

Special Commission of Inquiry into Healthcare Funding

Statement of John Kumanidis

Name: John Kumanidis

Professional address: Ground Floor, Building 68, Hospital Road, Concord NSW 2139

Occupation: Deputy Workforce Manager, Concord Repatriation General Hospital (**Concord Hospital**), Sydney Local Health District (**SLHD**)

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.

My role

2. I am the Deputy Workforce Manager at Concord Hospital for SLHD. I have held this role since 21 August 2023. Before then, I worked as the acting Workforce Manager at Concord Hospital from 2020.
3. In my role as Deputy Workforce Manager, I am responsible for leading the Workforce team at Concord Hospital, which consists of approximately nine team members. My role is to ensure that the day-to-day matters are being managed appropriately. In general, the team is involved in the various aspects of workforce management including recruitment, managing concerns, complaints and grievances, matters involving various associations, and supporting managers and staff including ensuring staff have relevant training. I report to the Workforce Manager at Concord Hospital.

Managing complaints and concerns at Concord Hospital

Misconduct and bullying

4. My team is responsible for managing both clinical and non-clinical complaints and concerns in accordance with relevant NSW Health Policy Directives. The Workforce Advisors or Senior Workforce Advisors who manage the assigned portfolio ordinarily undertake an initial review and risk assessment into a matter. Depending on the team workload at any given time, assistance may be required from another Workforce Advisor or Senior Workforce Advisor who may not be assigned to the particular portfolio in undertaking the review and in ensuring required timeframes are met. While clinical and non-clinical complaints and concerns are managed under separate Policy Directives,

when a complaint or concern is received by the Workforce team, they will review the complaint and obtain all available particulars while considering the appropriate NSW Health Policy Directive/s applicable in managing the matter. For example, if a complaint concerns misconduct issues, Managing Misconduct Policy Directive (PD2018_031) (MOH.0001.0391.0001) will apply, in the case of alleged bullying, then the Prevention and Management of Bullying in NSW Health Policy Directive (PD2021_030) (MOH.0002.0087.0001) will apply. The Policy Directives also mandate specific timeframes to manage the respective complaints and concerns.

5. Complaints and concerns can be raised in a variety of ways including by a staff member, a manager, the executive of Concord Hospital or the executive of SLHD, a union, or a member of the public (for example, a concern is raised in a social media post). Complaints are received in a number of ways including verbally in person, by telephone, electronically or in writing. On occasions complaints may be received anonymously.
6. The initial assessment template guides the information that needs to be obtained in order to progress the matter in terms of next steps. Using the initial assessment template, my team will obtain all available particulars within the timeframes prescribed by the Policy Directives. This includes speaking with complainant/s, witnesses, relevant manager/s, respondent/s and collating the information that has been gathered. Once the initial assessment is undertaken it then needs to be endorsed by a decision maker. This is ordinarily a member of the Executive at Concord Hospital such as the General Manager or a Service Director. Where there is a perceived conflict of interest by the decision maker, then another decision maker will be chosen. At the initial assessment stage, my team will also consult as to whether any external bodies require notification such as the Australian Health Practitioner Regulation Agency (**AHPRA**) or NSW Police.
7. As part of the initial assessment process and depending on the nature of the complaint or concern, my team may recommend undertaking a risk assessment using the risk assessment template. This process involves consideration of risks that may be present to staff, patients and the public and steps that can be taken to mitigate against such risks. For example, this may involve increased supervision of a staff member and/or relocating the staff member to the same position in a different department or an alternate facility pending the outcome of an investigation. The risk assessment is required to be endorsed by the General Manager or Service Director, the Director of Workforce & Corporate Operations and the Chief Executive.

8. Where there is no uncertainty regarding the facts of the complaint, consistent with section 7.4 of the Managing Misconduct Policy Directive (PD2018_031) (MOH.0001.0391.0001), findings arising from the initial review will be set out together with the supporting facts in a report which is provided to the decision maker. The respondent will then receive formal correspondence with the findings and any disciplinary action proposed by the decision maker. The correspondence will request a response to the matters raised within fourteen days, including any reasons why the proposed disciplinary action should not be made.
9. Where the allegations are unclear or in dispute, then my team will recommend undertaking an investigation. The Workforce team at Concord Hospital will compose the Terms of Reference (**TOR**) which is reviewed by the Workforce Manager of Concord Hospital and the Deputy Director & Legal Counsel, Workforce, SLHD, and endorsed by the decision maker. The investigative team and the decision maker are decided by the Workforce Manager and the Deputy Director & Legal Counsel, Workforce, SLHD. The decision maker may be a facility General Manager or Service Director. The investigation team may comprise of a Workforce team member not involved in the initial review or another Workforce team member from another facility, an external investigator if appropriate, a SLHD Senior Investigations Officer, or another investigator deemed suitable in consultation with the Deputy Director & Legal Counsel, Workforce, SLHD. For example, in the case of a misconduct matter which involved an allegation pertaining to a breach of privacy, the SLHD Privacy Officer was involved with the investigation.
10. The findings are proposed by the investigation team and are reviewed by the decision maker who will determine the outcome of the investigation. Outcomes may include: no adverse outcome, a reminder of obligations, a performance improvement plan, a formal warning, facilitated discussion, a final warning, or termination of employment. Any disciplinary action taken depends on the circumstances and seriousness of the misconduct. If termination of employment is proposed as the outcome, the matter would be referred to the Director of Workforce & Corporate Operations for consideration.
11. An allegation of bullying is managed in accordance with the Prevention and Management of Bullying in NSW Health Policy Directive (PD2021_030) (MOH.0002.0087.0001) and is treated similarly in terms of process to managing misconduct as outlined above.
12. Where the initial assessment identifies that a matter is a grievance and is not misconduct or bullying, one of the recommendations may be that a facilitated discussion is undertaken. People appointed to undertake the facilitated discussion may either be internally or externally appointed. For example, this may a Workforce staff member from

the Concord Hospital Workforce team, Sydney Education (a SLHD Workforce team), a staff member from another facility, a Workforce team member or an external facilitator. In the case of an external facilitator we will refer to the approved Ministry of Health provider list and appoint an external facilitator from that list.

Managing Complaints and Concerns about Clinicians


13. Managing Complaints and Concerns about Clinicians Policy Directive (PD2018_032) (MOH.9999.0933.0001) applies to complaints involving clinicians and applies in conjunction with other applicable Policy Directives. As complaints under this Policy Directive involve clinical staff members, we engage with the Director of Medical Services, Concord Hospital, to provide clinical guidance. We will also engage with the Executive Director of Medical Services & Clinical Governance, SLHD and the Deputy Director & Legal Counsel, Workforce, SLHD. For example, as part of an investigation under the Managing Complaints and Concerns about Clinicians Policy Directive, a Nursing Unit Manager was engaged as part of the investigative team from a clinical perspective. Additionally, if an investigation required a specific medical specialty, a relevant internal or external clinician will be engaged as part of the investigation team.

Feedback, trends and training

14. Based on my experience, feedback received from staff involved in the complaints process generally concerns timeliness and timeframes and outcome of the matter. My team make sure that people are advised of any unforeseen delays as part of the initial assessment process or investigation. For example, delays with investigations may occur due to the availability of the complainant, witnesses, respondent/s, their support persons and/or the decision maker.
15. Feedback regarding Concord Hospital's culture is managed and monitored in a number of ways including by managers for the respective departments and the Executive team. Where a staff member leaves Concord Hospital, they have the opportunity to undertake an exit interview with a member of the Workforce team. In addition, feedback is obtained through our annual People Matter Employee Surveys (**PMES**) which is coordinated by the Manager, Workforce Strategy & Culture, SLHD. At Concord Hospital, the Executive team review the PMES outcomes and compile a PMES Action Plan based on the survey results. The PMES Action Plan is then provided to the Manager, Workforce Strategy & Culture and subsequently, the Chief Executive. For example, one action has been to ensure clear lines of communication throughout Concord Hospital. As part of addressing

this, we have established a PMES Committee comprising of a variety of staff from across all areas of Concord Hospital who review the results of the survey, identify areas for improvement and develop measures that can be implemented to improve these areas. The PMES survey results for all of the SLHD are placed on the intranet to be made available to all staff. We also have a staff recognition program where staff are nominated for Employee of the Month and Team of the Quarter awards.

16. Based on the types of matters or complaints received by the Workforce team, we have implemented a number of in-services to address them. This includes regular workshops relating to CORE values (code of conduct) or Acceptable Workplace Behaviours. The calendar of scheduled workshops is available on the SLHD intranet. Workshops are also arranged for specific departments on an as needs basis. The sessions are also intended to assist staff in understanding the role of the workforce team and the assistance we can provide and also encourage people to come forward about issues that may be occurring. In addition, staff have access to the NSW Health Addressing Grievances and Concerns portal on the SLHD intranet.
17. Additionally, the Workforce team meet on a weekly basis and discuss matters arising across the facility or within specific areas with a view to proactively resolve them. For example, we may identify that we need to provide an in-service such as Human Resources for Managers if manager competency issues are identified.
18. My team also assist managers 1:1 with developing skills on how to manage their staff consistent with NSW Health Policy Directives. Team members are assigned portfolios which includes Medical & Allied Health, Nursing and Non-Clinical. Team members will meet with their assigned managers within each portfolio on a regular basis to discuss, manage and resolve arising issues. Discussions also occur regarding training opportunities and to provide general workforce guidance and coaching.



 John Kumanidis



 Witness: Jay Pedroche

7/6/24

 Date

7.6.24

 Date