

Special Commission of Inquiry into Healthcare Funding

Statement of Dr Lloyd Ridley

Name: Dr Lloyd Ridley

Occupation: Staff Specialist (Radiologist)

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.

A. My Role

2. I am a Staff Specialist (Radiologist) in the Department of Radiology at Concord Repatriation General Hospital (**Concord Hospital**). I have been a staff specialist at Concord Hospital since 1998. From 2000 to 2010, I was the Head of the Department of Radiology, however, I have since returned to the role of staff specialist.
3. I am also a Clinical Associate Professor with the University of Sydney.

B. Overview of the issues at Concord Hospital

4. The following is a summary of the issues I have experienced at Concord Hospital including concerns I have with decision-making and governance which have resulted in procurement issues, staffing shortages and the downgrading of Concord Hospital's accreditation. I also summarise how these issues have been raised with decision-makers and their response.

a. Procurement

5. The timely replacement of equipment at Concord Hospital is fundamental to the provision of high-quality radiology services by the Department of Radiology at Concord Hospital. I understand that prior to my commencement with Concord Hospital, those issues had been the subject of discussions between the SLHD and the Head of the Department of Radiology that preceded me. I understand that as a result of those discussions, an equipment trust fund (**the "Radiology Trust Fund"**) was established, in part to enable the Department of Radiology to fund equipment purchases.

6. However, this has not eventuated and during my time at Concord Hospital most of the major imaging equipment in use, such as CTs, MRIs, X-Rays, and Mammography, has not been replaced until after its 'end of life,' as defined by the Medicare Capital Sensitivity Rules. For example, it took around seven years to replace obsolete Mammography equipment.
7. A failure to replace the equipment before its 'end of life' is problematic as Medicare benefits are not payable on old equipment. Concord Hospital does not receive additional revenue to offset the costs of running imaging services on old equipment.
8. There has also been little enhancement to the major imaging equipment at Concord Hospital in around 20 years. For example, Concord Hospital shares a single MRI machine with Canterbury Hospital, whereas, in comparison, Prince Alfred Hospital has four MRI machines. It is my understanding that the Ministry of Health endorsed the procurement of a second MRI at Concord Hospital in 2016, however, this remains in the procurement stage. One positive recent enhancement has been the installation of a new CT scanner in early 2024 in the Emergency Department (**ED**) at Concord Hospital. I discuss the circumstances leading to the installation of this CT scanner below.
9. Another issue that has arisen from a failure to upgrade equipment as it approaches its end of life is that it can have an impact on service delivery. For example, Fluoroscopy services at Concord Hospital were suspended for approximately 13 months in September 2018 as the relevant equipment broke down near its 'end of life' and it could not be repaired. This equipment was eventually replaced in October 2019.
10. I am aware that there have been sufficient funds in the Radiology Trust Fund for the procurement of the required equipment within a timely manner.
11. For example, in 2022 the Department of Radiology commenced the process for replacing the CT scanner using HealthShare. However, the procurement was stopped in order to align the procurement with SLHD procurement process. Although the process was subsequently recommended, it was again stopped whilst awaiting the development of a business case for a CT in the Emergency Department (**ED**).

12. In mid-2023, it was announced that three new CTs were purchased, including one for the ED at Concord Hospital. I was not involved in the development of a business case for the ED CT scanner and am not aware of one having been developed by the Radiology Department.
13. In September 2023, a purchase order was raised for a second MRI for Concord Hospital without a procurement process. It is my understanding that, following a discussion between the supplier of the machine and the Chief Executive, the purchase order was cancelled and the second MRI for Concord Hospital remains in the procurement process.
14. I am aware that Canterbury Hospital is also awaiting the replacement of two ultrasound machines which are both at their 'end of life.'

b. Recruitment/Staffing

15. One of the core issues in radiology at Concord Hospital is a reduction in staff, which I have observed to occur over more than a decade. In 2011, we had 10.6 full-time equivalent (FTE) roles within the Concord and Canterbury Departments of Radiology. In 2019, this decreased to 10.2 FTE. In 2023, this decreased to 8.6 FTE. Since February 2023, six radiologists have resigned and three have been appointed. The FTE for each of these radiologists varied, but the overall impact of the staffing movements since February 2023 is a significant reduction in the total FTE. Since 2010, the Department of Radiology at Concord Hospital has also lost approximately a third of its nursing staff and a quarter of its clerical staff.
16. Based on conversations I have had with colleagues over several years, and especially given the issues cited in relation to the downgrade of Concord Hospital's accreditation status (set out below), I believe that staff are leaving Concord Hospital due to dissatisfaction and frustration with what I consider to be poor working conditions, including high workloads and low relative pay when compared, for example, to those working as VMOs. I am also aware, through discussions with colleagues, that in late 2022 I was doing twice the benchmark workload while being remunerated at a lower rate than some other public radiologists, for example, radiologists at Westmead Hospital who were being paid at a rate above that contemplated by the award, although I believe that following proceedings in the Industrial Relations Commission the arrangement at Westmead has changed.

17. Attempts to recruit radiologists to replace the radiologists who have resigned and to fill gaps in the Radiology Department at Concord Hospital have been difficult. For example, it has been difficult to attract staff in interventional radiology. In January 2023, both staff specialist interventional radiologists went on leave and, as a result, there was only one VMO working one day per week in the service which limited the availability of the service during core hours. At this time, there was no after-hours roster for this service due to the failure of separate arrangements with a group of VMOs who previously completed this after-hours work. Following this period, one of the staff specialists also became a VMO and the other staff specialist in this service resigned in late 2023.
18. In the context of a growing demand for radiology, driven by technological advancement, compounded with a growing population in Inner Western Sydney, staff shortages in Concord Hospital are causing further issues. I believe that the staffing shortages have put patients at risk as timely reporting, which is critical for early detection of cancers and other diagnoses, has often not been possible.
19. I have observed that staff shortages have also been a contributing factor in the increasing backlog of radiology reports. Prior to 2019, most radiology reports were finalised within one working day, however, in 2019, I became aware of several radiologists working over-time, without pay, to keep on top of their workload, as the backlog of reports grew.
20. By approximately September/October 2023, the backlog of unreported scans peaked. The combined number of unreported scans for Concord Hospital and Canterbury Hospital was approximately 50,000, comprising of about 48,000 scans with no report and 2,000 scans with a written report that had not been finalised. The backlog has now reduced but there remain thousands of unreported scans.
21. The backlog also caused significant additional costs for Concord Hospital, as the Hospital had to resort to outsourcing the reporting to attempt to clear it. To my observation, the work associated with clearing this backlog was largely outsourced to private companies (providers of teleradiology services), who are significantly more expensive than staff specialists and VMOs.
22. I believe these additional costs could have been minimised if a sufficient number of staff specialist radiologists were employed at the first instance to meet the increasing demand in radiology services.

23. In January 2023, a public interest disclosure investigation against several radiologists at Concord Hospital commenced. The claim was that the backlog in reporting was evidence of staff not working their “agreed hours.” Annexed hereto and marked “**A**” is a letter from the Senior Internal Auditor at the SLHD notifying me of this allegation. The Australian Salaried Medical Officers Federation (**ASMOF**) became involved, and the investigation ceased.

C. Accreditation

24. On 14 September 2023, an Accredited Training Site Assessment Report was completed for Concord Hospital by the Royal Australian & New Zealand College of Radiologists (**RANZCR**). Annexed hereto and marked “**B**” is a copy of that Report. This report identified several issues including training site concerns, high workloads, staff shortages and non-compliance with the Clinical Radiology Training Accreditation Standards. As a result, Concord Hospital was downgraded to a Level D accreditation status. The recommendations in this Report have been tabled in a Progress Report for Concord Hospital to complete periodically by 8 March 2024, 7 June 2024, 6 September 2024 and 6 December 2024. Annexed hereto and marked “**C**” is a copy of the Progress Report which sets out the recommendations.
25. On 12 December 2023, the Directors of Training at Concord Hospital received a letter from Dr Michael Bynevelt, Chief Accreditation Officer for the Faculty of Clinical Radiology at RANZCR. This letter confirmed that the above assessment had been completed and that the accreditation status of Concord Hospital had been downgraded to a Level D Accredited Training Site. Annexed hereto and marked “**D**” is a copy of that letter.

D. How issues were raised with decision-makers and their response

26. The above issues within the Department of Radiology at Concord Hospital have been raised to decision-makers on numerous occasions.

27. In 2011, ASMOF acted on behalf of members of the Department and tabled a series of recommendations to be implemented at Concord Hospital. One key recommendation made was for the replacement of the CT scanner which was at its 'end of life' as it was recognised that this option would cost \$2 million, which was more cost effective than using the 'end of life' CT scanner for a further five years. Another key recommendation was for staff specialists not to double report all billable examinations which are initially reported by VMOs. For example, 10% of reports being completed by 1 FTE VMO would equate to 50% of a VMO salary over a period of five years. Further, the biggest cost identified by ASMOF was reporting workstations which accounted for \$50,000 for each workstation. As such, it was agreed that several workstations would be replaced. This resulted in the Department of Radiology saving \$2 to \$3 million over a period of five years.
28. In 2015, I attended an Imaging Symposium held by the SLHD. Following this symposium, the Chief Executive agreed that there was a need to install a second MRI at Concord Hospital. Following this symposium, the Medical Imagine Stream Position Paper (2017-2022) was published which outlined key priorities with regard to medical imaging.
29. In February 2019, members of the Radiology Department at Concord Hospital, including me, again raised issues regarding the need for more equipment and staff and to reduce workloads with ASMOF. Later in 2019, these issues were further raised at a meeting between ASMOF and the Concord Hospital Executive. The General Manager (**GM**) of Concord Hospital stated on multiple occasions during this meeting that she had not been made aware of these issues. Following this meeting, the GM informed the Medical Staff Council (**MSC**) that there was no business case for the second MRI. The GM stated at multiple subsequent Hospital Executive Medical Staff Council (**HEMSC**) meetings that she had not received the business case despite the chief radiographer indicating that she had sent the information.
30. On 13 August 2019, I received a meeting notice from Concord Medicine for a Division of Medicine meeting. Later that day, I responded to Elizabeth Veitch, Chair of the Division, outlining some concerns I had in relation to the Department of Radiology (including those discussed earlier in this statement).

31. On 6 September 2019, I forwarded my response to an Industrial Officer at ASMOF, to obtain advice regarding the response I received from the Division. In the email correspondence that followed to 12 September 2019, I detailed that I had been informed that I was alleged to have breached the Code of Conduct. I had been informed that I was allegedly in breach of the Code of Conduct initially by my colleagues, then by the Chair of the MSC who indicated they were told by the GM to pass on the finding that I was in breach. I do not recall officially being informed of this alleged breach. In this correspondence, I also set out details in relation to how I and two other colleagues had been treated by the Division. Annexed hereto and marked "E" is a copy of that email correspondence. Ultimately, these developments factored into my decision that it was unsafe for me to continue my full-time employment at Concord Hospital.

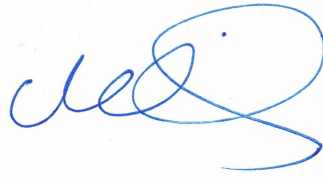
32. In 2021, myself and other representatives from the Department of Radiology at Concord Hospital met with the Director of Medical Services of the hospital. Following this meeting, the GM contacted the Head of Department of Radiology. The Head of Department subsequently told staff who were present that he had been warned by the GM that we were in breach of the Code of Conduct for being negative in our communication with the Director of Medical Services.

33. On 21 February 2023, representatives from Radiology, Nursing (General), Emergency and Neurosurgery Departments presented to Dr Teresa Anderson, Chief Executive of SLHD, and Dr John Sammut at the Clinical Quality Council. I presented on behalf of the Department of Radiology at this meeting and discussed issues at Concord Hospital including an increased workload, decrease in staffing, radiologists leaving and the difficulties regarding equipment procurement. Annexed hereto and marked "F" is a copy of the transcript of my presentation.

34. On 11 April 2023, I attended a meeting with Dr Anderson to discuss issues in the Department of Radiology at Concord Hospital. At this meeting I was told that staff were leaving because of the "poor culture of the department", and I was left with a strong impression that I was perceived to be responsible for this by raising issues. I formed that impression because on several occasions during the meeting the discussion turned to the need for me, as a Senior Radiologist, to speak primarily of the positive aspects of the department, and how I have failed to be positive. This was consistent with previous meetings with Dr Anderson and the MSC in which there had been a focus on talking about the positives.

35. On 17 April 2023, I received a letter from Dr Anderson confirming the items discussed at the meeting on 11 April 2023, including the procurement of major medical equipment and development of business cases, the recruitment activities for radiologists and a future operational plan for Concord Radiology. Annexed hereto and marked "G" is a copy of that letter.
36. On 22 June 2023, a meeting was held whereby several departments within Concord Hospital, presented to the Concord Hospital MSC regarding the "vote of no confidence" in the Chief Executive. I spoke at this meeting about the issues I have outlined above, in particular in relation to workload, a reduction in staff, delays in procurement and the administration's inadequate response to these issues. Annexed hereto and marked "H" is a copy of the transcript from this meeting.
37. On 9 August 2023, a meeting was held between the SLHD Board, MSC, nursing and allied health staff, and Mr John McDonald. I do not now recall who else was present. I again presented at this meeting and discussed the key issues at Concord Hospital in relation to the Radiology Department, namely: the large backlog of patients and reporting, the lack of up-to-date equipment, procurement issues, and instances where these issues had been raised with decision-makers. Annexed hereto and marked "I" is a copy of my PowerPoint slides and my speech notes.
38. In my view, there needs to be greater transparency regarding the decision-making process, impacts of the decisions made by the administration, and governance processes. There needs to be open disclosure about how the processes went so wrong that it, in my opinion, is now costing NSW tax payers substantially more to provide what I consider to be a lower quality radiology service at Concord Hospital. There should be greater accountability for those who made the decisions which contribute to this outcome. I believe there also needs to be a discussion within the administration regarding how to remedy the damage that has been done. I thank the commission for looking in to the administrative and governance processes and hope that they can assist NSW Health in developing and implementing better governance processes to reduce the likelihood of such situations arising in the future.

Signature:

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke at the end.

Name: Dr Lloyd Ridley

Date: 14/7/24.