

**Lorna Arkell (Sydney LHD)**

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**From:** Rosalba Cross (Sydney LHD)  
**Sent:** Wednesday, 27 July 2022 3:27 PM  
**To:** Teresa Anderson (Sydney LHD); Genevieve Wallace (Sydney LHD); Jonathan Gibson (Sydney LHD); Andrew Hallahan (Sydney LHD); Cameron Korb-Wells (Sydney LHD)  
**Subject:** Minutes and Agenda  
**Attachments:** Medical Staff Council and Executives Meeting - Agenda - 2022.7.28.pdf; MSC Exec Meeting 23june.docx

**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Dear all,  
Please find attached the minutes for the last MSC meeting with executive and the agenda for tomorrow's meeting at 4pm.  
Regards,

Rosalba

Dr Rosalba Cross  
BSc (Hons 1) MBBS FCICM Grad Dip Simulation Education

Staff Specialist,  
Intensive Care Unit, Concord Repatriation General Hospital

Clinical Lecturer  
Concord Clinical School  
Faculty of Medicine and Health  
University of Sydney

JMO Supervisor of Training

ICU JMO Welfare Officer

Phone: [REDACTED]

Email: [REDACTED]



# Concord Repatriation General Hospital Medical Staff Council Meeting with Concord and SLHD Executives

## Agenda

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**Date** Thursday 28<sup>th</sup> July 2022  
**Meeting Times** 1600 Hrs (AEST)  
**Venue** Zoom meeting

<https://slhd.zoom.us/j/4694607086>

Meeting ID: 469 460 7086

Passcode: 711406

One tap mobile

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1. **Welcome and Introduction**
2. **Updates from Concord and SLHD Executives**
3. **Items from MSC Members Meeting on 14<sup>th</sup> July 2022.**
  - a Reporting of safety issues
  - b Escalation Pathways
  - c Business Cases – Beginners Guide
  - e Emergency Department summit
  - f Department Priorities
  - g MSC Terms of Reference
4. **Matters from previous meetings to follow up**
5. **New Business**





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# Minutes

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## CRGH Medical Staff Council Meeting with Executive

**Date:** Thursday 23rd June 2022  
**Time:** 4:00pm – 5:00pm  
**Venue:** Via Zoom  
**Chair:** Winston Cheung

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### 1. Opening and Apologies

**Present** W. Cheung (WC), L. Morgan, G. Wallace (GW), J. Cullen, V. Wong, A. Wagh, N. Shaheen, T. Gottlieb, A. Ritchie, A. Hallahan (AH), J. Gibson, M Cooper, P. Visser, K. Hill, E. Cheong, M. Janu, G. McKew, L. Chan, L. Ridley, R. Russo, P. Blinman, T. Gray, N. Janu, R. Holland, L. Waite, D. Sumpton, J Burrell, R. Leong

**Apologies:** T. Andersen, R. Mansberg, S. Reddell, Z. Khan, K. Ng., F. Omid, K. Kumar, H. Abed, D. Sharpe, M. Rickard, G. Becerrio, P. Katelaris, G. Aggarwal, M. Elliott, M. Wong, S. Chandar, C. Cao, P. Haber, S. Aitkin, V. Balgobindk. Ng, D. Wechsler, L. Chiang, J. Trotman, B. Kane, L. Barnsley, D. Martin, K. Ganda

### 2. Confirmation of previous minutes

Executive (GW) requested that with regards to issue of covid check-in, change in wording of minutes from last meeting to remove word 'bureaucratic'.

### 3. MATTERS ARISING

#### Items from the MSC members meeting

WC Discussion of information outline in letter to Executive from the last MSC meeting

#### a. Departmental priorities

Noted there are numerous priorities from the members and that members should still follow the proper pathways when requesting resources or changes to service provision. The MSC is compiling a list of the member's priorities.

No comment from executive regarding this matter

#### b. Ambiguity with escalation process for departmental needs if rejected

It was noted by MSC chair that there is no information yet from the Executive or Teresa Anderson (TA) regarding the appropriate escalation pathway. Andrew Hallahan (AH) advised the MSC chair to write to TA directly.

#### c. Business cases and Briefs

There are many individuals who have not prepared a business case or brief before. The letter to executive requested a 'beginners guide' from executive stating what information is required in a brief, who the relevant contacts are etc (e.g. finance contacts)





Health  
Sydney  
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# Minutes

---

Executive response (AH)- A session was held last year with regards to how to prepare a business case/brief which was well received. The session was recorded. Executive will request from MDOK a mechanism to make the slides and talk available possibly as a TEAMS resource folder

d. Mandatory training

The letter to executive raised the concern that the current mandatory training is burdensome, and the content and relevance of current mandatory training is an issue. The medical staff would like a greater voice in the development of teaching and training

Executive (AH) commented that some components come from the state. There is a mandatory training committee that outlines the expectations and as a local health district there is no local control of this matter. If individuals have ideas on how to improve, then a letter should be written to the state mandatory training committee.

MSC Chair felt that training should be tailored more appropriately.

Executive (GW)- With regards to training that is deemed irrelevant for specialities (e.g., ALS for ED and ICU), it was suggested that names be sent to J. Gibson or G. Wallace for exemption from that particular form of training

e. Safety issues and fear of retribution

Concern raised by WC that staff are still concerned regarding reprisals should they report safety concerns. It was noted at the last executive meeting that executive (AH and GW) agreed that there would be no reprisals. WC has requested reassurance in writing to staff

Executive comment (GW)- unusual to put this in writing. It could be written by referring to policy. Have reiterated that there shouldn't be reprisals. There is protected disclosure and IMS can be anonymous. Executive will consider issue and get back to MSC Chair.

WC – people are easily identifiable and therefore there needs to be a robust avenue to report safety issues.

Executive comment (GW) – if staff feel that their managers are giving them a hard time that equates to bullying and harassment and they should speak to workforce.

WC-written confirmation of no reprisals would be seen as a symbolic gesture that executive takes reporting seriously and the conduct of its employees seriously.

Executive (GW)- if staff don't trust executive, then a memo is unlikely to change that.

WC- reiterated that it is a symbolic gesture

Executive will take it on notice

f. ED summit

Details of ED summit mentioned  
No comments from MSC members

Executive (AH) questioned who will be involved.



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Sydney  
Local Health District

# Minutes

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WC-Explained will involve JMOs and Senior medical officers

Division of medicine (ARitchie) expressed that there are a number of new staff members in ED and they do not know the ward MOs. First step to aid in reform would be to re-establish connections to lower the barriers for ED staff to pick up the phone to call ward consultant

Executive (GW) commented on not being invited to summit

WC- explained open forum which may create issues/ barriers to communication if executive present. Aiming for free and open discussions and don't want individuals to feel apprehensive about bringing up issues in presence of executive

P Visser (ED HoD) will need to discuss with the group of specialists in ED to determine if they are prepared to engage. Sees it as a well-intended idea to refocus and rebuild relationships. Unsure if group in ED are prepared to engage at this time. P Visser will take to consultant meeting next week and let WC know of response

Executive (AH) expressed that summit in person more beneficial than Zoom

WC- summit is planned for in person at MEC. Will await to hear from PV.

## g. ICT issues

It was noted that ICT is transitioning to a centralised system however remains an ongoing issue

ARitchie- state-wide service desk is to occur in the near future as is the case with all other LHDs. The problem with internet access has been raised and escalated. Effort has gone into replacing computers.

If there are ongoing issues staff are encouraged to escalate to their managers and to executive.

WC concerned that still cannot gain access to speak to anyone at ICT currently

ARitchie- moving to a state-wide system will improve call answering

Executive comment that transitions time likely September with changes starting in July

T. Gray- questioned whether resources from current ICT will be lost or redirected to dealing with eMR

A.Ritchie- will be a state-wide eMR and will be one of the largest growing teams

## h. Other items

1. Update on cleaners and ward clerks- not enough of both entities

Executive comment (GW)- there are problems with every level of staff and recruitment. This is not unique to Concord. Will continue to advertise and recruit where possible. Usually, the hospital always has vacancies for cleaners and ward clerks and the positions have been advertised more than once. There has been an inability to attract staff





**Health**  
Sydney  
Local Health District

# Minutes

---

## 2. Matters regarding nursing staff numbers and recruitment

Executive- nothing to add

## 3. Concord Covid Check -in

Executive comment (GW)state enforces check in and there has been a proposal to modify check in details

WC- auto population would be of assistance

Executive – no answer to that. Covid check in is mandated and will continue.

## 4. Staff gym

Noted that a memo was circulated that gym is open

## 5. Market day

Executive comment (GW) undertaking a risk assessment and market day may return ? September

### **Special item**

#### **Terms of reference**

WC- discussed meeting with executive and RCross and concerns raised at meeting that proposed TOR do not abide with the by-laws nor do they align with previous TOR and TOR of RPA MSC. TOR and bylaws recirculated day prior to meeting.

Executive comment (AH) the by laws are a governing framework and they specify a number of things. The TOR have been provided for the district medical staff executive meeting

WC believes that there is a need to increase the scope of the MSC

Executive (AH) stated that MSC doesn't have unrestricted actions and that the intent of the medical staff council is key to part of the system and the organisation and should have a voice, however the MSC does not have unlimited or unrestricted voice and role. There are governance structures in place and that the MSCs role is within those governance structures already in place.

(GW)There is the potential to create confusion with the subcommittees

WC- would need formal instruction from area health if the MSC is not to address issues of industrial action or issues with other staff members (including allied health, nursing, and support staff)

Executive- MSC needs to operate within the model of the by-laws, and they set out the rules and the responsibilities of each committee. Want the MSC to act in line with the by-laws. It is not the role of the MSC to act on behalf of other staff groups.

WC will take to next members meeting for discussion





Health  
Sydney  
Local Health District

# Minutes

---

Executive concern that if MSC remains as is, is not in line with other MSC and area medical staff council and this will need to be taken to and justified to chief executive.

WC will take this to the members, however, feels strongly that the MSC is an advocacy group for the health and wellbeing of all staff and the community. The MSC should demand transparency and accountability

L.Chan- we want a group who advocates to patient and our colleagues. It is a good time to review the by-laws and the local MSC needs to be different from the executive group

WC will send around the health services act from which the by-laws run

## 6. Other business

Nil other business to discuss

## 5 Next Meeting

Thursday 28<sup>th</sup> July 2022 4pm.

Meeting closed 4:55pm

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# Minutes

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Agenda Item	Action	Person Responsible	Status