

Lorna Arkell (Sydney LHD)

From: Genevieve Wallace (Sydney LHD)
Sent: Tuesday, 4 July 2023 5:46 PM
To: Lorna Arkell (Sydney LHD)
Subject: FW: MSC Exec Meeting july2022
Attachments: MSC Exec Meeting july2022.docx

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"Sydney, it's your local health district"



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From: Peter Katelaris <peter.katelaris@sydney.edu.au>
Sent: Tuesday, July 4, 2023 5:42 PM
To: Genevieve Wallace (Sydney LHD) <Genevieve.Wallace@health.nsw.gov.au>
Subject: FW: MSC Exec Meeting july2022

Minutes form July MSC + Exec. Still looking for August minutes.
 PK

From: Rosalba Cross (Sydney LHD) <[REDACTED]>
Sent: Tuesday, 23 August 2022 9:36 AM
To: Teresa Anderson (Sydney LHD) <[REDACTED]>; Genevieve Wallace (Ministry of Health) <[REDACTED]>; Jonathan Gibson (Sydney LHD) <[REDACTED]>; Cameron Korb-Wells (Sydney LHD) <[REDACTED]>; Andrew Hallahan (Sydney LHD) <[REDACTED]>
 <IMCEAUNDEFINED-Joseph+2EJewitt+40health+2Ensw+2Egov+2Eau@AUSP282.PROD.OUTLOOK.COM>
Subject: MSC Exec Meeting july2022

Dear all,
 Please find attached the minutes to MSC meeting with executive from July. Agenda to follow.

The next scheduled meeting for **MSC with executive is 4pm Thursday 25th August**

Regards,
 Rosalba

Rosalba Cross is inviting you to a scheduled Zoom meeting.

Topic: MSC meeting with executive

Time: This is a recurring meeting Meet anytime

Join Zoom Meeting

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

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CRGH Medical Staff Council Meeting with Executive

Date: Thursday 28th July 2022
Time: 4:00pm – 5:00pm
Venue: Via Zoom
Chair: Winston Cheung

1. Opening and Apologies

Present: W.Cheung, R.Cross, G.Wallace, T. Anderson, D.Rowe, N. Spalding, J.Gibson, M.Reece, H.Xiang, A. Shah, T.Gray, V.Naganathan, A. Hallahan, P.Blinman, L.Waite, A. Anada, H.Cheung, J.Cullen, S.Sen, A.Ritchie, J.Trotman, L.Chan, K. Lee, I. Cunningham, A. Linton, D.Sumptom, J.Burrell. E.Cheong, L. Morhan, N.Wong Doo, P.Katellaris, D. Damodaran, K-S Lim, S.Limaye, T. Gottlieb. R.Russo, B. Beeton, V.Wong, L.Ren, G. McKew, F. Davidson, M.Kol

Apologies: S. Aitkin, E.Ting, L.J. Chiang, K.Kumar, D. Martin, N, Jamshidi, V. Balgobind, J. Trantalis

2. Confirmation of previous minutes

Concerns raised by A. Hallahan that minutes are taped, and consent is required if that is the case. R. Cross confirmed that minutes are written down at the time of meeting and no taping is occurring.

3. Meeting addressed by T. Anderson

T. Anderson:

Acknowledge the traditional custodian of the land and pay respect to Aboriginal Elders past, present and emerging.

- **Terms of Reference**

TOR a concern at the last meeting. The draft TOR form 25/5 was presented and TA spoke about TOR

T. Anderson -It is important to understand where the MSC sits in governance of the LHD . The health service abides by the model by-laws referred to in the Health services act of 1992. There is a clear role of the MSC. The MSC was established by the chief executive under the by-laws and the chief executive must establish at least 2 MSCs at local health level that represent all the staff specialists, VMOs, Dentists and Pathologist.

There is confusion regarding the role of director of medical services. The director of medical services are to be invited to attend all meetings of the MSC.

The function of the MSC is explicit in the by-laws. The MSC is to provide advice to the chief executive. Note that in the new TOR drafted there are a range of governance committees that the MSC is considering establishing. Spoken with WC and it would not be appropriate in setting up separate governance structures in the health service. Many of the committees recommended are part of the governance of LHD and therefore under governance of chief executive of the district. It is not



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appropriate to set up a separate governance structure. If members would like to be involved in other committees (under the current governance structure) they are welcome to be involved. The MSC cannot set up committees and call staff to participate in them. The MSC is to provide advice and encourage clinician involvement. The district has a clinical stream structure with 4 clinical stream directors (namely I. Cunningham, J. Cullen, G. Aggarwal, L. Kritharides). It is important for a strong functioning MSC, and it forms a really important part of considerations we have in the health system determined by the health services act. The voice of the MSC is valued and we want the MSC to be a broad and good representation across the hospital.

There is a list of various current committees and if there are members of the MSC who would like to participate, we would be happy to have them join.

During Covid, new committees and structures were formed to deal with the pandemic e.g. surgical task force set up in assisting in recovery of surgical activity. L. Chan involved in this, and it has been a productive use of everyone time. Another e.g., is J. Cullen and the outreach (? Correct name) team with residential activities. There are new initiatives in aged care and chronic disease clinical streams. Lots of initiatives have come from clinicians across the district and we encourage ideas of our staff. We have invested \$1.6 million in pitch ideas of our staff.

There has been extensive clinician input on redevelopment. The clinical services planning for stage 2 has had significant clinician input.

There are lots of avenues for medical staff to be engaged in the activities of the organisation.

The TOR are not acceptable and need to be consistent with the by-laws.

Escalation process

The escalation processes haven't changed and follow the normal governance arrangement. If a brief is not considered, the first step is to meet with the individual HoD. Then if no clarity from that meeting, speak with the general manager. If there are still issues, then can meet with TA. If there are further issues, that approach the MSC and the MSC board.

Brief and business case

Concerns regarding writing business cases and briefs. A. Hallahan has sent out information to assist. Can get assistance with briefs from executive if it is something that would benefit the district e.g., PET scanner

Issues with safety

This issue was discussed with WC and seen in the minutes.

Concord has been commended on an outstanding accreditation including safety. The accreditors randomly interviewed random people and overwhelming staff interviewed found Concord a good place to work with a good safety culture. Concord has the best reporting culture in the state. There is significantly more IMS from medical, nursing and allied health staff. It is a serious allegation that people have concerns regarding safety and that staff have concerns regarding reprisals. I would personally like to see evidence of these allegations. If people are afraid of reprisals, they can escalate to Gina Finocchiaro (HR) to ensure no fear of reprisals or raise the issues with clinical directors. Interested in any feedback to that comment.

No comment from the MSC.

WC- so if people have issues or fear of reprisals, contact DMS, T. Anderson, Gina or clinical directors. Any questions re this? or the escalation pathway?



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A.Hallahan- G. Wallace sent out memo noting accreditation outcome, reporting outcomes and taking reporting seriously,

I. Cunningham- stream directors are happy to help with business cases.

A.Hallahan- Good idea to find a critical friend/supported in clinical director

L.Chan- like to thank district in supporting junior doctors

T.Anderson- Next week there will be the budget presentation. They publicly present the budget. Because of covid there has been little growth in the budget and a significant allocation for Concord in relation to the opening of wards 5 E and 1C.

With redevelopment, the process around funds is an annual negotiation and we would negotiate with ministry each year. District has provided funding and hopefully with the opening of 5E and 1C, it will make a difference to Concord. There is also a small amount of money for outpatients. T. Anderson can report at the next MSC regarding funding. There is still some covid funding to use until December this year. There is \$23 million for district for surgery collaborative care. It has been a challenging time and covid has been taxing on everyone including managers. Team leaders, management head, heads of department work side by side with clinicians and often work longer hours. All about kindness and realistic expectation of each other. Need to move forward in a collegiate way.

S.Sen- with the additional covid funds are there any thoughts on what it will be spent on? Is there a district approach for sotrivimab?

T.Anderson- resources for sotrovimab allocated elsewhere. Need to develop an approach for sotrovimab resources within the facility

S.Sen- Previously areas in the ramp wards have been utilised for outpatients , now with that being demolished are there any other places that can be utilised?

G.Wallace – will take on notice. Will talk with Helen regarding what we can give up to run this service

A.Hallahan- RPA is running a similar exercise

ED Summit

T.Anderson- determined it won't go ahead in form suggested.

G. Wallace- a lot of work has been done with ED and primary focus of the executive team has been the change in management with P. Visser. They meet with ED fortnightly to review clinical issues. P. Visser doesn't feel it's the right time. It's a challenging and difficult time with demands in the front door as well as staffing issues, If anyone has any issues, raise it with either P. Visser or J. Gibson.

T.Anderson- it has been a challenging time the last two and a half to three years (including volcanic eruptions and bushfires). The ED has been challenged, juggling normal local and ambulance pressures and additional PPE. If there are any concerns or issues raise them with P. Vissar,

L. Chan- There have been lots of staff changes in ED. It's good that there is a lot more face to face interaction to talk with registrars and consultants to rebuild relationships.



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WC- next item Departmental priorities list

Departmental priorities list

T. Anderson- where possible, medical staff have ideas for redevelopment should discuss with HoD and clinical stream directors; their role is to help navigate through the system

WC- look to the future

A.Hallahan- if medical professional matter, I'm happy to provide input

WC- any comments?

No comments

Matters to follow up

WC- Thursday markets

G. Wallace- risk assessment completed, need to check where up to in approval process. Will be one Thursday a month in September as a trial as supported by covid safety group

WC- Any other business?

AH- Mandatory training questions

WC-squared with T. Anderson. If there is a problem, raise with local health district mandatory training group. Some groups are exempt from certain training e.g., CPR training for critical care workers

L.Chan- Can T. Anderson give a sketch in RPA redevelopment?

T.Anderson- Will be in a position to do presentation next month. Early works around pathology building 12 (current renal / dialysis) gutted and that will be where anatomical pathology will be. Other early works due to start in the next 6 month. With the ED, they are putting the office area in level 4 to free up level 5 for ED. Aim for main building delivered by 2026. With treasurer there is funding for Sydney biomedical accelerator as part of the technical central strategy to provide additional wet labs 3D printing. Clinical research facility to start planning for that shortly.

L.Morgan- Real problems with filling clinical trials staff positions. Trying to get research up and going is vital to respiratory medicine. The business model has been leveraged by excellent clinical research over 40 years. There are roadblocks and acknowledge that everybody at every level of executive are working hard. Any advice from MSC for help. Waiting on grading committee for more than 6 months

GW- Signed forms, hadn't been with grading committee. Will follow-up with workforce.

T.Anderson- to all MSC, if you put something in and its taking months, email it directly to G.W to look into it. Grading committee are now meeting fortnightly to speed up process. With regards to filling positions, the minute position approved and advertised, people need to set up interview panel and do reference checks. Recruitment will now use LinkedIn and social media to aid in recruitment.



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I. Cunningham- when are works starting on carpark?

G.W- Across the road work starting next year, need to knock down ramp wards first.

V. Naganathan-L.Moragn, Loiose Ford may be able to help with issues

J.Trotman- Suggest L.Morgan speak with Shirley Crayer. The problem that leads to frustration is that there is no way to know where the brief or S1 is at. Whys is there no electronic tracking system?

G.W - TRIM electronic system can track at each step.

A.Ritchie- may be a role for non – administrative staff to use for this purpose

T. Anderson- can give administration staff access.

WC- Any further question or comments?

No comments

Meeting closed.

5 Next Meeting

Thursday 25th August 2022

Meeting closed.



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Agenda Item	Action	Person Responsible	Status