


Staff Morale

Concern raised: The failure to retain experienced staff who would have otherwise stayed if they had been treated better

- As there are no specifics, it is hard to comment on this allegation. However, the high-level workforce data does not indicate a significant issue at CRGH.
- As reported in the most recent Board report, as of September 2022, CRGH has a turnover rate 0.8%, which is slightly above the target of 0.68%. Resignations as a percentage of an FTE as of September 2022 (year to date) was 1.82% which is above target of 0.64%. This is inline with the other facilities within SLHD with Canterbury Hospital's year to date resignations sitting at 1.10% and RPA's at 1.8%.

CRGH Workforce Dashboard – September 2022



Staff Profiles	Month Target	Month Actual	YTD Target	YTD Actual	Variance to YTD Target
Number of Employees (FTE)	2,345.00	2,309.32	2,345.00	2,329.51	-15.49
Performance Review (%)	>85%	79.84%	>85%	81.18%	-3.82%
Workforce Turnover (%)	0.73%	0.71%	0.68%	0.80%	0.12%
Premium Staff Usage - Agency	66.42	67.34	68.62	69.28	0.66
Premium Staff Usage - Overtime	89.42	75.68	67.67	75.78	8.11
Staff Usage - Casual	25.24	73.58	81.65	78.14	-3.51
Sick Leave FTE (%)	2.65%	3.18%	2.54%	3.91%	54.33%
Leave Liability	1,439	1,460	1,410	1,457	47.33
Resignations FTE (%)	0.68%	0.67%	0.64%	1.82%	1.19%

- Exit interviews are offered to staff who terminate their employment. However, staff rarely take the opportunity to do so. Any feedback provided is directed back to the relevant service manager. No staff have accepted the offer of an exit interview in the last 12 months.
- People Matter Survey results for 2022 Concord scored 71% favourable overall rating for Job Satisfaction related questions. This was higher by +3% compared to Sector and +5% for Cluster. Concord also scored higher compared to Sector and Cluster for the questions related to Staff Wellbeing, Employee Engagement and Job Purpose and Enrichment 60%, 66% and 74% respectively. Further, 66% of staff reported in the survey they intend to stay with the organisation for five or more years.

Concerns raised: The failure to create an environment where staff feel safe to speak up and the failure to provide safe conditions where staff can speak up and raise concerns without fear of reprisal

- Workforce provides various training in supporting positive workplace culture including conduct expectations. For the period ending October 2022 over fourteen bullying and harassment training sessions were offered with over three hundred staff attending. Additionally, four CORE values sessions were offered with over twenty staff attending.
- Nursing Executive complete regular rounds to the wards to speak with senior nursing staff and Nurse Unit Managers (NUMS).
- CRGH WHS Peak Committee which reports to the CRGH Executive meets monthly and is the forum for consultation on the management of WHS issues across the CRGH campus in accordance with

WHS legislation and NSW Policy. The committee assists to filter and escalate issues from WHS sub-committees to the appropriate level of governance at CRGH for resolution and comprises of employee representatives across CRGH.

- As of September 2022, there were five WHS Peak Committee action items. Two matters related to the CRGH Rusty Priest redevelopment: Code Black assembly point for ELP; pathway coverage and local council feedback on Boronia Street/Nullawara Road intersection.
- CRGH Staff Forums are ongoing with the third forum for 2022 scheduled for 18 November 2022.
- People Matter Survey 2022 Concord scored 74% for Risk and Innovation with 86% asking favourably to “I am comfortable notifying my manager if I become aware of any risks at work”.
- For the question “I am confident work health and safety issues I raise will be addressed promptly” 74% responded favourably.

Concern raised: The prioritisation of monetary savings ahead of patient safety and the health and wellbeing of staff

- The initial budget received by CRGH has steadily increased since FY2018/19. A summary of budget received is outlined in the below table.

2018/2019 Final Year BUDGET	2019/2020 INITIAL BUDGET	2020/2021 INITIAL BUDGET	2021/2022 INITIAL BUDGET	2022/2023 INITIAL BUDGET
354,152,723	357,037,735	360,497,712	385,333,298	397,033,879

- The initial budget is the starting point for CRGH every financial year. Further budget supplementations are provided throughout the year for various enhancements and projects.
- There have been no issues raised by the clinicians / staff of CRGH relating to patient safety / staff wellbeing that link to budget initiatives such as the roadmaps.

Concern raised: Intimidations and bullying by managers

- During the twelve-month period ending September 2022, there were fifteen complaints submitted alleging bullying and harassment at CRGH. Of these, nine complaints were reviewed under the Bullying policy and all nine were not substantiated. The remaining six complaints were managed under the Resolving Workplace Grievance policy resulting in four facilitated discussions and two complaints being found to be unsubstantiated.
- Earlier in 2022, CRGH underwent HETI accreditation. The accreditors were asked by the hospital executive to look for evidence that would support claims of a culture of bullying and harassment at the hospital. The surveyors reported that the junior medical staff interviewed as a part of the process did not raise any concerns regarding bullying and harassment.
- Concord scored higher than Sector; Cluster and Parent for the question about Grievance Handling with 58% responding favourably and 27% being neutral in the People Matter Survey 2022. In the survey, 76% of staff responded favourably to the question “My manager encourages and values employee input”.

Concern raised: The use of punitive measures to silence troublemakers

- CRGH manages staff pursuant to various NSW Health Policies including:
 - [NSW Health Managing Misconduct \(PD2018_031\)](#)
 - [Managing Concerns or Complaints about Clinicians \(PD2018_032\)](#)
 - [Prevention and Management of Workplace Bullying \(PD2021_030\)](#)
 - [Resolving Workplace Grievances \(PD2016_046\)](#)
 - [Managing for Performance \(PD2016_040\)](#)
 - [NSW Health Code of Conduct \(PD2015_049\)](#)

- Where appropriate supervision is required due to performance concerns, staff risk assessments are completed by the Workforce team and reviewed by the General Manager, CRGH, and escalated to the Chief Executive. AHPRA may be informed when required.

Concern raised: The failure to address the concerns from staff when they are raised

- Incidents are reported into the incident management system (ims+) in accordance with the NSW Health Incident Management Policy PD2020_047. All staff are supported to report incidents in ims+. Incidents are identified via different sources, such as team discussions, audits, morbidity and mortality meetings, safety committees, and complaints.
- Regular surveillance occurs of reported incidents both at the facility and SLHD level.
- Incidents are tabled at the respective facility clinical governance committee by principal incident type to identify any themes or emerging risks.
- New and emerging risks is a standing agenda item on all clinical committees and other non-clinical committees.
- The Governance Leadership and Culture Committee's (GLCC) main objective is to serve as a forum to drive a culture of safety and quality improvement throughout the hospital, in order to provide an environment that promotes safe and high-quality care. The membership of this committee is made up of facility executive and senior clinicians. The National Standards clinical committees report to the GLCC and emerging risks is a subheading on the reporting template.
- SLHD and CRGH have a strong risk management framework which includes oversight by the Board, Risk and Audit Committee and SLHD Risk Management Committee. CRGH has implemented the SLHD Enterprise Risk Management System (ERMS) which allows risks to be recorded, monitored and managed by risk owners. All staff have the responsibility to identify, and report risks to their managers.
- The [Management Accountability Framework](#) has been embedded at CRGH and outlines the expectation of Managers. This includes providing feedback to staff on a regular basis and encouraging feedback from staff in return, sharing concerns to their line manager and escalating issues in a timely manner.

Concern raised: Ongoing industrial issues, including underpayment of staff

- In line with the SLHD [Grading and Regrading Policy Compliance Procedure \(SLHD PCP2017 004\)](#) CRGH undertakes regular grading of new positions, regrading of existing positions and the management of applications for personal regrading.
- For the twelve-month period ending October 2022, 27 grading applications were received and reviewed. Of these applications 25 were supported by the Grading Committee with one application pending and one application requiring further information.
- All staff are paid pursuant to NSW Health State Awards and progress in classification through incremental award progression as per relevant awards definitions.
- CRGH Staff Consultative committee meetings is the forum for consultation and discussion between management, unions, their delegates and CRGH staff. In 2022, two matters were raised being (1) how staff can access any outstanding ADO's when converting from full-time to part-time status and (2) Clarification of on-site EAP support.
- The Australian Medical Association (AMA) survey identified a statewide issue with JMO overtime. This has since been resolved with the direction from the Ministry of Health for JMOs to submit relevant claims for overtime.
- Workforce has received enquiries whereby the allowances was not processed, upon further investigation it was identified that it was data entry error. Once Workforce is notified of the enquiry, the payment is retrospectively adjusted and paid to the staff member.

Patient Safety

Concern raised: Poor governance of quality processes; the use of deception in data collection, to demonstrate that management practices are better than they actually are

- CRGH relies on multiple data management systems to assist with data collection. This includes but is not limited to; eMR Powerchart, Firstnet, Surginet, STARS, Clinical Excellence Commission (CEC) Quality Improvement Database system (QIDS), CEC Quality Audit Reporting system (QARS) Improvement, REDcap and ims+.
- Data is reported in a variety of forums, at both a local and District level. The data is often collated with the assistance of the CRGH Performance and Casemix Unit and SLHD Performance Unit.
- CRGH have a Performance Monitoring Framework in place to provide data and information to clinical teams for the investigation of variation throughout the hospital. This system includes in-built mechanisms to identify any issues and feedback actions arising or outcomes of the investigation to address the variation. Reporting included in this framework includes the monthly Hospital Acquired Complications (HAC) Pack, the monthly Performance Pack, the monthly Audit Pack, and clinical incidents (including serious incidents).
- Clinical indicators and key performance indicators (KPIs) are also collected and reported internally and externally. These parameters can be collected at a department level by designated data managers, such as the ACHS clinical indicator data set for ICU which is collected locally twice annually by the CRGH ICU.

Concern raised: Poor governance of quality processes; the use of deception to manipulate hospital accreditation inspections, and therefore circumvent regulatory scrutiny, to demonstrate that governance and safety is better than they actually are

- Following CRGH's accreditation in 2018, changes were made to the facility committee structure to support the implementation of the second edition of the NSQHS Standards, which includes the GLCC.
- On 3 June 2022, the facility was advised that a representative of the Australian Commission on Safety and Quality in Health Care (the Commission) would be in attendance at the assessment on Monday 4 July 2022. CRGH was advised that observation visits of all approved accrediting agencies are part of an annual review of the agency's performance. This is to ensure the agency's processes are professional and rigorous. Observation visits are included as a condition of approval by the Commission for accrediting agencies. The purpose of the observation visit was to see the assessors in action. The observer, Ms Margaret Banks, was not to be involved in the assessment and would not influence the outcome of the CRGH assessment.
- CRGH underwent accreditation against the second edition of the National Safety and Quality Health Service (NSQHS) Standards on 4-8 July 2022.
- The feedback received in the Organisation Wide Assessment Final Report included themes of strong leadership and governance. Examples of such feedback direct from the executive summary are referenced below.
 - The patient safety and quality systems are mature and used to monitor, report and act on safety and quality issues. A large body of work has been undertaken to implement a clinician led structure for CRGH, to align it to a value-based vision for clinician led improvements.
 - The assessment team had the opportunity to speak with 40+ consumers (unplanned) regarding their experiences as a patient at CRGH. All spoke about the respect and care they receive, whether as an inpatient or attending as a day patient. The strong partnerships between staff have contributed to a positive culture, resulting in a positive outcome for consumers, and through a very difficult period in healthcare over the past two years.
 - CRGH has put in place established governance structures and a variety of processes to support the provision of comprehensive care across a diverse range of services. CRGH has a strong research, education and training focus.

- At CRGH there is a good committee structure and governance oversight for Communicating for Safety. Informal as well as formal processes are part of the culture in the clinical areas, to allow staff to readily communicate and update teams on patient information. Assessors observed many handovers that are well structured.

Education and Training

Concern raised: Underinvestment in education and training, and the failure to provide adequate professional development opportunities for all staff

- The SLHD and CRGH offers a comprehensive orientation and mandatory training program for all staff.
- CRGH overall mandatory training compliance as of October 2022 is 84.57%
- CRGH overall PDR compliance as of October 2022 is 79.23%
- Staff developmental opportunities are also offered through secondments and/or expressions of interests (EOI). There were 33 EOI opportunities across the SLHD for the twelve-month period ending October 2022 available to CRGH Staff.
- The Centre for Education and Workforce Development (CEWD) ensures a commitment to both mandatory and optional training through the My Health Learning (MHL) platform, with both face-to-face and online attendance for CRGH staff.
- In the People Matter Survey 2022, 85% of staff responded favourably to the question “I have a performance and development plan that sets out my individual goals”. Further, 71% of staff responded favourably to the question “I have received the training and development I need to do my job well”.
- Training and education opportunities were limited during the pandemic due to COVID restrictions in place, however have since resumed in both face to face and virtual platforms.

Concern raised: Lack of consultation with staff and the community regarding priority setting

- The SLHD Planning Unit are currently working with CRGH executive and clinicians to complete the Stage 2 Concord Hospital Clinical Services Plan for submission to the Ministry of Health. Service activity, models of care, forecasted activity and future service demands are taken into consideration as part of the plan. In accordance with the usual process the final draft document will be shared with CRGH staff, clinicians and community for consultation prior to submission to the Ministry.
- The SLHD Strategic Plan 2018 – 2023 and the CRGH Strategic Plan 2019-2024 was developed in consultation with management, consumers, and staff.
- The General Manager and the hospital executive meet frequently with the heads of departments to ascertain priorities for their departments and the hospital.
- In the 2022 People Matter Survey Concord staff responded favourably to the questions “Our objectives/work plans help us to deliver a quality service” (73%) and “My team’s objectives/work plans are clearly outlined” (72%). For the question “My manager involves my workgroup in decisions about our work” 71% of staff responded favourably. 74% of staff also responded favourably to the question “I am empowered to make the decisions needed to help customers and/or communities”

Concern raised: Failure in disaster preparedness

- To plan for internal and external emergencies and disasters, CRGH holds a bi-monthly Emergency Management Committee which is attended by relevant stakeholders, including the SLHD Disaster Manager and CRGH critical care clinical representatives. The Emergency Management Committee is responsible for overall emergency management at CRGH, including ensuring appropriate planning and training for various emergencies, including internal and external disasters, fire activations and security-related incidents. CRGH has a number of documents that detail Disaster planning, including the [Business Continuity Plan](#) and Pandemic Plan, which are updated regularly.

- CRGH attends and contributes to the SLHD Emergency Management Committee. In addition, CRGH also attends the local Emergency Management Council for Canada Bay.
- The COVID-19 pandemic was unprecedented. At CRGH a multidisciplinary COVID-19 Working Group was established in March 2020 and is chaired by the General Manager and, as of October 2022, continues to meet weekly. The frequency of this meeting is determined by the current COVID-19 situation, impact and demand on the facility. The intent of the meeting is to communicate with key stakeholders, address any concerns raised and identify practical solutions in relation to the facility response to the COVID-19 pandemic.
- A number of additional systems were established within the facility in response to COVID-19 pandemic this includes but is not limited to a COVID-19 testing clinic, enhanced triage in the Emergency Department (ED); telephone screening of patients prior to surgery; screening station implementation at entrances to CRGH for all patients and visitors prior to entry; and an inpatient PCR surveillance program for COVID-19. Capital works were also completed with the majority of bed spaces in the ICU enclosed with glass doors and partitions, and air flows changed so rooms are negative pressure to enhance infection control practices with the management of COVID-19 patients.
- CRGH managed large number of COVID-19 patients during the Delta and Omicron wave in 2021 with no significant issues reported.