Annexure J

Statement from the First meeting with MSC and Board, Feb 2023

Unfortunately, I am the only member of the ED team who has been able to attend this morning as many of our staff have left and I have concern that my presenting here will place me at risk of victimisation – AGAIN !, but I persist in the hope of culture change across the campus. Other than my own personal account, What I present here today are not all my words, and does not reflect only my views.

There have been longstanding issues in the department in relation to bullying and victimisation, and when concerns are raised in relation to safety of staff or patients, the response of the organisation highly concerning and not in line with NSW Health Policy.

An external review of the department that was initiated in 2017/18 by the then Concord GM (Tim Sinclair), without consultation with the ED, highlighted a "bullying culture" within the department. The staff specialists asked for a solution to this, action was promised but not delivered. In addition, Given the proximity of this to concerns raised about bullying within cardiothoracic surgery department at RPAH it would have been pertinent to identify and mitigate risk across the district. This represented a major missed opportunity to provide culture improvement.

At the start of 2019 the ED got a new director and intimidation & victimisation within the department worsened. Attempts to raise concerns and find solutions led to an escalation of victimisation of staff by the ED director with the full support of the hospital executive and human resources department. Minor issues were pursued in a manner that was dependent on the identification of the staff member and unreasonable disciplinary action imposed rather than addressing the root cause. We lost substantial staff both medical and nursing, and the workplace was truly toxic.

A letter addressed to you from ASMOF on 19 June 2020 highlighting these concerns was submitted as a formal industrial complaint. It was signed by ten of the then 14 staff specialists in Concord ED. The conclusion of this letter stated:

"The purpose of this letter is to document the widespread discontent from the Staff Specialist Emergency Physicians at Concord Hospital with their management by the current ED Head of Department and the Hospital Executive. These management issues have been persistent over more than one year and are widely felt (having affected, directly or indirectly, every member of the staff specialist staff). We are of the view the actions leading to discontent and their impact on the staff have not been appropriately recognised or managed despite repeated feedback to the Head of Department, as well as written notifications to the Hospital Executive .... We seek to resolve the above in conjunction with the Head of Department and Hospital executive to find a mutually acceptable pathway forward for the betterment of our colleagues and patients."

In response you involved an external body, ECI Partners, without consultation with the stakeholders, which failed to address the issues raised in the complaint. The institution never fully engaged with the letter, and in a separate industrial complaint, two of the CRGH executive acknowledged that they had never read the previous formal complaint letter. The process led by the external body caused significant distress and further damage to impacted staff without resolution. The most important recommendation from the ECI was not adopted by the organisation.

In your initial response to the industrial dispute letter, you stated:

"I am disappointed to learn that some of our Staff Specialists in CRGH in ED are not comfortable at raising concerns without the fear of reprisal." And then after advising of relevant NSW health policy "I reassure you that should any issues arise of this nature, SLHD will take appropriate action."

Reprisal is common, appropriate action is not. Reprisals did not lessen, and appropriate action to address behaviours of hospital and departmental executive to improve the working conditions in ED was not taken.

Having had excellent senior staff retention for nearly two decades, only four of the ten signatories remain as staff specialists in Concord ED less than four years later. We have lost and continue to lose really good staff, including a staff specialist with more than 20 years experience at CRGH recently. Vacant FTE has been increasing and sits at 2.5 FTE leaving many shifts with insufficient staff specialist cover, a direct threat to patient safety and increased stress on non clinical obligations, recruitment has been very delayed and an add has only recently been posted, but there will be a delay before we see an improvement, and new staff likely far more junior and inexperienced than those lost.

Senior staffing within the ED is vital for staff and patient safety. The importance of adequate numbers of senior medical staff was raised both verbally and in writing, but intentionally omitted, from the last three year strategic planning for the department, despite significant empty FTE at that time.

Sick leave rates are one of the most reliable indicators of global staff satisfaction. The rate of medical sick calls across every level of seniority has been higher than ever before in our ED. The loss of staff productivity in relation to sick leave and psychological injury has also led to significant financial and productivity cost to the department, has directly impacted patient safety, and within the ED must also impact on department performance although it is not easy to quantify these.

All of these impacts were magnified by the emergence of COVID-19. The ancient emergency department, as with all departments, underwent significant physical change throughout the pandemic. Despite changes their remained an inadequacy of appropriate isolation rooms and there remain serious concerns that our single negative pressure room does not meet Australian standards, either in terms of negative pressure generation nor adequate air exchanges. Verbal and written requests to engineering, hospital and Area executive to address this have not just been ignored, but actively obstructed. The most recent correspondence from the hospital executive indicated that they understood they had not answered the question and were not going to. Even in the setting of a respiratory pandemic the executive are consciously continuing to expose ED staff to interactions with infectious patients in an unsafe environment, without having made even a basic assessment of the risk. This is an issue that directly impacts staff and patient safety, but that does not seem to be important.

I also stand here as a victim of workplace bullying. During the ECI involvement an incident was raised that prompted me to lodge a complaint. This resulted in a devastating attack on myself and a colleague that resulted in a breakdown where I spent the best part of 2 months in a state of psychological shock starting in September 2021. Although I have largely recovered the personal, professional, financial and health impact was enormous, there will always be a residual workplace related psychological injury that I continue to manage. And may still result in my needing to walk away from medicine.

it has previously been recognised, and by a parliamentary working group that bullying can be very difficult to prove as direct evidence for incidents not always possible, and this fact makes it easy for the institution to manipulate claims to their advantage. The response of the institution failed to

follow protocols and was not in line with NSW Health Policy. The District had multiple opportunities to intervene in the bullying within ED which would have saved me from this experience, I hold the district responsible. Current processes are highly problematic, do further damage, and positively reinforces this behaviour in the perpetrators, and are not compliant with either the prevention or management part of the NSW Health and safework Australia Bullying policies.

I am not the only victim of direct workplace bullying within the department, many have now left, and I do not have their consent to discuss their cases and in many cases this information if privileged covered by confidentiality clauses so can not provide detail today, an audit of workforce bullying complaints im sure would be highly disturbing, but behaviours in some instances have not been reported. Suffice to say it is happening under your nose, I am also aware that it is widespread across the organisation, and i struggle to believe you are unaware.

Teresa, the Emergency Department at Concord is a toxic workplace, because of the actions of the hospital and LHD executives who appointed an incompetent and destructive ED director, but then blindly supported and actively encouraged this toxic behaviour. Moreover the hospital and LHD executive failed to adequately acknowledge or address the situation despite repeated requests from the ED senior medical staff and a formal industrial complaint. Although we now have a new director this does not excuse the behaviour and culture of the hospital and LHD executive, which continues to place staff at risk, over time history will repeat itself.

You are ultimately responsible for culture within SLHD and the response of the organisation to management of grievance and bullying. Your lack of engagement and response to genuine concerns from senior clinical staff is disappointing to say the least, and continues to do substantial harm to staff wellbeing and hence to the patient care delivered by the organisation.