name anyone.

Dr RATCHFORD: That is all right. There is a colleague of mine who gave you his thoughts on the move to the new hospital and the good work we were doing. I think he said he was very proud that we saved more lives in the 11 months since the hospital had been opened than he had in the previous seven years working at Mona Vale Hospital. I know some of our colleagues working at Many Hospital think the same. That is because of the increased level of staffing, the facilities and equipment we have in the hospital. The morale of the staff has taken a hit because of the negative publicity, and because of this parliamentary inquiry—

The Hon. WALT SECORD: Whoa, whoa, whoa, wait a second.

The Hon. WES FANG: No, Walt. Let him answer it.

The Hon. WALT SECORD: By blaming this inquiry—

The CHAIR: Hey, hey, hey—

The Hon. WALT SECORD: What about the patients?

The CHAIR: Order!

The Hon. WES FANG: This is the sort of stuff that causes the–

The CHAIR: Stop, please.

The Hon. WES FANG: This is the sort of negativity.

The CHAIR: Please stop. We were getting on pretty well. We only had two minutes left so let us bring this back into a proper—

The Hon. WALT SECORD: Mr Chair, he is reflecting on the committee. We heard evidence about a lack of patient care and he is now reflecting on this committee.

The Hon. WES FANG: We have not finished hearing him—

The CHAIR: You will both be quiet. You know how to behave. You are both experienced members. If objection is taken to what has been said we know a point of order is taken. That is how we do this.

The Hon. WALT SECORD: Point of order—

The CHAIR: Please let me finish, will you. I am speaking. We know how this is done. We take a point of order, we then put a position and it is adjudicated on. That is the way we do it. That is way I am obliged to chair. This is not new. I will adjudicate on the point of order. Witnesses giving evidence to the inquiry are entitled to answer the question as they see fit. They can answer the way they wish to answer the question. If there is some debate about how they have answered that can lead to a follow-up question. We cannot and ought not be trying to direct or control or influence the answers given by witnesses who come to the inquiry. That is the point I am making. That is where we are. I will bring it into focus. The questioning was going along. Do we want to continue or let the answer be given and follow-up?

The Hon. WALT SECORD: My point of order is the head of emergency at the Northern Beaches Hospital is reflecting on this Committee. He was reflecting on evidence before the Committee and he should not be attacking this Committee for highlighting deficiencies at the hospital. That was my point of order.

The Hon. WES FANG: To the point of order: It is these sorts of stunts by the Opposition which is causing the negativity and the staff morale issues that we are hearing about now. I ask you to call the member to order. We have to remember that these staff are human beings and constant negativity from those opposite against

doctors who are doing good work is creating a morale issue at a hospital where people are treated. I ask they be called to order.

The CHAIR: It is not a case of calling anyone to order. I rule on the point of order. With respect to the point of order let us deal with this systematically. First of all you were the one who commenced the line of questioning, the Hon. Wes Fang. The questioning was going to the issue that you expected where it would lead. With respect to Dr Ratchford's answer, I say this with the greatest of respect, he is a lay person giving evidence to the inquiry. He was answering as best he possibly could, as I understood it. I did not take from his answer that he was impugning the exercise. It was a word use that it is a technical argument that could be taken as it meaning a certain thing. I took it as a lay person's response. I did not see it as any more than that.

The Hon. WES FANG: Agreed.

The CHAIR: We give him that consideration. If you do not like the answer that is a separate point of order. The word the witness used I did not see that as something that reflected on the Committee.

The Hon. WES FANG: Nor did I.

The CHAIR: It is not for you to answer back with your opinion.

The Hon. WES FANG: I was agreeing.

The CHAIR: This is how this gets annoying. I am trying to be reasonable. I am sorry to settle this down hard but we need to get through this. Dr Ratchford will continue his answer and if there is objection to it you take it.

Dr RATCHFORD: I was just going to finish by saying, yes, staff morale has suffered in the last year but despite that we have been able to provide very high levels of resuscitation for babies, children and adults that were not previous available at Manly or Mona Vale hospitals. I am very proud of our staff, they have worked very hard, they have been very resilient to provide these high levels of care and bring a much higher level of critical care closer to the northern beaches community than was previously available.

The CHAIR: Are there any other questions?

The Hon. WALT SECORD: Mr Spillane, earlier in evidence you talked but fines being imposed on the hospital. I would like to know when were those fines imposed, were they in October/November last year?

Mr SPILLANE: Mr Secord, there is a regime of when fines were imposed that is set out in the project deed.

The Hon. WALT SECORD: We do not have access to that.

Mr SPILLANE: What I can do is take that on notice and come back to you with the timing of when specific fines were imposed.

The Hon. WALT SECORD: And how much were those fines?

Mr SPILLANE: I am not at liberty to discuss that.

The Hon. WES FANG: Point of order: That may be commercial in confidence.

Mr SPILLANE: That is commercial in confidence.

Ms CATE FAEHRMANN: That is for the witness to say.

Mr SPILLANE: What I can give you on notice is the areas of abatement, where fines were applied and the timing of when those fines were applied.

The CHAIR: It is the chronology of them and you will check to see if there is an issue of commercial in confidence about revealing the size of those fines. If there is no commercial in confidence I think the request is for the value of those particular fines.

The Hon. WALT SECORD: Dr Ratchford, I think you and I have a disagreement on the deliberations and evidence before this Committee. It is not an attack of the staff, the hardworking doctors and nurses there. I feel that we have a responsibility to shine a light on the deficiencies at the hospital. I am sorry if that has affected staff morale. The bottom line is that this is about providing world-class treatment.

The Hon. WES FANG: Where is the question, chair?

The CHAIR: Can you please start again? And I will get him to go back again if you interrupt. Do you understand what I am saying?

The Hon. WES FANG: We are supposed to be asking questions. This is not an opportunity for the Hon. Walt Secord to make an editorial.

The CHAIR: Do you understand?

The Hon. WALT SECORD: I was going to ask him to give a response.

The Hon. WES FANG: Were you?

The CHAIR: This will take as long as it needs to. If you interrupt we will go back to the beginning again, do you understand?

The Hon. WES FANG: Sure.

The CHAIR: Please proceed.

The Hon. WALT SECORD: In an earlier answer to the Hon. Wes Fang you said there were concerns about the deliberations of this parliamentary Committee affecting staff morale. I am sorry that you feel that way. But, would you agree with me that the bottom line is about getting to the deficiencies, fixing the problems and providing a world-class health system?

Dr RATCHFORD: Yes, I would agree with that.

The Hon. WES FANG: Can I ask a question?

The CHAIR: No. We have gone over it.

The Hon. WES FANG: I am not allowed to ask if he believes that any of these attacks are politically motivated at all?

The CHAIR: Are you inviting the Hon. Walt Secord to ask more questions?

The Hon. WALT SECORD: I could go for another hour.

The CHAIR: No, I think we will leave it there. Thank you. I am sorry about the fiery last 10 minutes. There are some questions on notice. We have a turnaround of 21 days and the secretariat will liaise with you in that regard. I extend thanks on behalf of the Committee for the invitation to visit the hospital. It was a worthwhile exercise for us. Speaking for myself and the other Committee members, it provided some invaluable insights and information.

(The witnesses withdrew.)

SUSAN PEARCE, Deputy Secretary Patient Experience and System Performance, NSW Ministry of Health, sworn and examined

DEBORAH WILLCOX, Chief Executive, Northern Sydney Local Health District, on former affirmation

The CHAIR: I thought we would proceed this way. You provide an opening statement. Obviously, witnesses from NSW Health and the Northern Sydney Local Health District have been before the inquiry before. The NSW Health submission is submission 224 to the inquiry. I will provide you with an opportunity to make and opening statement and once that is done we will share the questions between the Opposition, the crossbench and the Government. How does that sound?

Ms PEARCE: Thank you.

The CHAIR: Over to you for you opening statement—either two or one, whatever you prefer.

Ms PEARCE: Thank you for the opportunity to be here today. Obviously we are watching these proceedings very closely. We are keen to learn and to undertake more to improve the services at the Northern Beaches Hospital as we have been doing over the last 12 months.

The CHAIR: Thank you very much.

The Hon. WALT SECORD: Thank you, Ms Willcox. Thank you, Ms Pearce. As you said in your brief opening statement, it is about improving the service. In previous evidence we received we heard that the Northern Beaches Hospital Healthscope acknowledged that fines were imposed on them for, as they said, abatement or not meeting key performance indicators. What key performance indicators have you marked them down for and sought fines?

Ms WILLCOX: Thank, Mr Secord. I did have the benefit of hearing some of the evidence given by colleagues at Healthscope but the key areas where we saw some early under performance were patients staying in the emergency department for over 24 hours. There was also a slight increase in some hospital acquired infections. There were also some issues around complaints not being completed within the 35-day timeframe.

The Hon. WALT SECORD: When you said "infection" was that hospital acquired infections—infections acquired at the hospital during someone's stay?

Ms WILLCOX: That is correct.

The Hon. WALT SECORD: Are these substantial fines? Take me through the process of what actually happens on fines or penalties against the operator of the hospital. How does it occur?

Ms WILLCOX: There is a performance framework that forms part of the contractual arrangements with the operator so that we are able to adequately monitor the performance. That goes to emergency departments, surgery, quality, safety—a raft of measures. Some of these are monitored weekly, some are monthly and some are three-monthly. The Australian Council of Healthcare Standards have some KPIs and they mostly rotate on a six-monthly basis. So there are points attributed to those particular KPIs or key performance measures, and it is on that basis that we track the performance. And then what happens is that hospital itself would provide its data to us, acknowledging where they had underperformed or performed, so they actually apply the abatement to themselves. The information comes through to the local health district and some goes forward through to the Ministry. We reconcile the data and confirm its accuracy from our perspective. Then Healthscope proceeds to invoice us for the care provided with the abatements already removed or subtracted.

The Hon. WALT SECORD: What were the problems with infection control, because you referred to people staying 24-hours in emergency department, infection controls and not dealing with complaints within 35 days. What were the infection control problems that occurred at the hospital?

Ms WILLCOX: There is a particular type of infection that we measure in the public health system as well in relation to Staphylococcus aureus infections.

The Hon. WALT SECORD: Staph.

Ms WILLCOX: Usually in central line placements. Usually these people are very sick. They would be patients, most likely, in an intensive care unit. They are not likely to be patients that are general ward patients. This infection is not an uncommon complication for these patients, because of the complexity of their illnesses, sadly. But it is something that, across the system, we work very hard to prevent. It is a measure that is applied to ourselves. So there was a small increase—they were slightly above the acceptable target early on in the period of

the hospital's opening. There has been no further abatements applied in relation to infections. And, pleasingly, there have been no further, since December, long-length stays in the emergency department. I can also add that all of the complaints—100 per cent—have been dealt with within the 35-day time period.

The Hon. WALT SECORD: You determined that there were problems with infection control involving staph. That is S-T-A-P-H, right?

Ms WILLCOX: Yes, sorry, for the Hansard.

The Hon. WALT SECORD: Would that occur after the death? When would that occur? When would you determine that there was a problem with infection control?

Ms WILLCOX: These are not measures that are associated with death. These are the routine safety and quality reporting that we all undertake in the health system. So patients in an intensive care unit, for instance, would be routinely swabbed and monitored for any signs of infection. It is part of our normal precautionary management of sick patients. So I can assume, based on my understanding of how things work in my local health district and in the system more generally, that those patients would have been swabbed during the course of their admission and the treatment would have been applied in accordance with that. We monitor these things because they are important measures to make sure we keep on top of.

The Hon. WALT SECORD: So you would find out that a person who had arrived did not have it, and then during the course of their stay, acquired it.

Ms WILLCOX: That is true, but they would be acquired on the basis that we are putting foreign objects into people's bodies when they are sick. We are putting lines, tubes and catheters and all manner of things into them. All of those procedures that are being done to improve someone's condition are not without risk.

Ms PEARCE: Could I just add that the threshold for that is very low. It is monitored very closely and we do know that at the Northern Beaches Hospital they have had zero infections in July, August and September against that measure.

The Hon. WES FANG: Do you mind if I just clarify one thing?

The Hon. WALT SECORD: No. I mind because I am asking a series of questions.

The Hon. WES FANG: Okay.

The Hon. WALT SECORD: What is NSW Health's interface with Healthscope in the Northern Beaches Hospital. Do you just pay the monthly invoices that they send you? How does it occur? How do you monitor or track what they are doing.

Ms WILLCOX: There is a very rigorous governance arrangement we have with Northern Beaches Hospital. As I have shared with the Committee previously, the day-to-day management of the hospital is for the hospital. My job is to oversee the management of the contract and the purchasing of public patient activity from them. We have a series of governance meetings and an operational services group meeting with the executive of the hospital and the executive of the district every fortnight. During those meetings we go through performance matters, operational issues, matters that are relevant—interface issues between our services and the hospital. There is also a senior executive group that the Ministry is represented on. That is held monthly. So we are in constant dialogue with the hospital on a day-to-day basis.

The Hon. WALT SECORD: Yes, but formally once a fortnight.

Ms WILLCOX: Correct. Yes.

The Hon. WALT SECORD: Can you, as CEO of the Northern Sydney Local Health District, make an unannounced visit to that hospital this afternoon?

Ms WILLCOX: Most definitely.

The Hon. WALT SECORD: You can just walk in there?

Ms WILLCOX: I would usually ring them and let them know I am coming over. There would be no need to turn up unannounced but I would arrive at the hospital and greet the volunteers on the front desk, as I have done on many occasions, and then let them know that I would like to go and visit the executive team. They would call them and up in the lift I would go. Our staff move between the district and the hospital on a regular basis. I have a Director of Relationships with Northern Beaches Hospital and he frequently hosts meetings from the

hospital, or we do them by teleconference, but there is a very free flow of personnel and conversation between the district and the hospital.

The Hon. WALT SECORD: When fines are imposed on the hospital, does the hospital have a right of reply or a rebuttal process?

Ms WILLCOX: The abatements are actually put on the hospital by the hospital itself.

The Hon. WALT SECORD: It is an honour system, so they did it themselves?

Ms WILLCOX: Perhaps I did not explain it. It is a review process. The hospital examines its own data, as is appropriate; would form a view based on the data in front of them that they perhaps have not been at the target level that is required by the contract; would apply the abatement to that; would send the data into the local health district, some of which would be shared with the Ministry. We would review the data and confirm that we believe that was an accurate interpretation of the data. At that point, Healthscope would then invoice us for the public care that they had provided, less the abatement.

The Hon. WALT SECORD: The location of the GP clinic next to the emergency department, literally right against it—

Ms WILLCOX: Yes.

The Hon. SHAYNE MALLARD: It is a great idea.

The Hon. WALT SECORD: You guys have been there; you have seen it in operation. It takes patients out of the emergency department. Does that change the data for the emergency department? Does it, in fact, improve waiting times in the emergency department?

Ms WILLCOX: The performance of the emergency department at Northern Beaches Hospital has been very good. Again, having the benefit of hearing some of the evidence from Dr Ratchford and Andrew Newton, at the moment their transfer of care results and their triage performance and emergency treatment performance is very strong. In terms of some quantitative analysis about the benefits of a GP clinic, it is a model that has been applied from time to time around our system and others. It is not so much a taking away, as patients are usually very good at self-selecting. If they know there is a GP practice on site, they may make that decision themselves. Or if they arrive and they have got a relatively minor condition, the triage nurses would say, rightly, "There is a GP clinic next door that may be more convenient and suitable. If not, please stay here and we will care for you."

The Hon. WALT SECORD: Is the State Government embarking on any more private-public partnerships? It is now the first anniversary of the opening of the Northern Beaches Hospital. Is the State Government looking at any of them, or has it dropped the idea after this?

Ms WILLCOX: Matter for government, Mr Secord. I do not have any particular advice on that.

The Hon. WALT SECORD: Back to earlier evidence, because you said that you listened to the evidence from the previous witnesses. The head of emergency, Dr Andrew Ratchford, in reference to a question from my colleague the Hon. Wes Fang, said that the activity of this Committee had affected staff morale. Do you not think that, in fact, the problems with the opening of the hospital had more to do with affecting staff morale than the activities of this Committee?

Ms WILLCOX: I will not speak for Dr Ratchford, but I think he takes enormous pride in his team and in the care they provide.

The Hon. WALT SECORD: I understand that.

Ms WILLCOX: It is absolutely appropriate that government and the procedures surrounding government check and monitor and report on things that are in the public interest.

The Hon. WALT SECORD: Ms Pearce, at the beginning you said it was about improving service at the hospital. What lessons has the New South Wales Government and NSW Health learnt on the first anniversary of the opening of the Northern Beaches Hospital?

Ms PEARCE: Again, I cannot speak for government. I speak from a NSW Health perspective.

The Hon. WALT SECORD: Okay, as a NSW Health official.

Ms PEARCE: I think that it is clear and well documented that upon opening, there were a series of very well-documented issues with the hospital. Our interaction with the management team that was there at the time was robust and I think that was something that was absolutely necessary for us to be involved in, along with the

local health district. I think there are always learnings in anything that we do, and we do take those issues really seriously. I meant what I said at the start: We use these opportunities to look for areas of improvement, because ultimately the community has a right to expect good services from publicly provided hospital services and anything else we provide. We worked with the Northern Beaches team around issues, for example, with the staffing and some of the challenges that they had at the start. Patient flow, for example—we sent our staff in to help with some of those patient flow issues at the start. We also assisted wherever necessary with things like supply chain and warehousing, and on a daily basis were offering them guidance and support.

It is worth saying that the opening of a very large hospital is a very significant undertaking and there were always going to be lessons learnt. The important thing is what we do with those lessons and to make sure that we follow those through and take the appropriate next steps, which I believe we have done. That is demonstrated quite clearly in the improvements we have seen at the hospital. I note your comments with regard to the GP clinic that is located next to the emergency department and I share the views that it is a good model. However, that emergency department is seeing a volume of patients which is consistent with other hospitals of its size here in Sydney, and it is performing at a very high level. So I think that there have been improvements. I think that the staff have really rallied behind the hospital and it has been important for us to support them as well as the management team.

The Hon. WALT SECORD: Have both of you heard evidence from Dr Page and Dr Forrest this morning?

Ms WILLCOX: Yes.

The Hon. WALT SECORD: Have you investigated or do you have concerns about the Northern Beaches Hospital creating a three-tier system: private patients, public patients, and then country patients at the bottom of the rung? Are you concerned about that?

Ms PEARCE: I will make a comment and I am sure Ms Willcox has further comments to make. Of course, any such notion would be concerning to us. However, what we do know about the Northern Beaches Hospital and other hospitals, in fact, in the metropolitan area of Sydney is that there is a fairly strong inflow from rural hospitals when needed for people that do need a higher level of service. The Northern Beaches Hospital, I believe, is receiving patients from outside of the northern beaches catchment, as did Manly and Mona Vale. So there is no questioning the data: There are patients coming to Northern Beaches Hospital—

The Hon. WALT SECORD: From country areas?

Ms PEARCE: —from outside of the catchment of the northern beaches. I cannot answer you specifically from—

The Hon. WALT SECORD: Would you have data to show if they are coming from outside of Sydney?

Ms PEARCE: I would have to take that on notice, Mr Secord.

The Hon. WALT SECORD: If you could provide that in the last year: how many patients were treated from outside of Sydney. Not the catchment area, but outside of Sydney and country and rural and regional areas.

The CHAIR: The company that runs the hospital, Healthscope, has been very clear about its acknowledgement of the problems associated with the opening in particular. These were clearly more than just tweaking issues in terms of issues associated with the opening of a new hospital. There were some major systemic problems. Do you acknowledge that?

Ms PEARCE: We certainly acknowledge that there were some very significant challenges upon the opening of the hospital, yes.

The CHAIR: Yes. Both on behalf of NSW Health and the district, do you apologise for what happened with regard to these issues? The company has clearly, unequivocally apologised. Are you able to apologise unequivocally for what has happened in regard to these issues associated with the opening of the hospital?

Ms PEARCE: Of course we are very sorry for those issues that occurred upon opening. There is no question of that and there is no reason for us not to be open and clear about that. I think we have expressed that many times in various forums and to the community of the northern beaches. Obviously we want them to have confidence in their hospital. It is very important that people have confidence in their health service. What we are seeing now is we absolutely acknowledge the issues upon opening of the hospital. We have worked with the health service to improve those; they have improved. People should have confidence in their hospital.

The CHAIR: But you would appreciate that these issues, which have been acknowledged to be more than just issues associated with the opening, did have a direct effect on the confidence of the local community in the hospital. You would accept that point, would you not?

Ms WILLCOX: Yes.

The CHAIR: It is a matter of fact that these things happened, and that entered into the public domain, as you would expect, in one way or the other directly impacted on the confidence level of the community in the hospital up to this point.

Ms PEARCE: Absolutely. But in any situation where you are opening a hospital of the size of the Northern Beaches Hospital—

The CHAIR: You are not walking this one back, are you?

Ms PEARCE: No, I am not walking it back at all, Mr Donnelly.

The CHAIR: This is not what Healthscope has done.

Ms PEARCE: No, I unequivocally state that and I have stated that on the record. I have no issue with that. What I am saying to you, in all fairness, is that it was a very large undertaking. There were issues upon opening and those issues have been addressed, and addressed quite clearly. There is a demonstrable improvement in the performance of the hospital, which did occur quite quickly in terms of that initial period where we were undergoing those issues and working with the team. I believe that that turned around relatively quickly in the main, and the issues that are ongoing need to continue to be worked through.

The CHAIR: One would hope so. I have a couple of questions before I pass on to other members. In the Healthscope supplementary submission to the inquiry, which is submission number 119A—if you do not have it in front of you, that is okay, because I will speak in general terms about it—point number one deals with outpatients. You would be aware that there has been a fair bit of evidence given to this inquiry about the sense from a number of people in the Northern Beaches community that the outpatient services available out of the Northern Beaches Hospital are not as comprehensive as what was otherwise provided with respect to outpatient services run out of Manly and Mona Vale.

That has been a theme that has been repeated time and again. That has been the view of not just laypeople and people living on the Northern Beaches, but also doctors and other medical professionals. With respect to that point, Healthscope made the very clear point—which is the case, of course—that the outpatient services that it provides are done by virtue of what is provided for in the deed that they have with NSW Health. My question is: What ongoing negotiations is NSW Health having with Healthscope over the enhancements of the outpatient services provided out of the new Northern Beaches Hospital given the deficiency that has been identified by much of the evidence that has been given to this inquiry?

Ms WILLCOX: Again, with the benefit of hearing part of Mr Newton's evidence previously, this is very much an iterative process in terms of reviewing the nature of the activity that is required and how we actually factor that in. That will evolve over time. At a more granular level, there are a number of clinics that are currently available at Northern Beaches, as per the deed. There are some clinics that are providing over and above what was available at Manly and Mona Vale. These clinics do not all take on the appearance of what they did at Manly and Mona Vale. Some of the clinics will be in doctors' suites because of the nature of the set up at Northern Beaches Hospital. They do not have the same appearance as the clinics might have done at Manly and Mona Vale.

Some, for instance, may be provided out of doctors' rooms—as I said. Some of the clinics that are currently available at the new Northern Beaches Hospital that were not available at Manly and Mona Vale include one for the neonates, a nurse-led stoma clinic, a respiratory lab, diagnostic liver services, the radiation oncology clinic, and—as we have already talked about—the onsite GP clinic. Yes, we do have some work to do around the evolution around developing the clinics. But I think it is important to acknowledge that there are some additional services available that were not previously available at Manly and Mona Vale.

The CHAIR: Finally, with respect to the issue of coronary angiography services, how far away are we from hearing the good news that these services will be available out of the Northern Beaches Hospital?

Ms WILLCOX: I will answer your question in terms of timing. We have created a workshop group, chaired by the ministry. The provision of ST-segment elevation myocardial infarction [STEMI] services requires ambulance, the Agency for Clinical Innovation, the hospital and the clinicians. It is a very complex and detailed model of care. It will enable, in the case of a person who has chest pain, the ambulance to communicate their electrocardiogram directly to the emergency department to be interpreted to see if that person is a candidate for

the STEMI service. As you can tell by my very brief lay description, it is a fairly complex area of care. That group has been meeting. We may have a slight hiatus because of Christmas. In terms of starting a service, we are hopeful that we will have it up and running early in the New Year.

The CHAIR: The actual issue is the coronary angiography service. I do not know whether that is the same as what you are talking about or if what is detailed here is somewhat broader. But the broader issue of coronary services out of that hospital has received a great deal of ventilation in this inquiry. With respect to stroke treatment, you would be equally aware that that has been a common theme as well, with regard to what is seen as a lack of certain key stroke treatments available out of the hospital that are otherwise available down the road, so to speak, at Royal North Shore Hospital. Given the age profile across—

The Hon. SHAYNE MALLARD: Stress levels.

The CHAIR: I do not know about stress levels—maybe in paying their mortgages. But given that, there is a feeling that stroke treatment services out of that hospital would be very desirable.

The Hon. EMMA HURST: I am wondering how you would respond to some of the allegations that we have heard that a single hospital like the Northern Beaches Hospital will not be equipped to handle the growing ageing population in the Northern Beaches, which is expected to grow by about 45,000 people by 2030. That was something that we heard about in the evidence. What are your thoughts around that?

Ms WILLCOX: I would say that the matter of an ageing population is a matter for our health district and probably the entire health system. Our role, as people managing health service, is to be planning for that and working with clinicians to modify models of care and the types of services that we provide to ensure that we keep people in their homes and keep up with the evolution of health care. In even just the last 10 years, with a number of services the lengths of stays are less. People can receive different types of care in their homes. I think the situation of an ageing population is not one for the Northern Beaches Hospital alone. The Northern Beaches Hospital would be included in our local health district planning, and that planning work is ongoing. We have just released our own clinical services plan for the Northern Sydney Local Health District. We talk in detail around the care of our ageing community. We would have them as welcome participants in that planning process. But I would say that that is not just a matter for them but something that we are all highly cognisant of and are working on in the health system.

The Hon. EMMA HURST: Given what you are saying, it is my understanding that the flying squad—the Beaches Rapid Access Care for the Elderly [BRACE] team—which attended for acute conditions, has been discontinued since the opening of the hospital. Do you have a comment on that?

Ms WILLCOX: These are very, very important services to keep elderly people in their homes and out of emergency departments. We have continued to provide those services from the local health district. We provide a number of services into aged care facilities. They are all designed to mitigate against elderly people coming into hospital.

The Hon. EMMA HURST: Does that include the flying squad that was originally there?

Ms WILLCOX: Both the geriatric rapid acute area evaluation [GRACE] and BRACE teams continue to be supported and funded by the local health district, yes.

The Hon. EMMA HURST: So the flying squad is still running?

Ms WILLCOX: I am not familiar with the term "flying squad" being applied to them, but the GRACE and BRACE teams are the two teams that I am aware of that were run out of Mona Vale Hospital. We continue to support both those programs.

The Hon. EMMA HURST: You said that you have been following the evidence as it has been coming out of this inquiry. Will New South Wales be taking any action based on anything that has come up in this inquiry so far or will it be conducting any further investigations as a result of some of the evidence that may have come forward?

Ms PEARCE: Obviously particular issues come forward, but the point of the exercise is to await the recommendations from the inquiry and then consider them and respond accordingly.

The Hon. EMMA HURST: I asked this question of Healthscope earlier today, but I wanted to get the thoughts of NSW Health as well. With regard to the serious operational issues around the opening of the hospital, we talked a little bit about the trust within the community being lost during that process. What, if anything, is New South Wales doing to rebuild that trust within the community and to allay any concerns?

Ms WILLCOX: I cannot speak to any particular initiatives. What I can speak to is an ongoing collegiate relationship with the team at Healthscope, with as much interaction between the clinical teams as possible. For instance, we held an allied health research forum just recently for the Northern Sydney Local Health District. More than 100 allied health professionals came together and the Healthscope allied health professionals joined that group. That is part of our role in the local health district—beyond managing the contract—because it is very important for our clinicians to be connected. That professional relationship is a very positive thing. For Healthscope, in terms of its performance and its own public face with the community, that is a matter for them. Of course, we would be supportive. The number of people who are attending the emergency department is around 170 per day. That shows that the community has growing confidence and is going there for care. We have seen a reduced number of people going to North Shore as a result. That is precisely what we wanted the hospital to do so that people can get their care closer to home.

The Hon. SHAYNE MALLARD: I do not have many questions. You have probably read the evidence from Dr Forrest, who was not successful in his position of providing ENT services at the hospital. Could Dr Forrest apply to work in any other public hospital in New South Wales?

Ms WILLCOX: That would be certainly open to Dr Forrest, if he wanted to do so. I can say that I have met with Dr Forrest and I understand the situation in which he found himself without an appointment. But yes, it would be open for him to apply elsewhere in the public health system.

The Hon. SHAYNE MALLARD: It has not created a barrier for him?

Ms WILLCOX: No.

The Hon. SHAYNE MALLARD: Thank you for clarifying that. You have articulated that you are confident that the initial problems in the opening phase of the new hospital have been overcome and the hospital is now hitting its performance targets. Can you expand upon that?

Ms WILLCOX: I think it is pleasing to see that those early difficulties have abated and that the emergency department performance and the surgery performance, in particular, are very good. The nature and complexity of the services at the hospital can now provide an intensive care unit with an increased number of beds that can see much sicker patients, increased operating theatres, low-dose imaging for children, CT scanning that was not available, care for neonates at 32 weeks of pregnancy. This is a snapshot of the additional things that the hospital can deliver to the local community now that it has hit its stride.

The Hon. SHAYNE MALLARD: Above and beyond what was provided at Manly and Mona Vale combined. Are there other new services that were not provided by the previous two hospitals?

Ms WILLCOX: We are also redeveloping Mona Vale Hospital, as you would be aware. We are building a palliative care unit there for the first time on the northern beaches, an inpatient service.

The Hon. SHAYNE MALLARD: It links into the ageing population.

Ms WILLCOX: That is right, and the geriatric evaluation management unit will also link into the ageing community. Of course there is also the Brookvale Community Health Centre, which is a brand-new state-of-the-art facility providing everything from oral health, podiatry, mental health. It is nicely located at the transport node in the shopping centre. With northern beaches in the network of the local health district and its connections to Royal North Shore, the community-based services and Mona Vale, it is hoped that the community will see that they have a very strong network of services right through to intensive care services.

The Hon. SHAYNE MALLARD: You made an interesting point that as a consequence of the new hospital taking up its full workload some pressure has been taken off Royal North Shore.

Ms WILLCOX: Yes.

The Hon. SHAYNE MALLARD: In terms of a holistic community approach for your region, that is exactly what you wanted, is it not?

Ms WILLCOX: Yes, that is precisely it.

The Hon. SHAYNE MALLARD: It allows more scope to provide other services at Royal North Shore or improve services there as well?

Ms WILLCOX: Royal North Shore is a very busy tertiary hospital, as you will know. We expected to have some reversal of flow, to use a technical term, so that doctors' referrals and patients' decisions are to walk

into northern beaches rather than getting into their car and driving to Royal North Shore. We are starting to see that, which may signal a sign of confidence and people being more aware of their new local hospital.

The Hon. SHAYNE MALLARD: Are you saying that is knock-on benefit for other hospitals in your region? Are new large hospitals picking up that extra workload?

Ms WILLCOX: Principally my observations are around Royal North Shore and seeing some of that flow reversal head back to northern beaches, which is what the planners and the modellers hoped would occur.

Ms PEARCE: We can also see that in the ambulance data. The number of ambulances that would leave the northern beaches to go to Royal North Shore has reduced and patients are now being taken to the Northern Beaches Hospital. That is also an indication of the flow reversal. Now that we have full year of information, it is obviously easier to see those patterns emerging.

The Hon. SHAYNE MALLARD: That was very helpful, thank you.

Ms CATE FAEHRMANN: We received a submission by Community Care Northern Beaches basically expressing their concern about the seeming lack of community care to link patients to support services, particularly for people who had entered emergency as a result of suicide attempts. Community Care Northern Beaches gave us a number of examples and said that their experience shows that referral pathways in hospital discharge planning is lacking. They have said that there has been little response from the hospital's senior management team to their requests to present solutions for patients who need particular referrals or linkages to services. They have given a number of examples of these patients. One was a patient who presented to Northern Beaches Hospital following an unfortunate suicide attempt. Four hours later she was discharged with no referral to their program. I understand that Community Care Northern Beaches provides the Seasons Program where other hospitals refer patients like this to their program. They say that they speak to staff to try to establish that program. Are you aware of the referral pathways within Northern Beaches Hospital for people presenting with suicidal ideation or other mental health issues? Are you satisfied with that referral pathway?

Ms WILLCOX: There is definitely a referral pathway in place between the community mental health services and the acute hospital. As for the specifics around suicidal ideation, I am not in a position to comment on that particularly, but we work very closely with the acute services team and with our community mental health team to ensure that anybody who is unwell gets the appropriate referral and, equally, when someone is discharged from Northern Beaches Hospital that referral back to the community mental health services. I do not want to speak for Mr Newton but I am sure that he would be willing to meet with the community group, as I would, because if there are particular patterns or particular referral pathways that are not working as well as we would like then taking guidance from and hearing the experiences of such a group would not be unhelpful.

Ms CATE FAEHRMANN: Community Care Northern Beaches said that despite its best endeavours they have not had opportunities to meet with the hospital and discuss better community pathways. They talk about a lack of formal support and communication protocols, meaning the client-patient outcomes are dependent on personal relationships between individual hospital staff and Community Care Northern Beaches. Some of the examples they gave are incredibly distressing. One was about a person they call Harry, who has a history of drug and alcohol addiction. He was admitted to Northern Beaches Hospital following a suicide attempt. The hospital social worker referred to Community Care Northern Beaches Seasons Program; however, he was not referred to that. They were told that Harry would be in hospital for a week, but he was discharged the following day and unfortunately suicided a day later. There are a couple of examples like that. If you are suggesting that the hospital will be asked to look at its referral pathways, could you provide on notice the Northern Beaches Hospital's referral pathways for people presenting with suicidal ideation and what the formal process is?

Ms WILLCOX: Yes, I can see no problem with sharing that with the Committee. Again, I would like to offer to meet with Community Care Northern Beaches. I would be very pleased to do so.

Ms CATE FAEHRMANN: We have also heard a fair bit of evidence provided in relation to concerns that Northern Beaches Hospital is not equipped to deal with thrombolytic strokes. That is correct, is it not?

Ms WILLCOX: It is unable to provide a treatment called thrombolysis. Yes, that is correct.

Ms CATE FAEHRMANN: Yes. Why is that?

Ms WILLCOX: Along the lines of what Mr Donnelly was discussing around the cardiac services, the matter of stroke is that the best evidence from our clinicians—I speak generally—is that these are very complex and specialised procedures. Certainly in the case of stroke, models from around the world suggest that the best care is provided in one place where you can get adequate volumes with not just individuals but teams

with the right set of expertise that flows through from emergency, imaging, neurology, neurosurgery, radiography—the full gamut of things that you require—and interventional radiology. There are some interventional radiology and stroke care services provided at Northern Beaches Hospital, but for those people who require thrombolysis and clot retrieval the advice of our clinical teams and networks is that it is best placed for those services to continue to be provided at Royal North Shore Hospital. That is what was occurring when Manly and Mona Vale were open, so that is unchanged.

Ms CATE FAEHRMANN: Despite the increasing population and the fact that the Northern Beaches Hospital was opened to in some ways provide additional new services for a growing population in that part of the world, there is no plan for any changes to that situation where the only hospital north of the Sydney Harbour Bridge—is that right?—that provides thrombolysis is Royal North Shore Hospital?

Ms WILLCOX: I can only speak, sorry, for Northern Sydney Local Health District, but Royal North Shore is the only hospital that provides that service. Again, this is based on clinicians' advice. This is not a decision around what the administrators or service managers want. This is around best evidence of where this care should be provided. Royal North Shore has some of the best needle times nationally in terms of providing this treatment to patients. This is not a type of service that is put quite simply into a hospital. This requires a dedicated, highly skilled team seeing enough volume. The northern beaches community is part of our local health district. We network these services so we can look after the entire community. As I say, Royal North Shore was providing that service to the community of the northern beaches when Manly and Mona Vale were functioning.

Ms PEARCE: I think it is worth noting that, like other health districts, hospitals do work as part of a network. It is not uncommon, Ms Faehrmann, for those types of network service arrangements to operate across NSW Health in the same way that, for example, we have specialist burns units, we have spinal units and then specialised intensive care units. It is a common practice across the system.

Ms CATE FAEHRMANN: One other question: Are there differences between the key performance indicators that are set for all hospitals in the New South Wales public health system? Are there differences in the way that the Northern Beaches Hospital has to perform against KPIs set for it by NSW Health? Are the KPIs set for Northern Beaches Hospital the same as those set for other hospitals under the New South Wales health system?

Ms PEARCE: Look, there is obviously a large range of KPIs. My understanding is—

Ms CATE FAEHRMANN: Against similar hospitals.

Ms PEARCE: Yes, indeed. They are a very similar set of KPIs. However, my understanding is that to some extent at least the KPIs for the Northern Beaches Hospital are higher than other hospitals.

Ms CATE FAEHRMANN: In terms of the transparency of those KPIs, we have had some submissions that suggest it is very difficult to look at the standards of service provision and care and whether they have improved because of the lack of publicly available information and the lack of transparency around the hospital's KPIs.

Ms PEARCE: That is another area where there has now been improvement and movement from what existed previously. Ms Willcox will be able to provide more detail. However, you would be aware—I think it came up earlier—in the BHI reporting, because of some of those data issues earlier in the year there was data published but it was not the full set. Now that we have got the information and communication technology [ICT] program working and are able to share that information we will be able to publish a more fulsome set of data against the performance of the Northern Beaches Hospital, which as with every hospital publishing those reports will be publicly available.

Ms CATE FAEHRMANN: So there is no difference between what you will publish in relation to Northern Beaches Hospital KPIs and a fully public hospital?

Ms PEARCE: That is my understanding, yes.

The Hon. WALT SECORD: Ms Willcox, you would be familiar with the current issue of flammable cladding. Have any inspections occurred involving the Northern Beaches Hospital?

Ms WILLCOX: I am not aware of any recent inspections, but what I can say is that the building meets the Australian building code in relation to compliance with fire and other safety matters.

The Hon. WALT SECORD: So it does not have flammable cladding on it?

Ms WILLCOX: Not to my knowledge.

The CHAIR: Just a couple of further questions: With respect to the ICT issues that were ventilated, particularly with respect to dare I say the first six months in particular of this new hospital, there has obviously been evidence today about where that is all up to from Healthscope's point of view. Has NSW Health itself undertaken the exercise to actually go in and effectively audit its ICT interfaces to make sure it is all as it needs to be? In other words, if we look at the Northern Beaches Hospital the whole seamlessness of the ICT is equivalent to or better than what one would find at Royal North Shore or another hospital one may care to nominate inside the New South Wales health system. Has NSW Health undertaken that exercise to validate for itself that this hospital is now completely up to speed?

Ms WILLCOX: Mr Donnelly, over the last year there has been a large team of people working on the interface between Northern Beaches Hospital and Northern Sydney Local Health District. We have had senior officials from our State agency for health information technology, eHealth; senior officials from the district; the chief information officer and a similar team from Healthscope. The interface between the medical records at one hospital and another is again a very complex process. The last year has been about actually developing that interoperability between the two. When the hospital opened—again, you will have heard the evidence in detail—they could not actually see the medical record of a patient who may have come from Royal North Shore Hospital. That has now been resolved. If a person from the northern beaches were to turn up in the emergency department at Royal North Shore Hospital we would be able to log in to the electronic medical record and we would be able to see that they had most recently been at Northern Beaches. Similarly, if a patient turns up at the emergency department at Northern Beaches it would be able to be seen whether they were actually previously a patient in any other part of our local health district. This is a very significant—

The CHAIR: Or any other local health—

Ms WILLCOX: It is currently contained to our local health district.

The CHAIR: That is not the evidence we got from the witnesses immediately preceding yourselves. I actually asked a question about the interface with the New South Wales public health system and were there any outstanding issues in that regard. I was very clear about that, because we have got the issue of patient information coming in and being able to be received. They provided answers with respect to that and they explained it in regard to the Northern Beaches Hospital. I was very specific in my questions about a person who may come in from outside the northern beaches.

The Hon. WES FANG: Chair, can I just clarify? What they said was—the answers that have been provided are correct and consistent with the testimony earlier. We will check *Hansard*, but my recall is that they provided the example of Nepean Hospital taking a patient from Orange, which is out of area. That record would be transferred after a phone conversation or a request to that district for those records. That medical records department would transfer it to that hospital because it is out of area. The indication was that that was the same as what would happen at Northern Beaches Hospital. That is exactly what is occurring. The interoperability is within the health area.

The CHAIR: Thank you for that, but this is a particularly important issue. We obviously had the problem clearly identified, argued and re-argued, and that is the issue of the hospital's system not being able to speak to NSW Health's system. I am using the vernacular and a general description here. By that I mean that in all respects it needs to speak to the NSW Health system. It does not just sit there as an island dealing with receiving and transmitting information to do with patients. There is probably a range of other domains in which it has to communicate with the NSW Health system. I was led to believe from evidence from the company this morning or from yourselves that this now has been resolved; that the ability for this hospital to need to speak electronically to NSW Health in regard to any aspects that it would need to be able to do as a hospital operating inside the network has been resolved. Is that something that NSW Health has tested and is satisfied that that is the case? That is my question.

Ms PEARCE: Mr Donnelly, I think there are multiple levels of sharing of information and sharing of data around performance. There were more specific questions, as I understood, around access to patient records.

The CHAIR: That is part of it.

Ms PEARCE: The point is that NSW Health has been involved extensively with the ICT issues at the hospital—very senior officers, as Ms Willcox has said. The other thing I can also reassure the Committee of is that, in the interests of providing fulsome information to the community and also to reassure ourselves around performance, earlier this year we had a team of auditors go in to manually check emergency department performance, for example. We have a right to do that under the contract. We exercised that, but not in a particularly contractual way. With the agreement of the hospital we sent external independent auditors to check the

performance of the emergency department, given those transmission issues. The results of that were reassuring. Our job is to ensure—

The CHAIR: So the answer is yes; the matters have been resolved.

Ms PEARCE: Yes.

The CHAIR: That is what you are saying.

Ms PEARCE: Yes.

The CHAIR: In an earlier statement, and I forget which witness made the statement, there was mention of the importance of checking, monitoring and reporting, which is very important in terms of the new hospital. With respect to key performance indicators and the measurement of them and the testing of them relative to patient safety, presumably that is something that is done? Could you explain what patient safety involves and how that is measured?

Ms WILLCOX: Certainly, Mr Donnelly. The performance framework that I mentioned briefly before outlines the suite of measures that we monitor with Healthscope to make sure that we are satisfied that the standard of care is at an acceptable level: so they are issues around the emergency department, length of stay, issues around the hospital-acquired infections, complaint management and incident management—all of those things are recorded monthly by the hospital. We meet fortnightly. As I said, any incidents or concerns are required to be advised of and they apply the same systems of investigation and management as we do in the Northern Sydney Local Health District.

The CHAIR: In relation to the issue of transparency and reportage, with respect to the matter of the hospital failing to meet KPIs and matters of abatements having to be dealt with accordingly because there has been a failure to actually achieve what is required of them under the deed, is that information published by NSW Health in the public domain? Bear in mind that this is different from a public hospital. This is a separate new entity called a PPP. This morning we had evidence that people use that the language that this is a private hospital contracted to provide a public service so it is different from anything else that you have in the system. But with respect to the failure to meet the KPIs and the requirements for abatements to be accounted for, is that published by NSW Health?

Ms WILLCOX: Those particular performance measures are not published by NSW Health although, as Ms Pearce indicated, the Bureau of Health Information will be publishing a full suite of performance activities now that the internal systems within Healthscope have been resolved and will enable that to be independently published.

The CHAIR: In terms of the failure to meet these requirements which will invoke the abatement requirements to be adhered to, though?

Ms PEARCE: I guess the point is, Mr Donnelly, that through the KPI reporting that BHI does for all of our hospitals you can clearly see hospitals that are meeting their KPIs and those who are not. The Northern Beaches Hospital will be treated in the same way as everyone else in that regard. The matter of abatements is obviously contractual and to some extent separate, even though the two relate.

The CHAIR: No. That is what I am getting at.

Ms PEARCE: Yes. But, in the interests of transparency, obviously reporting against KPIs for the Northern Beaches Hospital will be the same.

The CHAIR: But NSW Health does not publish information specifically. This hospital is a unique situation. With respect to the deed and requirements under the deed, as opposed to KPIs in general, you do not publish the issues whereby abatements need to be accounted for; in other words, the KPIs physically under the deed are not being accounted for.

Ms PEARCE: That is correct.

The CHAIR: Right. Is there any requirement on Healthscope to publish that in the public domain in any way?

Ms PEARCE: We would have to take that on notice, but not that I am aware of.

The CHAIR: Thank you very much.

The Hon. WES FANG: Do you mind if I ask a few questions?

The CHAIR: We have gone over time. Thank you both very much for coming along. I appreciate that. There could be supplementary questions that may arise from reading *Hansard*.

Ms WILLCOX: You are most welcome. Thank you, Committee.

Ms PEARCE: Thank you.

The CHAIR: I thank members of the public for attending.

(The witnesses withdrew.)

The Committee adjourned at 13:04.