

Thank you for the opportunity to speak.

My name is Raoul Pope, Neurosurgeon practicing for 15 years and a Specialist at Concord Hospital since 2008.

I am also Head of Department of Neurosurgery at the Mater Private Hospital for 11 years.

This document outlays the experience of us 3 Concord Neurosurgeons.

I will begin with some historical context:

In 2014, the District Positions Paper included reduction of Neurosurgery services at Concord and displacement to RPA. However, there was unanimous support to maintain Concord Neurosurgical services from the Concord GM Tim Sinclair and other Concord Departments.

Under duress, the Concord Neurosurgery Dept drafted a reduced scope of practice list of procedures based on available resources and infrastructure at Concord.

The reduced scope of practice list was accepted by the SLHD, and we thankfully continued.

Based on the current health information statistics, Concord with 3 Neurosurgeons is ranked 6th out of 11 hospitals for largest waiting list in NSW with 177 patients.

RPA with 6 Neurosurgeons ranked 11th out of 11 hospitals with 51 patients.

Problem 1.- Inequity of resources between RPA and Concord Neurosurgery relative to demand and the constant threat of de-escalation of Concord Neurosurgery services

At that time, we had **four** Neurosurgeons at Concord Hospital and that was the default position.

In 2016 we had 2 resignations and only one position advertised and filled.

This left us one Neurosurgeon short for 7 years.

Over time, operating sessions for Neurosurgery were culled to accommodate 3 Neurosurgical positions and has never been recovered.

Problem 2.- Failure to maintain fit-for-purpose Neurosurgery staffing for Concord Hospital

We will outline some examples of Executive Corporate Governance via Dept meeting minutes. Executive have a Neuroscience Stream manager that is invited to attend EVERY meeting and has been supplied with ALL the minutes.

In April 2018, the 12-year-old, end of life, Stereotactic machine was reported to Executive. Numerous errors and problems were encountered, and request made to replace the machine. Constant emails and weekly reminders sent to all committees and clinical governance followed including meetings with the Acting GM.

3 incidents where the machine malfunctioned during surgery and/or would not turn on, documented in IMS reports as per due process.

Since the start of the Acting GM for Concord Hospital in May 2018, all 3 of us Neurosurgeons and the Nursing Unit Manager had requested meeting with her fortnightly to discuss Neurosurgery concerns. She was only willing to meet with the HOD alone.

The meetings stopped altogether by July.

There was complete communication breakdown between the Department of Neurosurgery and the acting GM.

Problem 3.- Failure of open lines of Communication and access

In Sep 2018, HOD states that GW commissioned an investigation into the incidents by one of the RPA Neurosurgeons which we were unaware of. It was concerning because of the inequity issues.

The conclusion was that two of the cases were user error and not a faulty machine. The machine was not replaced.

Patient care placed at risk with a machine that was end-of-life and due to fail.

In March 2019, we asked Executive to borrow the **spare** Stereotaxy machine at RPA. Most NSx units in Australia have only one unit and was declined.

We considered lobbying the **SLHD Board directly**.

In April 2019, 3 official emails from the Stereotaxy machine distributor and Biomedical engineering stating it was a VOID machine and should be decommissioned ASAP.

Problem 4.- Inaction of utilising end-of-life equipment not under warranty or service agreement. Risk mitigation failure, patient safety compromised and Medico-legal exposure.

Problem 5.- Dismissive of clinician's expertise and intimidation against staff members with no Due Process

Mid-April 2019, the Stryker Stereotaxy machine finally broke down irreversibly, unusable and decommissioned.

We were not provided any directives by Executive about what to do.

2 of the Neurosurgeons had no alternative Public Hospital to send patients where the other was able to send them to Liverpool. A loan machine was being procured but that would take months.

There should have been an urgent meeting with the Dept of Neurosurgery, Medical Director, and the Exec with roadmap for managing Brain tumour cases. This never happened.

What occurred was radio-silence resulting in cessation of a core Neurosurgical service at a major teaching hospital for **4 months**.

Patient care and continuity of care was breached.

Problem 6.- Failure of leadership and contingency planning for loss of core tertiary service for Concord Hospital and related Departments

Finally in October 2019, the Stereotaxy Brain Lab **loan** machine finally in use at Concord.

A formal request from acting GM for the Radiology Department to utilise its trust fund to contribute towards the proposed new Stereotaxy machine was declined by the HOD of Radiology.

We were asked by the acting GM to lobby Radiology which we did, and request declined.

New Stereotaxy machine purchase invoice was due, and the GM threatened to withdraw money directly from our Neurosurgery Trust Fund.

That is money that we have generated thru Medicare bulk billings and not claiming our hours for Outpatient services on our time sheets. PRO BONO work.

Funds for Nursing scholarships and education conferences and non-essential equipment.

Another example of failure to procure necessary equipment for a core service, was the Ultrasonic Aspirator to assist with tumour resections. Same problems obtaining that.

We were the only Neurosurgical unit in Australia and NZ that did not have one.

Problem 7and 8.-Failure of funding for vital equipment compromising safety. Bullying, intimidating behaviour and inappropriate procurement process

I would like to move onto another failure of the Executive concerning commission of an external enquiry into Neurosurgery.

In Nov 2020, The Department of Neurosurgery requested the restricted scope of practice be removed.

This would remove the ambiguity regarding the type of Neuro Oncology cases which could be and were being performed at Concord.

Unexpectedly, the Acting General Manager commissioned an URGENT enquiry into Concord Neurosurgery.

Initially it was to be undertaken by the Head of Department at RPA Hospital which we declared a conflict of interest and rejected.

The Executive then arranged Dr Mark Dexter from Westmead Hospital to perform the independent review which we supported.
 Within 3 weeks of the initial directive, the external review was undertaken. No Terms of Reference or consultation occurred with us. We felt helpless and powerless but were cooperative.

Problem 9.- No consultation with stakeholders, no Due Process ordering an external enquiry

The comprehensive independent review was completed in December 2020 over 2 days.
 The report was submitted to Executive by the assessor on the 25 March 2021.
 Repeated requests for the report from the Medical Director and from the Executive directly were ignored.
 This endured for **15 months** until the report was leaked, then officially released to our department on 1 July 2022 by the Medical Director.
 The two key recommendations from the report were the following:

1. The current scope of Neurosurgical Practice at Concord Hospital is **abandoned**
 Recommended no restriction to Concord for its Neurosurgical scope of practice and implemented across the entire Sydney Local Health District.
 Stated that a restricted scope of practice would open **significant medicolegal problems** if continued.
2. **Enhancement** to the Neurosurgical service at Concord Hospital.
 - A) re-appointment of a fourth Neurosurgeon
 - B) recommendation for application to SET Training
 - C) extra operating time be made to allow an additional **two full days of operating per week**.

A business case was to be performed and executive arranged key stake holders.
By March 2023, the first stage of the business case was completed, and further stages were required for the process to be fulfilled. **WHY?**
 Finally, a major meeting with the HOD in 2023 with the CE had no agenda. The report was not discussed and the HOD was criticised why the CE was not informed of the Dept intentions to apply for SET training.
 The rest of the meeting was about the issues of accreditation.

Problem 10.- Failure to communicate, neglect and ignorance of a core service. Failure to act in a manner expected of a CE. Failure to provide an immediate core service plan to the SLHD.

Another example of suboptimal Governance:

In April 2021, two of the Neurosurgeons were directed to attend a meeting with Exec regarding lengthy waiting lists and repeated breaches of wait times.
 They attended the meeting, but Exec failed to attend blaming the HOD of not responding to an email statement. All attempts to remedy the problem with poor engagement by Exec failed to resolve the problem.
 Through bookings staff at Concord, Neurosurgeons persuaded to change the category of their Category B cases to "medically unfit" or to Cat C to prevent breaches.
 This constituted manipulation of the Waiting list and falsifying data.

Problem 11.- Potentially Misleading Ministry

CONSIDERATIONS

1. We are committed to working at Concord, improving our service, and providing the best standard of care to our patients. We want a safe, appropriately resourced hospital to treat our patients in a workplace bound by respect and positive work culture.
2. We are asked to work to full capacity and abilities in a respectful workplace – this is not currently possible.
3. We are asked to consider provisions of services with a focus on the whole District rather than individual hospitals. This can only be possible if both services respect each other, collaborate, and identify strengths and weakness for the benefit of our patients. This is not possible if one hospital service is promoted, and another service degraded.
4. We support a full Independent Enquiry into these issues.