

## Special Commission of Inquiry into Healthcare Funding

### Statement of Joseph Jewitt

**Name:** Joseph Jewitt

**Professional address:** Level 11, King George V Building, Missenden Road, Camperdown NSW 2050

**Occupation:** Acting General Manager, Concord Repatriation General 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.

#### My role

2. I am the Acting General Manager, Concord Repatriation General Hospital (**CRGH**) for the Sydney Local Health District (**SLHD**). I have held that role since 5 September 2022.
3. As the Acting General Manager, CRGH, I have overall responsibility for CRGH.
4. My substantive role is Director of Corporate Services and Clinical Support at Royal Prince Alfred (**RPA**), but I have not been in that role since 4 February 2019 when I was seconded to the role of Acting Director of Strategy. This role focused on RPA redevelopment, overseeing the implementation of Leading Better Value Care initiatives and other planning activities.
5. From 30 March 2020, I became the Acting General Manager of Special Health Accommodation, and from 2 February 2022 I moved into the role of Acting General Manager for Mental Health Services across SLHD. After I commenced my current role as Acting General Manager of CRGH, I also continued to act as the General Manager for the Special Health Accommodation (later the Medi-hotel) until January 2023.

#### Process for Addressing Clinical Complaints and Concerns

6. CRGH complies with SLHD and NSW Health policies and procedures in the management of complaints and staff grievances. Specifically, *Complaints Management PD2020\_013* (MOH.9999.0837.0001); *Resolving Workplace Grievances PD2016\_046*

(MOH.0002.0047.0001); and *Managing Complaints and Concerns about Clinicians PD2018\_032* (MOH.9999.0933.0001).

7. Most workforce complaints are managed in the first instance by the complainant's manager. In cases when an allegation of a serious breach of policy or the Code of Conduct is received the matter is referred to Workforce Services to be managed. Workforce Services will undertake an Initial Assessment of the matter to determine if further action is warranted; what policy the management of the matter should be subject to and if so, what action should be taken. If further action is required, a Risk Assessment is performed to determine the risks that need to be managed and the appropriate course of action/s to mitigate the risks.
8. Staff are encouraged to raise any concerns about the behaviour of other staff with their line manager in the first instance. If they are unsatisfied with the outcome, or the complaint is about their line manager, then staff are encouraged to raise the matter with Workforces Services or the relevant member of the CRGH Executive to whom their manager reports.
9. There are also a number of forums that provide the opportunity for staff concerns to be raised with the CRGH Executive. There is CRGH Executive representation at both the monthly Division of Medicine meeting and the Division of Surgery Meeting. The CRGH Executive also meet with each of the Clinical Streams bi-monthly. This provides an opportunity for CRGH Heads of Department to raise matters with either the CRGH Executive or the SLHD Clinical Stream Executive. Representatives from the CRGH Executive and the SLHD Executive also attend the CRGH Medical Staff Council (MSC) meetings and this forum allows any member of the medical staff to raise a concern with directly with the CRGH Executive or SLHD Executive.
10. Quarterly All Staff Forums and regular CRGH Executive Rounding also provide an opportunity for staff to ask questions of, or raise concerns with, the CRGH Executive.
11. From my perspective, CRGH has a strong reporting culture with any member of staff being able to report both clinical and non-clinical incidents in the Incident Management System (ims+). Incidents are managed in accordance with *Incident Management PD2020\_047* (MOH.9999.0803.0001). The CRGH Clinical Governance and Risk Unit (CCGU) review reported incidents daily and provide a summary of each incident to the CRGH Executive team through their daily surveillance reports. Incidents reported are flagged with the manager to review and the CCGU monitor the ims+ to ensure all matters

are reviewed, investigated, and outcomes recorded in the system. All incidents rated with a Harm Score 1 or 2 are directly managed by the CCGU in collaboration with the District Clinical Governance Unit. The notifier of an incident can track progress of the management of the incidents they report through the ims+. This is in addition to feedback they will receive from either manager or the CCGU.

12. Incidents can be reported by individual staff or may be the result of reviews through Morbidity and Mortality meetings or the Death Review Committee's work.

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

13. There are several ways in which staff can request resources for their service. Any clinical staff member can submit an application for a new product to the CRGH Clinical Product Evaluation Committee for consideration. This committee assesses requests for new clinical products and if endorsed, makes a recommendation to the General Manager.
14. Managers can also submit a Briefing Note to the CRGH Executive outlining the need for a service enhancement, equipment replacement or purchase of new equipment or clinical product. The CRGH Executive will review the Brief and, if supported, determine the most appropriate process to be followed to either further assess the proposal or seek approval. This may be a referral to a committee such as the CRGH Clinical Product Evaluation Committee for further review or depending on the value of the request may ask for a business case to be developed for submission to the SLHD Executive or NSW Ministry of Health for approval.
15. The SLHD Planning Unit undertakes all major service planning for the District. They have strong processes in place to consult with a variety of stakeholders, including our clinical staff, in the development of service plans and strategic plans.
16. Now that Stage 1 of the redevelopment plan has finished at CRGH, the SLHD Planning Unit led a consultation process to update the CRGH Clinical Services Plan. There was engagement with the Heads of Department to identify what needed to be updated for each service. Heads of Department were encouraged to discuss the revised draft for their service with staff within their department.
17. An all-staff consultation for the SLHD Strategic Plan was held at CRGH on 14 March 2023. This was one of a number of consultations held across the District. Staff could attend any one of the consultation sessions but hosting a session at CRGH enabled staff

from CRGH I to attend the session more easily. Feedback on the draft plan could also be submitted to the Planning Unit directly.

18. The draft SLHD Strategic Plan 2024-2029 was distributed to members of the CRGH MSC prior to Dr Pam Garrett presenting to the MSC meeting on 27 April 2023. Members were provided the opportunity to ask questions about the plans and encouraged to submit feedback to the SLHD Planning Unit.
19. Local service planning is led by the CRGH Executive, usually in collaboration with the relevant SLHD Clinical Stream Executive, relevant District services such as Capital Infrastructure and Engineering and the SLHD Executive. This planning involves significant changes to service models, requests for funding enhancement to expand service provision or the need for significant infrastructure investment. In most cases a business case will be developed in consultation with relevant stakeholders to seek approval for the funding enhancement or, if locally funded, approval to proceed with the implementation of the change. Regular updates on the service planning and service improvement projects being undertaken are provided at each relevant committee. This is usually through the CRGH Executive updates at committees such as the CRGH Clinical Council, CRGH MSC, the CRGH Division of Surgery and the CRGH Division of Medicine meetings, the quarterly staff forums and through the Concord Connection newsletter and the General Manager email updates.
20. Clinical Services within SLHD are grouped into Clinical Streams based on commonalities between those services. Services are grouped together because of their similarities and because clinically they have significant interaction with each other. For example, the Cardiovascular Clinical Stream consisting of cardiology services, vascular services, and cardiothoracic services. These services all treat problems associated with the cardiovascular system in the body. There is a SLHD Clinical Stream Executive for each stream consisting of Clinical Directors, Clinical Manager or Operations Manager and support roles. The clinical streams are responsible for the strategic development of clinical services across the District. They play an important role in consulting with staff within their services and providing advice to both the CRGH Executive and SLHD District Executive on service changes required and helping to implement service changes.

#### **CRGH Dispute Case Study**

21. As the Acting General Manager, I have been attending the CRGH MSC meetings since September 2022. The CRGH MSC meetings provide medical staff with the opportunity

to raise issues with me directly. This allows me to provide a direct response to these concerns or if needed seek advice from others within the organisation to address the issues raised.

22. Soon after commencing in the role of Acting General Manager, I became aware of a proposal at the MSC to undertake a performance review of the CRGH Executive and SLHD Executive. This proposal arose from an MSC meeting on 18 August 2022 and was included in a letter to Dr Genevieve Wallace, General Manager of CRGH sent on 24 August 2022. A copy of that letter is exhibited (MOH.0010.0002.0001). I considered the proposal fell outside of the proper role for the MSC under the NSW Health Model By-laws. That is, the role of the MSC under the Model By-Laws is advisory and consultative in nature as per Clause 26 of the By-Laws.
23. The CRGH MSC Chair sought to expand the scope of the MSC's role to one of holding both the CRGH Executive and SLHD Executive accountable and advocating for change not only at CRGH but across the health system.
24. On 12 October 2022, Associate Professor Winston Cheung wrote to SLHD Board to request a meeting with the MSC, nursing representatives and some allied health staff to discuss concerns regarding governance, patient safety and the health and wellbeing of CRGH staff. A copy of that letter is exhibited (MOH.0010.0003.0001). In response to Associate Professor Cheung's letter of 12 October 2022, a meeting was held on 15 November 2022 between The Hon. John Ajaka, SLHD Board Chair, Dr Teresa Anderson, Chief Executive SLHD, and Dr John Sammut, SLHD Board Member.
25. A letter from Associate Professor Cheung to me on 24 October 2022 highlighted the issues of Training and Education Study Leave sign off delays and sought information regarding the CRGH's budget and the progress of Stage 2 Redevelopment for CRGH. A copy of that letter is exhibited (MOH.0010.0004.0001). These matters were responded to in the CRGH MSC meeting held on 27 October 2022, which I attended. This included a presentation by the CRGH Finance Manager on the hospital budget, a copy of which is exhibited (MOH.0010.0005.0001).
26. On 16 December 2022, Dr Anderson sent a letter to Associate Professor Cheung, a copy of which is exhibited (MOH.0010.0006.0001), addressing his concerns raised in the letter dated 12 October 2022 and at the meeting with the SLHD Board on 15 November 2022. Dr Anderson advised of the appropriate escalation process for concerns of bullying and harassment, the comprehensive governance processes in place to ensure the provision

of high-quality and safe patient care and staff wellbeing, growth in the CRGH budget, positive feedback on the leadership, governance, reporting culture, and consumer experiences obtained from the CRGH Accreditation and the SLHD Planning Unit progress on the Stage 2 CRGH Clinical Services Plan (**CSP**).

27. In the CRGH MSC meeting on 22 June 2023, I requested that the Chair not approach or invite other non-medical staff to the CRGH MSC without first speaking with the General Manager. This followed from an incident where two members of the CRGH Consumer Council contacted the Executive and advised they would feel uncomfortable attending an CRGH MSC meeting after they were invited to attend the CRGH MSC.
28. At the CRGH MSC meeting on 20 July 2023, that I attended, the Chair sought to gain support from the CRGH MSC for any review instigated by NSW Ministry of Health of CRGH to be broadened to include other facilities within SLHD and also outside of SLHD.
29. At the same meeting the CRGH MSC Chair also advocated for the three separate parliamentary inquiries into NSW Health. The first, an inquiry into bullying and harassment; the second, an inquiry into the governance of NSW Health and the third the NSW Health response to the COVID-19 pandemic.
30. There have been two consistent areas of focus for the CRGH MSC since September 2022. The first has been the Radiology Department with the challenges faced by the department being discussed at every MSC meeting. The second has been allegations of bullying and harassment in the Emergency Department.

### **CRGH Radiology**

31. The key concerns raised at the CRGH MSC are the backlog of reporting scans; the capital infrastructure needs of the department; access to interventional services and the recruitment and retention of radiologists.
32. A Medical Imaging Reporting Unit was established in February 2023 with the appointment of two Visiting Medical Officers (**VMOs**) to enable the reporting of the backlog scans. The VMOs performed reporting after their usual shifts and on weekends to address the backlog of CRGH x-rays.
33. The reporting of the backlog of unreported scans has since been outsourced to a private operator. The implementation of this strategy required sourcing a suitable vendor and

undertaking significant integration work so that the studies could be accessed by the vendor to report them.

34. A significant investment in medical imaging infrastructure has occurred at CRGH. The second CT scanner in the Radiology Department has been replaced with a new scanner. A new third scanner has been installed in the Emergency Department and has been commissioned and commenced operation in May 2024. This followed significant capital works in the Emergency Department in order to create the space for the scanner room, control room and radiologists reporting room in the Emergency Department.
35. The business case for the procurement of a second MRI scanner has been approved and architectural plans for its installation have been approved.
36. Recruitment to vacant Interventional Radiologist positions has occurred and resulted in coverage of the in-hours roster and almost covering the on-call roster (full coverage of the on-call roster is currently impacted by a staff member being on long term leave). This has enabled interventional work to be performed at CRGH and prevents the need to transfer patients from CRGH to RPAH for their procedures. On occasions where CRGH does not have on-call interventional radiology coverage, there is a procedure of escalation to RPA.
37. There has been ongoing recruitment to fill vacant radiologist positions. The recruitment has involved both the recruitment of VMOs and staff specialists to fill the vacant positions. As of 23 May 2024, there are 9.03 FTE diagnostic radiologists and an equivalent of 2 FTE radiologists work being performed by the outsourced reporting against a service profile of 12.5 FTE for diagnostic radiology. Improvement of the working conditions has also been important to attract and retain radiologists. In collaboration with the radiologists in the department, the implementation of rostered clinical support time, working from home arrangements and the implementation of 10 hour days are strategies that I believe, based on the feedback I have received, have made Radiology a more attractive department to work in at CRGH.
38. Strategies have been implemented to assist the staff specialist radiologists meet their Rights of Private Practice (**ROPP**) allowance each month. The additional CT scanner will enable more billable activity to be performed within the hospital and increase the revenue necessary to ensure staff specialists meet their ROPP each month.
39. In addition, on 29 February 2024 Mr Phil Minns, Deputy Secretary People, Culture and Governance issued Determination No. 4 of 2024 Non-Standard Remuneration

Arrangement for Staff Specialist Radiologists - Sydney Local Health District. This Determination allows for a reduction in radiology facility fees of not more than 15%.

### **Culture of Bullying in the Emergency Department**

40. The allegation of a culture of bullying and harassment in the Emergency Department has also been a significant issue for the CRGH MSC. Concerns regarding the culture in the Emergency Department have been raised at the MSC by a staff specialist who works in the Emergency Department. The concerns relate to allegations made against a former Director of the Emergency Department who no longer works at CRGH.
41. These matters precede my time at CRGH, but I was advised during my handover when I commenced in the role that these allegations had been investigated previously.
42. There is currently a new Director of the Emergency Department and newly created position of Deputy Director. Both report that the culture in the Emergency Department does not reflect the experience reported in the past.


### **Engagement of ProActive ReSolutions**

43. ProActive ReSolutions were engaged by NSW Ministry of Health to undertake a restorative process at CRGH following the vote of no confidence in the Chief Executive of SLHD by the CRGH MSC in June 2023. I attended the Dialogue for Solutions workshop they facilitated with Emergency Department staff. In my observation the workshop did not identify a culture of bullying and harassment within the department.
44. Mr McDonald and his team engaged with the executives at both CRGH and SLHD, and the medical staff at CRGH. That process involved direct engagement with staff at the CRGH MSC, but also involved key departments that had been identified as having significant concerns. ProActive ReSolutions conducted one on one interviews, and group discussions with staff. From these discussions ProActive ReSolutions identified key strategies to be implemented for departments they identified as needing particular intervention. These interventions included Dialogue for Solution workshops, Respectful Workplace communications and COVID-19 Reflection Workshops.
45. The Dialogue for Solutions workshops are facilitated workshops that follow a structure that aims to identify key issues that the group see as important and solvable and an agreed set of actions to address these issues. These workshops were held with



representatives from Radiology Department, Respiratory Department, and the Emergency Department.

46. The Respectful Workplace Communications workshops were conducted with teams including the CRGH Executive team, the Intensive Care Unit team and Emergency Department team, which involved a facilitated process that identifies ways to improve team communication. A session was offered to the radiology staff, but due to insufficient numbers attending, the session did not proceed, however an informal discussion occurred with the radiology staff who attended.
47. The COVID-19 Reflections were debriefing sessions for any staff who wished to participate. They provided an opportunity to share their experiences of working during the pandemic. Three dates were offered but only the third workshop was held as there were insufficient numbers of staff enrolled in the first two workshops. Any suggestions for improvement arising from this workshop were shared with the CRGH Disaster Emergency Management Committee.
48. I attended each of the Dialogue for Solutions workshops. Staff identified by Proactive ReSolutions were invited to attend these workshops to discuss potential solutions and prepared a restorative action plan.
49. ProActive ReSolutions ceased their engagement with CRGH in April 2024. The remaining actions from the Dialogue for Solutions workshops and other actions being addressed with ProActive ReSolutions were collated into a Restorative Action Plan (MOH.0002.0149.0001). I am now responsible for the implementation this Restorative Action Plan. I continue to report on the progress of this action plan each month with the NSW Ministry of Health and table the action plan at our monthly CRGH Clinical Council and at the SLHD Clinical Quality Council.



\_\_\_\_\_  
Joseph Jewitt

4/7/24

\_\_\_\_\_  
Date



\_\_\_\_\_  
Witness:

4/7/2024

\_\_\_\_\_  
Date