

## Special Commission of Inquiry into Healthcare Funding

### Statement of Dr Stewart Condon

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**Occupation:** Director, Medical Services, Concord Hospital, Sydney Local Health District

1. This statement made by me accurately sets out the evidence that I would be prepared, if necessary, to give to the Special Commission of Inquiry into Healthcare Funding as a witness. The statement is true to the best of my knowledge and belief.
2. I have been asked to respond to questions 10 and 11 (Concord Hospital) in the letter from Mr S Jacobs, Principal Solicitor, SCOI dated 19 April 2024 as follows:

“10. The adequacy of current frameworks for addressing complaints and concerns (both clinical and non-clinical) and resolving disputes within local health districts, including the availability and suitability of external processes.

11. The adequacy of current processes for consulting with staff about and evaluating major changes, including the extent to which NSW Health does and should adopt ‘evidence-based’ approaches to policy and process implementation.”

#### My role

3. I am the Director, Medical Services, Concord Hospital for the Sydney Local Health District (**SLHD**). I have held that role since 22 March 2023.
4. As the Director, Medical Services, Concord Hospital, I am responsible for the provision of high-level strategic and operational medical leadership and advice to ensure quality health care service provision. This involves co-ordinating, facilitating and administering the clinical governance framework systems in place listed at paragraph 6 below, as well as overseeing, with responsibility, for medical workforce recruitment at the hospital. This is separate but related to the healthcare provision that is part of my position description.
5. I was previously the Deputy Director of Medical Services at Royal Prince Alfred Hospital (**RPAH**), and was in that role substantively from April 2021 to March 2023. My clinical experience in Australia has been based mainly in Emergency Departments as a senior non-specialist. I have worked internationally in medical humanitarian roles, and additionally from 2011 to 2020 in corporate governance.

### Process for Addressing Complaints and Concerns

6. There is a comprehensive clinical governance framework (MOH.0002.0053.0001) to address complaints and concerns currently in place within SLHD that consists of:
  - a. NSW Health Complaints Management Policy Directive (MOH.9999.0837.0001);
  - b. NSW Health Incident Management Policy Directive – Incident Management System (ims+) and Reporting Culture (MOH.9999.0803.0001);
    - i. Daily reports monitored by hospital team;
    - ii. Significant incidents;
    - iii. Coronial Inquests (including ongoing education);
    - iv. Formal mediations.
  - c. Further Investigation:
    - i. Preliminary Risk Assessments (PRA);
    - ii. Serious Adverse Event Review (SAER), which may take the form of Root Cause Analysis; and
  - d. Clinical Safety Checks (CSC);
  - e. Regular departmental meetings:
    - i. Multidisciplinary team meetings across specialties, medical, nursing and allied health; and
    - ii. Morbidity and Mortality meetings (**M&Ms**)
  - f. Escalation processes, eg from clinician to line manager/Head of Department to me or General Manager
  - g. Management oversight of departments and medical staff:
    - i. Heads of Department (**HoD**) Circle, being monthly meetings that commenced in 2024,

- ii. CRAMS (Concord Reporting and Accountability Meetings) which are held one on one with HoDs every 4 to 6 weeks, commenced in August 2023,
  - iii. Professional Development Reviews (**PDR**) (performance reviews) of HoDs, and issues raised via PDRs of consultants (via quinquennium for VMOs),
  - iv. Ad hoc relationship development.
- h. Credentialing and scope of practice:
- i. Initial appointment of the Senior Medical Officer (Staff Specialist, Visiting Medical Officer (**VMO**) or Clinical Academic),
  - ii. On re-validation of quin contracts (VMO) every five years,
  - iii. Annual basis (for staff specialist, via PDR process).
- i. Hospital level meetings:
- i. Governance, Leadership and Culture Committee,
  - ii. Hospital Acquired Complications (**HAC**) monitoring & audit packs,
  - iii. Clinical Council,
  - iv. Keeping with the model by-laws, and requirements of NSQHS National Standards.
- j. Orientation and onboarding:
- i. Junior staff – annual with new clinical year, by rotation 4 to 5 times per year,
  - ii. Newly instituted JMO Town Hall meeting (4 to 5 times per year),
  - iii. Senior staff – upon commencement,
  - iv. Incident management system (ims+) and logging incidents.
- k. Risk Management System (**ERMS**) with any clinical concerns as ongoing risks being logged/managed; and
- l. Other meetings including regular medico-legal catchup/discussion of clinical concerns related to cases.

7. A comprehensive approach is taken to Clinical Governance, and the SLHD framework consistent with Ministry of Health policies is informed by Health Care Complaints Commission (HCCC) processes, coronial legislative requirements, as well as formal mediation requirements which can occur when needed with the general executive or led by the Director of Clinical Governance depending on the complaint or patient/family case.
8. As part of Clinical Governance, I receive a summary of incidents that have occurred at Concord Hospital daily from Monday to Friday by email from the Clinical Governance team. This email also includes complaints and compliments that have been logged. These incidents are all logged through ims+, but if an incident is reported to my team via email or other means, we will ask them to log the incident formally in ims+.
9. The Director of Clinical Governance (DCG) is responsible for dealing with Incidents, and the DCG escalates relevant matters to me.
10. Matters assessed as holding a threshold of harm score of 2 are escalated to me, but I also see harm score 3 and 4 matters. In some circumstances, harm scores are reviewed and adjusted if found not to be the appropriate harm score as initially assessed.
11. In addition, the DCG raises issues with me directly as they arise. We noted, for example, that more harm (bruising) was occurring in respect of complications from procedures involving cardiac catheters, and where a larger number of cases came in with the same subject matter, we grouped the cases together for a safety check.
12. The Clinical Governance structure is applied on a policy and functional level on the front line, so my team enforces a strong reporting culture on the ground. We consistently remind staff that there is an obligation to report, and this is not optional but is required and embedded in our policies, and responsibilities to our patients.
13. Where a serious adverse event is reported, following review, the matter can go to an investigation or a clinical safety check, and the SAER team can give recommendations back to the organisation based on the findings. The teams tasked with investigating these matters are made up of experts in their practice, including practitioners, in relevant specialties.
14. I believe the policies referred to above work well, but it is the application that makes the difference. In smaller facilities, reminding staff to log instances and be involved in governance is simpler as we are able to approach staff directly and have more face-to-

face discussions. In Concord Hospital, I have regular conversations with the HoDs so that I may help address system weaknesses.

15. On a department level, we encourage all departments to have regular meetings such as M&Ms so that every staff member is across and accepts the same standard. Smaller departments such as Medical Imaging do not hold M&Ms given that they do not care for patients directly (the process involves a different concept in Medical Imaging as there is no mortality in that department). Rather, the Medical Imaging department will have more general meetings to discuss quality in services and best practice.
16. Multidisciplinary team meetings are facilitated to discuss best quality care across specialities, and challenging cases, which can involve inpatients and outpatients. Concerns may arise in those meetings, and the HoD would usually discuss those concerns with me, or a staff member may log an incident following the meeting.

#### **Frameworks for Dispute Resolution at a Local Level**

17. Clinical concerns can be raised directly with me. At the Concord Reporting and Accountability Meetings (CRAMs), we discuss anything and everything, and help departments do their work. In my meetings with HoDs, we talk about patient safety and quality in the departments, policy and risks, medical workforce challenges/needs, and have structured discussions about workforce and education, as well as addressing performance. I meet with HoDs around every 4 to 6 weeks as I find that it is helpful to touch base with all heads of department in a systematic way.
18. I regularly check in with the HoDs to ask whether they are helping their staff and to see how I can assist. I am easily accessible as everyone has my contact number and I ask that staff reach out to the individual head at department level. I also strongly encourage that annual performance reviews are conducted by each HoD with their consultants which allows for concerns to be flagged regarding risks and how to mitigate those risks. They may identify gaps in education, so that future CPD needs and goals can be tailored for consultants. Annual performance reviews also open up communication with HoDs and shows what is being done well, what can be improved, and how to achieve future goals. The aim is for best practice clinicians to use excellent communication techniques. It can be more challenging to facilitate PDRs with VMOs as they are visiting clinicians, but scope of practice is discussed annually, and confirmed with credentialing processes at the quinquennium.

19. On an annual basis we get a high turnover of doctors in training, including interns. The interns are orientated for 2 weeks, following which they shadow other junior doctors, while midlevel doctors will have a short orientation period to ensure they understand how they can log incidents and submit concerns.
20. Orientation includes reinforcing having conversations with senior staff that could be seen as challenging power structures, and reporting bullying and harassment. In addition, senior staff should have the skills to facilitate these discussions. Each senior staff member is assessed according to their own specialist college requirements, and each college has their own bullying and harassment policies, as well as the NSW Health policy that we reinforce. If junior staff do not feel comfortable, they can also approach my team directly to assist.
21. There has been a turnover of staff and some staff are balancing public and private work, with some consultants working over 40 hours a week. This is recorded in our Workforce files, which includes notations of any secondary employment engaged in by staff. For example, the file will show that a VMO may be working at Concord Hospital, but also at another hospital, whether in public or private. They are required to report this information to us.
22. I encourage people to speak out whether inside or outside their regular workspace. All staff are encouraged to speak up from orientation onwards, as we promote a speak up culture at Concord Hospital.
23. My team has also commenced checking with the Nursing Unit Managers (**NUMs**) as another means to raise issues. In the last year, we have been building the idea that medical administrative services are there to help. I make myself visible on the wards by greeting staff, doing rounds and discussing with ward NUMs to see where things are at, introduce myself to consultants, encourage them to speak to me to see how I can help. Through these actions, I build a presence on the wards so that staff hopefully feel able to approach me with their concerns. Staff may often raise an issue that they do not think comes within my portfolio, but turns out to be a clinical concern, which we can assist with, comment on and guide the issue. It is a continued mission, but my team pushes it where we can continuously.

24. I do not see logging incidents as a negative, nor should any other staff member. It is not a punitive process, but one we encourage. During the JMO Town Hall meetings, which occur 3 to 4 times a year, we discuss un-rostered overtime, professionalism, communication, clinical concerns, communicating for safety. I convened the JMO Town Hall meeting on Wednesday, 17 April 2024. These meetings will happen regularly for doctors in training and have been booked in for the rest of the clinical year.
25. The Clinical Superintendent (Medicine) and Clinical Superintendent (Surgery) coordinate training sessions and monitor best practice so that safe medical practice is upheld. These roles have direct connections to the medical cohorts and facilitate more open communication with their staff. These positions are often present at larger facilities such as RPAH, but Canterbury Hospital does not have capacity for these roles. The Superintendents have a clinical component to their experience, so they can undertake the same functions as the clinicians in addition to their administrative responsibility. For example, the current Clinical Superintendent (Surgery) at Concord Hospital is a colorectal surgeon.
26. The system does have limitations, for example where the dispute resolution framework is appropriate, but unless implemented and monitored by staff, it has no impact. At a department level, I try to talk to the HoDs and raise issues directly with them, however if they are reluctant and do not communicate properly with the medical staff, it can cause issues and a lack of understanding. Our aim is to empower our staff by having conversations with the HoDs to understand where they want to develop, and how they are conversing with their departments, particularly around safety. Then we monitor which departments remain the same, and which ones are changing for the better.
27. As to the efficacy of Concord Hospital's complaint handling process, I have not observed any other hospital's approach to be any better. Canterbury Hospital has a very small governance team of 2 people, and Concord Hospital has three people plus the director in clinical governance staff totalling 4, while the RPA Hospital has divisions within their clinical governance team. In my team, I aim to build a sense of trust and redundancy, so that if I am away or have to prioritise other tasks, my team can manage our department, and that way our system does not fall away on one person but is a team effort.

### **Staff Consultation Frameworks for Evaluating Major Changes**

28. I have witnessed open consultation processes at Concord Hospital in relation to planning over the last few years.
29. I have joined department meetings at times to hear from staff and to convey information although this my attendance not routine yet. As clinical staff may consider my role external to patient care, I am careful not to intrude or impose on their work. Prior to becoming employed in my current role on a substantive basis, I was not able to be involved as much as I wanted, but now that I am in a substantive role, I am eager to be invited into more department meetings, and plan to push to be more involved over the next 6 months.
30. We are building consultation processes at a hospital level, and from a Medical Services level. My team consult across medical departments to check what the challenges staff are facing, and how things may be improved as part of our regular conversations, but also if there are suggested service changes. This may involve changing or adapting a model of care, adjusting medical staffing, or other elements. This is conducted on a regular basis.
31. I am not directly involved in conversations with the clinical streams in relation to capital changes. These discussions sit with the Director of Planning, Pam Garrett's team who consult about the clinical service plans for the proposed stage 2 redevelopment of Concord Hospital. My team does not have the space to engage in bigger planning discussions as it is not a focus of my role nor my team's.
32. In my experience, many departments are good at advocating for their own service during consultancy processes, but some HoDs struggle to see the whole of hospital view.

### **Adoption of 'Evidence-Based' Approaches to Policy and Process Implementation at a Local Level**

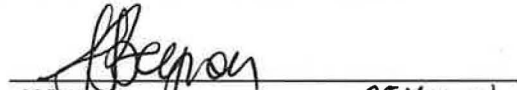
33. We utilise evidence-based approaches to the clinical policy development and staff incorporate that into local policy, which gets validated through the hospital. This depends on the medical specialty. For example, if there is a policy related to irregular heart rate and how to anti-coagulate those patients, usually the relevant cardiologists will draft and review the policy according to best published medical evidence. This will then be validated by the Policy Committee and Clinical Council at hospital level, and sometimes at District level for review and approval.



### **Concord Hospital Dispute Case Study**

34. Concord Hospital currently has 36 medical departments. To build the team and help the HoDs recognise each other and share information, I facilitate a monthly HoD meeting. At the last meeting, 15 out of 36 HoDs attended. Clinical concerns have not yet been raised in these meeting, but I envisage they will soon.
35. RPAH does have specialties that Concord Hospital does not have, and is a larger hospital, but underlying principles remain the same.
36. Not many staff members at Concord Hospital have seen the Director Medical Services work in this way before, but on a regular basis, we remind staff that we are there to help and ask how we can (a customer focus). We pose how can we forecast the next 3 to 6 months, particularly if a medical staff member is leaving, to ensure the support remains via a replacement.
37. Scope of practice is reviewed annually for all senior medical staff, staff specialists and VMOs. This is documented in staff member's performance development reviews, and for VMOs it is included in their quinquennium contract and credentialling discussions.
38. If scope of practice was more thoroughly reviewed with a patient safety focus, we could better ensure clinicians are appropriately skilled for their practice and are not operating outside of their scope. In remote areas where I have worked, the scope of practice can be challenged, but by comparison, Concord Hospital is strict and clear on clinician's scope. For example, the theatre Nursing Unit Managers are apprised of which doctors can do particular procedures. Credentialling undertaken for the VMOs last year was incredibly helpful so that we were able to ensure they have appropriate scope of practice for their qualifications. This also assisted in comparisons between roles at different SLHD locations, such as comparing the scope of an Ear Nose and Throat (ENT) Specialist at Canterbury against an ENT at the RPA Hospital.
39. The Governance Leadership Culture Committee (GLCC) at Concord Hospital meets on a monthly basis, where patient safety and quality are part of the agenda. The committee regularly seeks feedback, sends reports out, and conducts clinical audits to seek feedback. Any particular action or concerns that are identified by committee members, particularly where trends might be occurring, is escalated to the executive so that the executive may question why such instances are occurring.

  
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Dr Stewart Condon  
6/6/2024  
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