Annexure "H"

Concord Repatriation General Hospital
Medical Staff Council
AGM

June 22nd, 2023

Present:

W. Cheung, R. Cross, I. Cunningham, J. Jewitt, C. Moi, L. Morgan, K. Djekovic, J. Lee, J. Trotman, N. Shaheen, N. Santiago, M. Amos, L. Veitch, A. Ritchie, E. Cheong, N. Sidler, M. Soltani (RN), C. Fisher, S. Limaye, C. Yeong, N. Naidoo, N. Motemedi, R. Thanigasalam, L. Waite, A. Hallahan, C. Korb- Wells, S. Condon, J. Van-Gelder, C. Hurelbrink, M. Rickard, C. Chan, R. Pope, R. Hawthorne, A. Anada, L. Kritharides, A. Yong, S. Aitken, M. Peters, H. Davie, E. Fuentes, H. Xiang, L. Chan, P. Visser, M. Benness, J. Nielsen, J. Burrell, T. Ly, T. Gray, L. Ren, E. Giugni, J. Tadros., P. Della Torre, M. Reece, J. Han, T. Bui, G. Aggarwal, D. Sumpton, K-S. Lim, A. Smith, J. Lowe, A. Sindone, O. Kahkouie, D. Joseph, E. He, P. Blinman, N Wong Doo, G. McKew, B. Hokin, B. Dal Cortivo, S. Ramanahtan, M. Seibel, T. Gottlieb, R. Rai, D. Merchant, J. Quoyle, I. Tohidi-Esfahani, M. Janu, R. Maritn, R. Chan, B. Kane, L. Ridley, P. Yahyavi, G. Aggarwal, N. Spalding, A. Panis, R. Choit, D. Rowe, S. Udall, A. Wagh, P. Katelaris, M. Cooper, M. Suen, M. Boxer, J. Kang, E. Lee. D. Brieger, S. Sen, J. Cullen, A. Wijewardene, T. Kanhere, A. Hannaford, W. Hong, A. Keshava, N. Janu, K. Archer, G. Becerril, R. Holland, M. Kol, S. Morris, K. Fung, N. Kormas, N. Elias, A. Cottee, B. Zicat, S. Cameron, S. Merten, R. Russo, M. Krishnaswarmy, A. Pudipeddi, P. Le Page, P. Spring, V. Wong, N. Farnham, H. Abed, R. Paoloni, D. Turner, R. Leong, R. Holland, A. Lawrence, I. Tran, A. Suryawanshi, F. Doull, G. Coombs, R. Rai, A. Linton, R. Martin, M. Hayes, N. Spalding, R. Lim, D. Turner, S. Reddel, E. He, J. Han, S. Condon , N. Elias, M. Rickard, C. Fisher, A. Gleeson, P. Corke, A. Keshava, D. Rowe, O. Damadaran, C.Sengupta, E.Edwards, A.Kitjima, J.Yang, Monica,

Apologies:

D. Martin, B.Kiely, K. Fung, R.Manberg, G.Scott, S. Leathem, F.Omidi, E. Abadir

Commencement of meeting

[Winston Cheung] 17:00:51

Okay, we'll get underway in a couple of minutes until a few more people will join, and then we'll start the proceedings.

Rosalba, I was of the understanding. Theresa Anderson is joining us.

Have you seen her pop up?

[Rosalba Cross] 17:02:11

I haven't seen her yet, but she did RSVP that she was coming.

[Winston Cheung] 17:02:20

Well, I may wait until she joins us. So, if you can let me know if you see her online.

[Rosalba Cross] 17:02:30

Sure.

[Anthony Linton] 17:02:32

Winston. Can we also ensure that anyone who is has joined this meeting has their full name within the attendees list because clearly this is a very open secret, that this meeting is happening, and has attracted a lot of interest across the board. We need to ensure that attendance is limited to medical staff.

[Winston Cheung] 17:03:00

You know definitely. There are some invited guests which I'll introduce at the start of the meeting as well. And I'll talk about them very shortly. Look while we are waiting for everyone to come online, I might just talk a bit about some of the ground rules. If you are online, can you please have your microphones on mute. If you have any questions to ask, please raise your hand. Either on the video or using the chat function, and I'll try to get to you. I'll try to get to you as fast as possible.

[Winston Cheung] 17:03:49

Angus.

[Angus Ritchie] 17:03:53

Is there an agenda for today's meeting?

[Winston Cheung] 17:03:55

No, I didn't circulate an agenda. I was just going to do a quick brief discussion at the start, so everyone knows what the actual agenda is. But there's only 3 agenda items on it.

[Angus Ritchie] 17:04:09

Well, you can't really have a meeting without an agenda, without an official record of what's to be discussed. Is someone going to take minutes?

[Winston Cheung] 17:04:16

Yeah, so what I have discussed is, I know the MSC is very clear about transparency, but I think for this meeting my feeling is to be able to speak openly and freely without fear of reprisals, is actually far more important than transparency.

And obviously we can't have both. And so.

[Angus Ritchie] 17:04:44

Well, I just want to point out though, that if there's no agenda, and there's no minutes, and there's no official record of what an official meeting is, legally speaking, in the sort of hospital structures, then there's no ability to determine any course of action from today.

[Winston Cheung] 17:05:06

Yeah. Well, my feeling is that we shouldn't be recording minutes for this for this meeting.

[Angus Ritchie] 17:05:13

In which case, then there's no, there'll be no official position of the Medical Staff Council If that's the case.

[Winston Cheung] 17:05:22

Well, if you can pull that out, and we can look at that, we can quickly send an agenda around.

[Winston Cheung] 17:05:29

If minutes have to be recorded, then we will record the minutes.

[Angus Ritchie] 17:05:30

Well, if there's no minutes, then there's no record that we met.

There's no record of the attendees of the meeting and there's no record of actions or decisions made.

[Winston Cheung] 17:05:40

Well, which case so I'm happy, which case I'm happy to take.

[Angus Ritchie] 17:05:41

There's no meeting.

[Winston Cheung] 17:05:43

I'm happy to take minutes. If that's the case.

[Angus Ritchie] 17:05:46

And I think that there should be an agenda at least put into the chat for today.

We need to make sure that someone will be recording the attendees today, and that there's a true and accurate reflection of the discussion today from all the people who raised any concerns.

So, we'd be doing all of that while sharing it today. Winston.

[Winston Cheung] 17:06:07

Ok we'll do that. What I'll do is I won't take me a couple of minutes to type up the agenda and send it round, so we have to wait for Teresa to attend.

[Angus Ritchie] 17:06:15

She's joined.

[Rosalba Cross] 17:06:17

Just joined. Winston.

[Winston Cheung] 17:06:20

Do you want to circulate the agenda first?

Angus, do you want to wait?

[Angus Ritchie] 17:06:25

I think so. Well, if you want to make, if you want to reach any conclusion today, unless you do it formally, then there's no official record that meeting happened, or that any decisions were made. Any discussion will be informal and no official ways.

[Winston Cheung] 17:06:38

Okay. We will take minutes for the meeting.

We will take minutes for this meeting and give me 30 s, and I'll type up an agenda.

[Angus Ritchie] 17:06:46

So? Who will be doing that?

[Ilona Cunningham] 17:06:49

If you need any support, I support Angus's motion wholeheartedly, and, in addition could point out that it would be difficult for you to chair as well as take minutes.

[Rosalba Cross] 17:07:06

I'll take the minutes.

[Ilona Cunningham] 17:07:09

Continuing to be secretary. Thank you, Rosalba. Then she should be doing it.

[Rosalba Cross] 17:07:13

Yeah, that's okay. Look, I'm happy to do it for today.

[Lucy Morgan] 17:07:17

Rosalba, are you going to just record it?

[Rosalba Cross] 17:07:20

No, what I'll do is get a transcript, and I will go off the transcript.

[Angus Ritchie] 17:07:33

The Transcript is, of course, a recording, though so.

[Rosalba Cross] 17:07:49

Are there issues with using the transcript?

[Angus Ritchie] 17:07:53

No, I think if everyone's happy that the meeting, I mean it's a form of recording.

Happy with that. Then I don't see any concerns with it.

[Rosalba Cross] 17:08:02

Okay. Is everyone happy for me to use the transcript?

[Anthony Linton] 17:08:03

Yeah.

[Liz Veitch] 17:08:08

Very happy.

[Rosalba Cross] 17:08:09

Thank you.

[Anthony Linton] 17:08:11

Yeah, I'd be happy if you do so. I think it's a shame that, given that, this discussion point has been raised without previous discussion at any MSC Meeting it's essential this will reflect the will of the MSC members, and can I reiterate again that there are unidentified people on the call and this clearly needs to reflect the members of the Medical Staff Council that will be in this meeting and not hang ons.

[Winston Cheung] 17:08:40

Definitely. So, there is someone on iPhone. If they could please identify themselves.

[Rosalba Cross] 17:08:46

And a there's a mobile number as well, ending in 4, 9, 9.

[iPhone] 17:08:53

Yeah, France Doull.

[Winston Cheung] 17:08:55

There was a [redacted]

[] 17:09:04

Yeah. Can you hear me?

[Rosalba Cross] 17:09:06

Yes. Who is it?

[] 17:09:08

So, it's Michael Hayes.

[Rosalba Cross] 17:09:11

Okay. Thank you.

[Winston Cheung] 17:09:11

Hi. Michael!

Is anyone else who is on the unidentified.

[Angus Ritchie] 17:09:16

So, because of the use of the transcripts, the transcript will reflect the name of the account. That's speaking at any given time. So, the administrator of this account, I think can rename any participants, and I would suggest that we do so before we open a meeting.

[Rosalba Cross] 17:09:40

Sorry. Say that again Angus.

[Angus Ritchie] 17:09:42

If you right click on the on any participants, you should be able to rename them. If they can't do that themselves, so they can be identified in the transcript.

[Rosalba Cross] 17:09:49

Oh, okay. Sure

[Winston Cheung] 17:10:00

Okay. I've sent around the agenda on the chat with one agenda item. Are you happy with that Angus? Does anyone object to that agenda item?

[Angus Ritchie] 17:10:23

I just want you to clarify, then, for the records.

Is this an ordinary meeting of the Medical Staff Council, or an extraordinary meeting?

[Winston Cheung] 17:10:30

This is ordinary meeting.

[Angus Ritchie] 17:10:33

And so, the ordinary meeting would normally carry the same agenda that all of our other ordinary meetings would which include the opportunity for the Executive to also provide their reports. Is that correct?

[Winston Cheung] 17:10:49

Yeah, if you want.

[Angus Ritchie] 17:10:53

It's not what I want. It's the rules.

[Judith Trotman] 17:10:54

Yeah.

[Liz Veitch] 17:10:55

I really think it's an extraordinary meeting of the Medical Staff Council at to discuss this one important topic.

[Angus Ritchie] 17:11:09

Well, that hasn't been with that wise with all respect.

[Liz Veitch] 17:11:15

No sorry. I realize I don't have any formal position other than being an ordinary member of the MSC.

And you obviously know much more about the operation of meetings than most of the rest of us Angus, so I was just extrapolating from the points that you were making to Winston.

[Winston Cheung] 17:11:40

So, your point, Angus, is, do you want to disband this meeting, or what? What is your point, Angus?

[Angus Ritchie] 17:11:46

My point is, if you call an extraordinary meeting, you need to call it an extraordinary meeting. You define this one as an ordinary meeting, and you know we're of course, welcome to cover any topics. But you cannot limit it to just one topic, because it's an ordinary meeting.

[Winston Cheung] 17:12:00

Well, if we want to call an extraordinary meeting, we can call an extraordinary meeting, and what are the issues with calling it an extraordinary meeting. Angus.

[Angus Ritchie] 17:12:10

No, then the rules are different, and I'm sure as chair of the medical staff council, you'd be familiar with the terms of reference. okay?

[Winston Cheung] 17:12:17

Well, the terms of reference don't actually reference anything regarding extraordinary meetings and ordinary meetings, and the terms of reference that you saw was circulated by Andrew Hallahan. There's no room for this.

[Angus Ritchie] 17:12:31

They are defined in there, and I'll put a copy in the chats that can be available to read it.

[Judith Trotman] 17:12:39

I was certainly of the understanding. Sorry, Judith, speaking here, I haven't got my video on for some reason I'm upside down. I was of the understanding this was an extraordinary meeting which caused some significant concern to me.

Given the agenda item to have an extraordinary out of sort of session meeting without it being raised and discussed first and proposed at an ordinary meeting.

[Winston Cheung] 17:13:08

Yeah. So that was the reason why I propose this as an ordinary meeting.

[Judith Trotman] 17:13:09

Thank you.

[Winston Cheung] 17:13:12

Angus, I'm happy to rebadge it. Whatever you want us to rebadge this, but that's the reason why it's an ordinary meeting. But if you want to include all the other stuff that we can include all that other stuff in the meeting as well, I'm happy to put anything you want to talk about, whatever agenda items you want to put in, we can put that at the end.

[Angus Ritchie] 17:13:31

Well, it's not really a meeting at all if you want to change the purpose of the meeting, and we go according to. But everyone thinks it's held at the time of an ordinary meeting; it was framed as an ordinary meeting to put the notion forward for the topic for discussion. It's clearly extraordinary. I feel that this is just an ordinary meeting of the Medical Staff Council that I usually monthly time with the Executive and should probably follow that same agenda unless you've given specific instructions to make an extraordinary meeting.

[Winston Cheung] 17:14:02

No, we can have this. We can have this as an ordinary meeting, and as the chair, I can determine the order of the items which are discussed, and the first item will be that one which I'll put up on the chat, and we can follow the agenda that we normally do after we discuss this item if we have time.

[Angus Ritchie] 17:14:21

Then let's do this.

[Winston Cheung] 17:14:23

Is everyone happy with that? Or do I need to put that in writing in the chat as well?

[Liz Veitch] 17:14:34

It's Liz Winston. We all know why we're here. And what you proposed.

[Winston Cheung] 17:14:38

I think so. I think this is procedure, but if we have to be talking about procedure that we might as well get the procedure right. So, If Angus is not happy with the procedure,

[Angus Ritchie] 17:14:48

No, no, it's not a case of whether Angus is happy. It's a case of whether it's consistent, and I would say that if everyone's agreed, then we make this an ordinary meeting of the Medical Staff Council and the order of the topics can be the one at the chance prerogative, but we will also have an opportunity for the other items that would normally be discussed.

[Winston Cheung] 17:15:05

Yup. We can do that. We can do that. So, is everyone happy without any objections?

Well, I'll start by welcoming everyone to this.

[Rosalba Cross] 17:15:17

Sorry, Winston, can I? Just? There's one person whose unidentified mobile number ending 5, 9, 5.

[Rosalba Cross] 17:15:24

And there's another iPhone which is not identified.

[Rosalba Cross] 17:15:33

Who is mobile? 5, 9, 5. Inning in 5, 9, 5.

[] 17:15:38

That's me!

[Rosalba Cross] 17:15:40

Who's me?

[] 17:15:43

Chris Fisher, anaesthetist

[Rosalba Cross] 17:15:46

Christ Fischer. Yep, and there's an iPhone as well.

[iPhone] 17:15:50

I think the iPhone may be Andrew Gleason.

[iPhone] 17:15:53

I don't know if there's another one.

[Rosalba Cross] 17:15:57

This 2 iPhone that have not idea.

[F. Doull] 17:15:59

Francis Doull

[Rosalba Cross] 17:16:02

Yep, I've got you, Francis.

[F. Doull] 17:16:04

Yeah, you've got me. Okay, that's fine. Yup.

[Rosalba Cross] 17:16:05

It's just 2 other iPhone that are not identified.

[Robyn McCarthy] 17:16:10

One of them might be me driving.

[Nicole Santangelo] 17:16:11

I'm on an iPhone.

[Rosalba Cross] 17:16:13

Sorry. Who's that?

[Robyn McCarthy] 17:16:16

Robin McCarthy. I might be. I'm driving so I can't check what my name was. Sorry.

[Rosalba Cross] 17:16:20

Okay, that's one. And there's one other. Andrew Gleason.

[Angus Ritchie] 17:16:22

It looked like it was Andrew Gleason, because when he spoke it lit up that iPhone one.

[Rosalba Cross] 17:16:27

Okay.

[Winston Cheung] 17:16:31

Okay. I want to welcome everyone to this meeting of the Medical Staff Council on the 22nd of June.

I'd like to acknowledge the traditional owners of the land that Concord sits on, which are the Wangal people. I'd like to welcome any First Nations colleagues here today and pay our respects to any elders, past, present, and future.

In this meeting I have invited a guest who is not a consultant. Mojgan who is going to speak on behalf of the nursing staff. If there are any objections to Mojgan and some of her support staff being present, could you please let me know now?

[Angus Ritchie] 17:17:17

I just think we need to know the names of every person present on the end of that call. Thank you.

And so maybe they could put into the chat for the records.

[Winston Cheung] 17:17:28

Mojgan, are you here?

[Mojgan's iPad] 17:17:33

Yes, I am, I think it's just me at the moment it is me.

[Winston Cheung] 17:17:36

Mojgan good could you please just give us a list of names who are actually at with you?

[Mojgan's iPad] 17:17:47

So, I'm just going to represent the nurses.

[Winston Cheung] 17:17:53

Okay, thank you for attending,

[Mojgan's iPad] 17:17:55

That's okay. No problem.

[Joseph Jewitt] 17:17:58

Winston. Sorry.

[Ilona Cunningham] 17:18:00

I have objection to this, and sorry I interrupt you. Inviting people to a Medical Staff Council meeting is most irregular, and I would have thought that inviting someone to this meeting, we need to discuss amongst ourselves first. It's we don't know what the purpose of this invitation is. We don't know what the content of this is, and so I object, and I would like my objection recorded.

[Joseph Jewitt] 17:18:44

Okay. I echo what Ilona has said, but I also have a problem with somebody who has no recognized role in representing nursing staff going to any forum, saying they're representing any group in the hospital. So, I don't quite know where this has come from or what basis anyone has the ability to represent nursing staff. But I think that is problematic. And it's putting people in a difficult situation.

So, I think we need to actually adhere to good process, and at the moment we don't seem to be doing that. And so, I think I actually have a quite a serious problem with anyone outside the Council getting involved in this discussion. I think this is a discussion for the Council, and it should be dealt with by the Council. If there's then a desire to do any other process, then the process should be brought to the council discussed at the council, and then determine then. At the moment it does seem very chaotic if I'm going to be honest. And so, I think it's really important if we're going to have discussions that people have a sense of where those discussions and those viewpoints are coming from the basis of them so that therefore there is transparency and confidence in any views that have been expressed. The aim of this council is that each member of the Council, as an individual within the organization within the medical fraternity represents themselves to the Council, so I don't want there to be any other forms of representation that are not transparent, not clear, are not understood by the Council.

[Winston Cheung] 17:20:21

Anthony.

[Anthony Linton] 17:20:22

I completely agree once again, this is a thing that was not discussed in prior Medical Staff Council Meetings. No, just, no dissemination of an agenda with an invite guest names on there. Think it's totally inappropriate.

[Winston Cheung] 17:20:37

Okay, I'll accept that so Mojgan, I'm going to ask you to excuse yourself from this meeting.

[Mojgan's iPad] 17:20:40

Yes, yeah, I will leave. Yes, I believe. Thank you very much for your time.

[Winston Cheung] 17:20:45

And discuss with you later on.

[Mojgan's iPad] 17:20:50

No problem. Thank you very much. Thank you.

[Winston Cheung] 17:20:57

Ilona

[Ilona Cunningham] 17:21:00

Look, I would like to take this opportunity of some of these irregularities, to perhaps make some general comments if that's ok with you.

[Winston Cheung] 17:21:10

Ilona what I'm going to do is I'm just going to introduce the meeting and I intend for everyone who wants to speak, to speak.

[Ilona Cunningham] 17:21:22

I'd like to speak when you finished. Thank you.

[Winston Cheung] 17:21:22

So, the first person I'm actually going to ask to speak is Teresa Anderson? And then, after Teresa speaks, I will allow people to make comments and to ask questions of Teresa, but for.

[Ilona Cunningham] 17:21:38

I would like to keep my hand up, so that I you are reminded that I would like to speak.

[Winston Cheung] 17:21:46

Well, I will give you the first question, Ilona.

[Ilona Cunningham] 17:21:48

Thank you. Thank you. Bye.

[Angus Ritchie] 17:21:50

So, I just point out that Theresa has left the meeting that she, when she saw that there was only one item, she was coming to present on the usual agenda which provides an opportunity for the that. I believe she's left because she was not.

[Winston Cheung] 17:22:09

That's fine. Well, in that case Ilona.

If you want to speak first, then you can speak.

[Ilona Cunningham] 17:22:15

Look There's a lot of unusual features to this meeting, and so I would like to make some general comments, and we know what the initiative is. The initiative that we are about to discuss really concerns me, and it does concern many of my colleagues greatly. It adds to other concerns I have of the direction of the MSC and the risks to Concord Hospital, especially its reputation and future. As an ex-chair of the MSC. Our expectation has always been, and should be, of transparency, open consult to which is not happening, and I think the way this meeting had started is a very good illustration of that. I have a number of questions which I wish to ask. Most importantly, why did the chair ask for legal advice and assistance on this motion, as he spelled out in the past verbally, emailed the executive far and wide before this discussion, and the planned vote next week? This is not open consultation and transparency. The recent election does not give the chair a mandate unilaterally to instigate a momentous new initiative before consultation and widespread, if not unanimous, agreement of the MSC. I am well aware of many colleagues who have great concerns about this risky plan. The second point I want to make is, why is there so much secrecy in the proceedings of the MSC. This is unprecedented. We have secret agendas as illustrated today, which are not openly available. There's no clarity of outcomes of elections and voting in terms of numbers. All the secrecy is unilaterally decided by the chair. My last point was going to be referring to what kind of meeting is this? Is this a special meeting, or is this a regular meeting? The bylaws dictate that if it's a special meeting, then you have to have 11 members who have signed the request by the chair. And it's required by the bylaws. I would like to say that. I do not believe that the success of the election provides a mandate for the chair to unilaterally embark on this risky initiative which could significantly damage the reputation and the future of cost. Instead, disputes with management should be negotiated with the full power and unanimity of the entire MSC. For this reason, I am moving a motion of No confidence in the chair and will submit this in writing so that's on the record.

[Winston Cheung] 17:25:58

Thank you, Ilona. Does anyone second that motion?

Just please raise your hand if you second that motion of no confidence in the chair.

So, Judith, you've seconded that motion.

[Judith Trotman] 17:26:16

Yes, speak to seconding it. I am very concerned about the process by which this, to be honest, I thought this was an extraordinary meeting, because there was a single issue, and I really feel very concerned about the due process undergone with respect to the motion put the singular motion, put actually.

[Winston Cheung] 17:26:39

So, in regard to the process, I have a motion of no confidence in the Chief executive of the Sydney Local Health District. That's very clear in my email. What I have done and said, there will be a discussion and it will subsequently move the motion. But that motion has not been moved, and that

motion will be moved at the end of the discussion. Discussion occurs first, the discussion is the transparency, and everyone will have a say.

In regard to your other questions, I will answer that in my talk and my discussion very, very shortly. So, I'll answer all of those questions that you have asked of me, Ilona

[Ilona Cunningham] 17:27:20

But with respect to your comment, Winston, you've sent the emails far and wide to all members of the Executive before we had the chance to discuss this motion.

[Winston Cheung] 17:27:51

Well, we're having the discussion. So, I was warning you for the discussion.

[Ilona Cunningham] 17:27:54

Why did you send it to, the why did you send it to the Chief executive?

Did you send it to them?

[Winston Cheung] 17:28:00

Because the chief executive is included in the mailing list for the MSC.

[Ilona Cunningham] 17:28:05

Well.

[Winston Cheung] 17:28:07

She gets everything she has asked for all correspondence to be sent to her.

Okay. So, to not send it to her would be hiding our emails from the Chief Executive. It had to go to her Ilona. Okay, so that is why. So, I'll answer your questions very, very shortly. The reason why a secret ballot you'll also note from the bylaws that any one member can request a secret ballot. So that is why there was a secret ballot for the election, because anyone can actually request that and that's what happened last time. So, any one member. The other problem with a secret ballot is because it's a secret ballot.

[Ilona Cunningham] 17:28:49

So, he requested it.

[Winston Cheung] 17:28:54

You can't actually reveal the results of the ballot, because technically, this, the secret ballot could actually be unanimous in one direction or another. If that is the case, and you reveal the result, then everyone knows who how everyone voted. So that is why the secret ballot results can never be revealed and that's why the results are not revealed at the last election. The previous election, which I wasn't involved with running, and I wasn't involved with running this last election. I stood well away from this. There are other people involved with the running of that election. If you have questions about the validity of the election, you need to direct them at the people who ran the election, not me.

Okay, so what I'll do is I'll continue with the proceedings.

Joseph, just a quick word, please.

[Joseph Jewitt] 17:29:48

Look, I just want to make 2 key points; one express concern that there was an approach to members of our consumer Council to also attend this meeting. And so, I'm concerned that there is the potential in a much broader community of Concord Hospital to have, you know, being informed of a view of this Council that has not yet been formed. So, from a procedural point of view, I just wanted that to be documented, that I think that is unacceptable without getting the council's approval first, and that if there is any approach to any other body within Concord Hospital, particularly our consumers, that goes through me first and there's a discussion with me, Winston, about that first. The other thing is just to put on the record that I don't agree with your view around the secret ballot. In our normal elections of our political representatives. They are secret ballots, but that doesn't mean that the count and the result is not provided because otherwise they can't be any kind of transparency and accountability that the vote was carried out in a proper way. If people don't know the denominator and don't know the split in the vote that doesn't necessarily reveal who actually voted because people may attend this meeting and may choose not to vote so I don't think it breaches any kind of privacy, but it does allow a level of confidence with the Council to know that there was a proper process of the vote that occurred. And it's so secret. It seems that members of the Council have expressed concern that they don't really know how the vote was kind of carried, so I do think it is appropriate that the denominator and the split is provided to the Council. I don't I agree it doesn't have to be any other information, because I don't think it's appropriate. If people want to keep their vote private, that any more details provided. But I think, from transparency point of view, it is appropriate that that occurs from a procedural point of view.

[Winston Cheung] 17:31:46

I don't have a problem with that. I don't have a problem. With that I mean the agreement before the last election was that the count would not be revealed. But I have no problem with it. With any future part. If it's secret or not secret that all that data is revealed, and that's up to the people running the election. But I have absolutely no problems with that. As I said, I did not run that last election.

[Angus Ritchie] 17:32:12

Well, I have no, I have no concerns either, Winston. So, if someone wants to put motion that the tally be tabled, I don't have any objections to that.

[Winston Cheung] 17:32:24

Lucy.

[Lucy Morgan] 17:32:26

Thanks, Winston. I would like to put the motion that those that tally be tabled.

[Lucy Morgan] 17:32:33

Please. Angus.

[Winston Cheung] 17:32:37

Well, we can put that to a vote as well and I'll put that to a vote later on.

[Angus Ritchie] 17:32:38

If somebody is a second, that.

[Lucy Morgan] 17:32:43

I guess. Sorry.

[Winston Cheung] 17:32:45

Yeah, I guess we have. We have to discuss the ramifications of that. We have to discuss the ramifications of that. Given that there was an agreement beforehand that it was supposed to be a secret ballot. I think we need to have discussion before we embarked on their vote.

[Lucy Morgan] 17:33:10

Okay, could I also please draw attention to what Angus has just popped in the chat which is the around the issue of whether the executive had to be invited to this meeting, and I think there's a fairly clear signal that if the issue that we needed to debate was directly related to the administration, to the Executive then it was appropriate that this, as a council, be debated by the

members without the invitation of the Executive, and I think it's a bit of a shame that we didn't look at that first, because this might have been an opportunity for us to spend the time talking about the issues that are very important to all of us, rather than actually looking like being amongst each other.

[Winston Cheung] 17:34:02

At the previous meeting, the chief executive said that we were not to have a meeting without an invitation to the Executive, she clearly said that at the previous meeting, and the reason for that was we were having members meetings where they weren't, they had not been invited, so she clearly said that she wanted to be invited. She wanted it. It is at their discretion whether they would attend, but they wanted the invite sent to them for every MSC meeting, and so that was done on instruction of the Chief executive, that she wanted to be informed and invited to every meeting, now, obviously the by-laws do pertain to meetings where she can be excluded .But the invitation was extended to her because of her direction. That's why she was sent the email. Okay, so is Theresa actually here or she gone? I can't see her online. So, I think what we'll do is we'll open it to discussion for people. And, Belinda, you've requested that you speak. Can I get you to speak first?

[Belinda Hokin] 17:35:27

Thank you all. Thank you. Winston, Chief Executive and Fellow Concordians. I thank Winston for his ongoing support. I'm here to advocate against workplace bullying, and I should not need to do this. It is with sadness that I feel the need to talk at this meeting. And it is truly awful that this meeting is happening. But I speak out because there remains a group of aggrieved emergency physicians at Concord who have been the victim of workplace bullying either by the previous director previous hospital or area executive or both some have now left. Others remain, but will not speak out, have disengaged, or are simply getting on with life. There is both a new director and many new junior consultants who this is not directly impacted, and I apologize to Phil, and also to the new consultants, who have not heard much of this, and it saddens me that they must hear in this way, or even at all. We as a department, have suffered significant pain, which the wider Concord community is unaware we are trying to put this behind us. We've had some time to heal, and a rebuilding under Phil's guidance. Unfortunately, I feel that it's important for this history to be aired in this forum, as there has been no accountability, and if there is no change in culture, improvement on a wider level, the well-being of the department and staff remain at risk and it is possible for circumstances to arise to cause history to repeat. In February of this year, I talked frankly about workplace bullying in a meeting with the Chief executive and a representative from the Board. Now I have a modified version of that statement. There has been a long history of issues within the emergency department in relation to bullying and victimization, and the complete lack of appropriate intervention by the institution and district, despite many requests to do so. Being fully aware of the problem, and not in line with New South Wales Health Policy, there have now been 2 processes involving external parties looking into bullying within the department. The first in 2017- 18, an External review, commissioned by Tim Sinclair, the then Concord General Manager, which highlighted a bullying culture within the department. Senior Staff advocated for a solution, and it was promised but not delivered. The chief executive was in discussions in relation to this report, given the proximity to concern raised in the Cardiothoracic thoracic Surgery Department at RPA mitigating risk across the district should have been a priority. This represented a major, missed opportunity for culture improvement. Instead of a

solution at the start of 2019, the Emergency department got a new director, and intimidation and victimization within the department worsened attempts to raise concerns and finding solutions. This led to an escalation of victimization of staff by the ED Director. With the full support of the hospital, Executive and Human Resources Departments, minor issues were pursued in a punitive approach, adopted rather than addressing the root cause. We lost substantial staff both medical and nursing and the workplace was truly toxic. This led to the second external process. In the form of a letter addressed to the Chief executive from ASMOF on 19th June 2020 highlighting these concerns and describing multiple bullying behaviours of the ED director and executive. This industrial complaint was signed by 10 of the then 14 staff specialists and as a result, the chief executive engaged an external body to review. This was without consultation with the stakeholders, who were not tasked with and failed to address the issues raised in the complaint. The process, led by the external body, caused significant distress and further damage to aggrieved staff without resolution, and the most important recommendation from this process was not adopted by the organization and bullying by the hospital executive was also never acknowledged or addressed. The Chief Executive's initial response to the industrial dispute letter stated "I'm disappointed to learn that some of our staff specialists in Concord in ED, and not comfortable in raising concerns without the fear of reprisal, and then, after advising a relevant New South Wales health, policy, I reassure you that should any issues, arise of this nature SLHD will take appropriate action". Unfortunately, reprisal was common and appropriate action was not. Appropriate action to address the behaviours of hospital and departmental executive to improve the working conditions in the emergency department was not taken. In addition, concern raised in terms of security after a staff member was assaulted by a patient and management of pregnant staff at the onset of COVID, were all dismissed and staff raising concern, also victimized. The problems in the department were magnified by the emergence of COVID. The ancient emergency department, as with all departments, underwent significant physical change throughout the pandemic, despite changes, there are major inadequacy of appropriate isolation rooms, and there remain serious concern that our single negative pressure room does not meet Australian standards either in terms of negative pressure generation, or adequate air exchange. Verbal and written request 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 that they had not answered the question and were not going to, even in the setting of a respiratory pandemic. The executive is consciously continuing to expose ED Staff to interactions with infectious patients in an unsafe environment without having made any basic assessment of the risk directly impacting staff and patient safety. As a direct result of all of the above having had excellent senior staff retention for nearly 2 decades, only 4 of the 10 signatories remain as staff specialists in Concord ED. 4 years later we have lost and continue to lose really good staff across all levels, medical and nursing, including a staff specialist with more than 20 years' service to the department. Recently vacant FTE had been increasing, and staff not being replaced, and at the time of the February meeting many shifts were left with insufficient staff specialist cover as well as deficiency of registrars a direct threat to patient safety and increased stress on both clinical and non-clinical obligations for remaining staff. Addressing senior staffing was also deliberately excluded from the last 3-year Departmental Strategic Plan. Despite protest from the staff specialist group at the time these positions have been filled since the February meeting, and we have some excellent new staff, but they are much more junior, at a measurable cost to the Department and Institution. 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 and continues to impact on productivity department performance and patient safety are not able to be quantified but are real. The department sits on District ATP watch for falling ATP, and the timeframe of this fall certainly tells a telling story in relation to the above history.

I now want to change direction slightly, and I speak to you as a victim of bullying. This meeting is absolutely not about me, and I really wanted to leave my own experience out of this. I am not comfortable discussing it in this forum, and I am trying to move on. But it was not possible to make this next point. I also hope it empowers others to tell their stories. The failure of the district and hospital to provide appropriate intervention to known bullying within the department, failure to respond to other risk factors in the form of sick leave rates, high staff turnover, and increasing number of complaints of which they were aware created a high risk unsafe work environment and is absolutely in direct contradiction of the preventative components of the New South Wales health bullying policy. It was this environment that left me exposed to victimization and attack after I launched a formal complaint. This eventually led to a breakdown, where I spent nearly 2 months in a state of psychological shock in the second half of 2021, and there are devastating and ongoing personal, financial and professional consequences. The institution failed to provide me with a safe workplace, and I hold the district accountable for a failure of duty, of care in this regard. But that's not the worst bit, and the reason that I need it had to include my story is that I now know I am not alone. More than 50% of the signatories of the ASMOF letter were also victims of workplace bullying. Since the February meeting I've become aware that there are others in the institution with similar stories the problem is widespread across the campus and I hear consistent reports of facilitation, of bullying by executive, and that human resources are complicit. The human impact of what is happening across the campus is enormous. The response of the institution to both the prevention and management of workplace bullying is highly dismissive, does further damage to victims and reinforces and rewards toxic behaviours and the perpetrators of bullying and victimization is tolerated and facilitated by this institution. Bullying and intimidation within Concord Hospital needs to stop now. The Chief Executive had been aware of bullying within the department for many years, and had failed to address adequately neither during the February meeting, or since has there been any appropriate response to the concerns that I highlighted and despite the Chief Executive reinforcing that she took all the concerns raised seriously, after initially offering to meet, to discuss, then flatly refused to do so, and failed to respond my final email. The fact that the staff, from a number of departments, are also speaking out, and both ASMOF and the Medical Staff Council have both approached her in recent months highlighting concern about problems across the campus, she is still failed to address adequately. The Chief Executive is ultimately responsible for the culture within SLHD. The behaviour of her executive staff, and the response of the organisation to both the prevention and management of workplace bullying, the failure to address concerns adequately over an extended period has allowed a culture of tolerance and facilitation of born in this regard. I raise concern that her behaviour has lacked engagement and fails to listen to her staff or respond to genuine concern on an ongoing basis and consequently continues to do harm to staff and hence to patient care delivered by the organisation. I really believe in Concord hospital, and I want it to be great. But the behaviour that you walk past is the standard that you accept, and Concord Hospital and its community deserve more. So, thank you, Winston, and I'll hand the meeting back to you.

[Winston Cheung] 17:48:17

Sorry. Thank you, Belinda. Lloyd, do you want to speak next?

[Lloyd Ridley] 17:48:24

Thank you. The last few years have taken radiology at Concord and Canterbury from a highly functioning efficient department to one that is on the brink of complete collapse. Many of you have seen how the Department no longer provides the services one would expect of a proud teaching hospital. Everyone who deals with radiology knows there are problems. How many of you understand what has gone wrong? The most obvious failure is the growing list of unreported studies. There are now more than 35,000 unreported studies. This is grown by 10,000 in the last 4 months alone. There was no backlog four years ago. A quarter of the studies are no longer being reported this decline is the culmination of multiple issues. These include increasing workload, failure to adequately maintain assets and failure to provide enhancements, to accommodate the changing practice needs. People here are familiar with the negative consequences of falling service levels. I don't know, though, how many of you are aware of the efforts to radiologists have tried to make to address these issues or the responsive administration to these concerns.

Firstly, on workload. The demand for radiology is doubling every decade. Multiple studies around the world show this. This is, for example, the rate of growth of Medicare activity in Australia. When I first started at Concord 25 years ago The CTs across Concord and Canterbury scanned about 15 patients a day and produced about 500 images. The CT Scanners at the 2 hospitals now do about a hundred patients a day and generates several 100,000 images. That is, hundreds of times more images than when I started a mere 25 years ago.

Secondly, decreasing staffing and radiologists are leaving. 6 radiologists have left in the last 6 months alone. Those 6 radiologists represent one third of the staff specialists, that's a huge loss in 6 months. All permanent staff have reduced days or left in the last 3 years. Radiologists have left because of dissatisfaction and frustration with the working conditions imposed on them. None of them have retired in 3 years. Two-thirds of the radiologists have cut their commitment to Concord and have opted to work elsewhere. I repeat, none of them have retired. Why are they leaving? They are just so frustrated that they are leaving partly because they can readily find a more positive and supportive work environment elsewhere. Another motivator is the continued messaging that the problem is the radiologist at Concord are not working hard enough. The presence of a backlog is not, in my opinion, valid evidence of underperformance workload. Data actually shows high performance. Radiology College accreditation in 2019 identified the radiology are doing double the workload indicated in the Australian benchmark. They informed the Administration that the radiologists were doing double the workload of other public hospital radiologists. The imaging stream used to collage metrics again last year and show that the median radiologist workload was still 50% above the benchmark. The department currently has 9 FTE, not much more than half the numbers that the college recommended during the 2019 accreditation. Why do you think there's a problem with the backlog? It is not just radiologist numbers that have fallen, support staff have been cut nursing staff numbers are down by a third, clerical by a quarter. As you know through the MSC it is strongly discouraged from talking about nonmedical issues, so I cannot comment further. Thirdly, failure to maintain assets. Virtually, every piece of equipment that has been replaced in the last decade has been replaced well after the capital sensitivity date. For those that don't understand to quote the Medicare Schedule, capital sensitivity is the tool used by Medicare to ensure that patients have access to quality diagnostic imaging services by encouraging providers to upgrade and replace aged equipment as appropriate that's their wording. Put simply it means patients get access to modern equipment that gives them faster scans, showing more detail with improved safety. Concord radiology has a trust account with efficient funds to pay for all of the scheduled major equipment replacement and proposed enhancements for the next decade. This, of course, is always included. This second MRI, the failure to replace equipment in a timely manner is not a funding problem. The failure to request, replace top equipment in a timely manner is because of the inefficiency of the

district's procurement processes. The practice of radiology has changed considerably. Imaging is much faster and more detailed than even a decade ago. Diagnoses are more accurate. Clinical guidelines have increasingly recommended higher end radiology, particularly CT and MRI as standard components of the investigation of patients. More accurate diagnoses means that patients rely on radiology. Much more medicine has become more complex with the need to integrate a broad range of clinical features and diagnostic tests with the radiological findings. You all know this. Many departments have asked radiology to attend more clinical meetings and these meetings are growing longer, more complex, and require more preparation. COVID has accelerated the transition to network radiology. No longer do we rely on a physical film or disk. Most patients' external imaging is available online. The cheapest test is a second opinion you know that you can now get that second radiological opinion much more easily than ever before. That second opinion is not recognized in the metrics, so is given no value by administration. There had been no enhancements to meet these changing demands. I've already discussed staffing losses. There has been no enhancement to major equipment for almost 20 years. Canterbury is probably the largest hospital in New South Wales, without an MRI. Similarly, Concord is the largest without 2. The Concord scanner is shared with Canterbury. Prince Alfred by comparison, has 4 MRIs, and access to several more in private practice within a hundred metres of their campus. Clearly there is inequitable access to imaging for patients at Concord and Canterbury. The Chief Executive promised more than 7 years ago, with subsequent approval by the Ministry of Health 6 years ago, and then hospital General Manager, telling the medical staff counsel at the beginning of 2019 that the Second MRI would be operational in 6 to 12 months. Despite those assurances, more than 4 years after that, General Manager's comments, we are still waiting for the district's business unit to rewrite the business case for the second MRI. What have the radiologists done to highlight their growing concerns? We asked ASMOF to intervene in 2011 they tabled a series of recommendations on our behalf. The net result was a saving based on the subsequent financial impact statement written by the districts business unit of 2 to 3 million dollars over 5 years. What does it say about the culture of the department that we cared so much about the financial well-being of the service that we went to the Union? Who else has done that? What does it say about the processes within the Administration that it needed that level of intervention to achieve things that are in the best interests of the hospital? We have repeatedly raised issues of radiology through the Medical Staff Council, and I thank previous chair for that. I don't have time to discuss all of the issues. Multiple radiology items remain on the current MSC priority list. We got ASMOF back in in 2019 the chief executive responded that ASMOF does not determine staffing levels; She does. In 2021 the radiologist had a meeting with the Director of Medical Services at Concord immediately after the meeting. The head of the department was rung by administration and told that the radiologists were in breach of the code of conduct by saying negative things to the DMS. I presented to the Clinical Quality Council in February. That includes, of course, the Chief Executive and a representative of the Board. I was subsequently called to a closed meeting, where I was told by the Chief Executive that the reason the radiologists were leaving was because of the poor culture in the department. In my opinion that is an unreasonable response. When two-thirds of the staff specialists have left in a short period, and where the statistics show the individuals involved are performing well above the benchmark, I expect senior administration to investigate and try to understand the problems rather than blame the staff. Finally, of course the alternative action many radiologists have taken is to conclude that there is no future for them at Concord rather than try to fight, to provide a quality service they have to leave. Some of the consequences of the deteriorating services are well known to the clinicians here. Delayed reporting leads to the late diagnosis. This means more complications, more costs, and more risk of litigation. Many consequences of the inadequate resourcing are less obvious and less immediate. This includes

teaching and supervision of junior staff, the level of accuracy and expertise of the opinions and reports, research and leadership and quality activities.

In short, the Department is unable to provide the academic level services that underpinned the reputation and quality of a teaching hospital. Lack of equipment and staff means lack of equitable access of patients to a diagnostic service. Outsourcing of radiology leads to lower quality, fragmented care and loss of revenue. Loss of revenue in turn reduces the ability to support staff and equipment. The department is in a death spiral. There are many more things that are contributing to the deterioration in radiology. Importantly, I can't discuss the performance and criminal investigations that Staff and radiology have been subjected to, because these are protected by secrecy clauses. It's deeply distressing to be subjected to such investigations knowing that we are performing well above the benchmark. We have had to invest hours of our time in defending ourselves against these actions. This clearly produces a serious emotional toll on ourselves and our families. For some these investigations are the final straw that led to their resignation. It is upsetting to see so many of my colleagues in radiology distressed and angry at the way they're being treated. Many of these young radiologists who I have trained and recruited. These are the people who are the future of the hospital. I feel that pain, I share that pain. How can I say nothing? How can I do nothing? Some of you have spoken to some radiologists and asked whether they are okay. Thank you, thank you for that. I see that as showing the true culture of Concord, caring for our colleagues. That is the only thing that has kept me here during the last few years. I encourage others to do the same. The radiologists need your support, and in doing so you can take the opportunity to discuss their concerns and confirmed that I am speaking out in support and on behalf of them not as a rogue who is disengaged from the rest of the department. In conclusion, the core problem in radiology is the inadequate response of administration to the increased workload and losses staff and failure to provide the enhancements required to cater for the changing service requirements. There needs to be a major and immediate change in administration, or things will continue to deteriorate. The first step is to endorse the vote of no confidence.

Thank you. Winston.

[Winston Cheung] 18:00:41

Thank you. Lloyd.

Okay. We'll have some more comments and questions. But before we do, I'll take the opportunity to answer some of the questions that Ilona has raised, and I'll do so in a pre-prepared talk.

So it is with a heavy heart that we take this course of action today. But everyone needs to understand that this action today is not about a vote of no confidence. This vote is actually not that important. The action that I've taken is about the stories coming out. It's about the stories that you have heard today and it's about the stories that you will hear in the coming days, the coming weeks and the coming months. It's about the truth that will be revealed and about the laws that will be exposed, and we do this because we must act in the best interests of our patients, their families, the Concord community.

We must act to protect the health and welfare of our staff, and from these stories we will learn the lessons, and from these lessons we will heal, and from this healing we will rebuild. It with a heavy heart, that I do this to our Chief Executive. After all, the Chief Executive is a victim here also. She is a person. She's a person with a long career and a person who has undoubtedly worked hard. But she is

a person who has risen to a position of authority and a position of great responsibility, and she will be a victim of her own actions. Sometimes people make bad decisions, but they are responsible for those bad decisions just like the driver of a motor vehicle that kills innocent people or a parliamentarian, who does the wrong thing. Bad decisions have consequences but at the end of the day they have to accept the consequences of their decisions.

Now there are 3 major reasons why I've called for this vote for no confidence, and why the stories that you have heard today must be told at Concord. The first thing we must do is change the culture at Concord. We have a culture of fear. We have a culture of intimidation and bullying. We have a culture of silence. We have a culture of denial. We have a culture of blame and responsibility shifting. We have a culture of spin, and, worst of all, we have a culture of appeasement, and it is the Chief Executive who's primarily responsible for this culture.

What we need is a culture of truth, an actual culture of collaboration and respect, not just a slogan. And I've said it before, and I'll say it again. We need a culture and an environment where every employee, no matter who they are, can speak openly and freely about the problems which they have with patient care, and the problems they have at work without any fear of reprisals. Every employee must be able to do that. We do not have this currently. And we will develop this culture as we heal and rebuild in this new culture. We will put an end to the intimidation and into the bullying. But our culture has to change.

The second reason that I'm taking these actions to stop our staff from leaving. We have lost far too many staff. I could have waited longer to undertake the action, but many staff have told me that if something is not done now, they will leave. In a way that forced my hand. I took this action because as a hospital we cannot afford to lose any more of our valuable stuff. We cannot wait. Action needs to occur now. Our Chief Executive blames COVID, but we all know this was not COVIS. This is a systemic failure over many years to respect and look after the organization's most important asset; that asset is our workforce. The working conditions at Concord must be improved immediately, so that no more of our valuable staff leave. Now you've heard the other week that the Chief Executive said that there is no problem. The data doesn't demonstrate a problem, yet every one of us sees it. We have seen the staff leaving. We know why they are leaving. We know they have left because they have been not treated well by management. We are told by management that they cannot conduct exit interviews. They cannot conduct exit interviews because this is an invasion of privacy. Staff may not want to tell management why they are leaving; therefore, they can't be asked. Well, we know why management don't ask. They don't ask because it will reveal the truth.

The third reason we are taking this action because of the failure to plan for the future of our workforce, and I'm talking genuine plans, not strategic plans that resonate well, but lack substance. I'm talking actual, tangible plans that will be implemented and implemented within a specified timeframe. We have a cultural problem at Concord; what I call a culture of "can kicking". Problems get kicked to the next financial year, then to the next, and to the next.

There's not enough money, they say, but we ran a $280 million surplus 2 years ago, and we ran a $70 million surplus a year before that. Where did those surpluses go? And what happens to that money? There may be a legitimate explanation for this, but we have never been told. This culture of "can kicking" needs to end. Every department here knows what their future requirements are. We have the population projections. You know that if you need 10 staff by 2030, there's no point waiting till 2030 to get those staff. You need a transition over the next 15 to 20 years to integrate those staff enhancements. We don't do that at Concord. We don't plan. We fail to plan. Every department must have a workforce plan, and we must plan in partnership with our executive. The first step for this

planning is to have an accurate understanding of our finances. The next step is for all of you to sit down with the executives, plan for the future. Knowing the state of the finances is not about having the future thrust upon us. Unilaterally, the situation must change now. There are many other reasons why I've taken this course of action.

Now you all have 3 questions, several questions to ask of me.

You'll be asking, will this action work? Will there be reprisals? If it works, will anything actually change? Well, firstly, will this action work?

It already has. This action was not about the vote. This action was about the stories, and you have heard some stories, but you will hear more because the staff have been afraid to speak out, but they will be afraid no more. That is the point of this action. It is about revealing the truth of what is really happening at this hospital to everyone, including the patients and our community. But in terms of the vote, in the last 15 years there have been 3 votes of no confidence in chief executives, or senior executives in New South Wales, and on 2 occasions votes of no confidence were proposed, but they did not proceed to an actual vote. On each of these 5 occasions the person subject to the vote left. They moved on. On the 2 occasions where the vote did not eventuate, one person moved on before the vote could be triggered. On the other occasion the vote was left on the table, and the person eventually moved on without the vote being used. You see, it's not the vote of confidence that determines the outcome, it is the proposal of the vote that has the greatest effect. In our situation, it is the email from last week, that is, had the greatest effect. The vote itself is not that important. The proposal of the vote indicates that there is significant discontent within the organization. Outsiders, therefore, start asking, what is the discontent? Why have things become so bad that a vote of no confidence has even been considered? This discontent highlights the significant problems in the organization, the problems, highlights the performance issues in the management. It is the performance issues that determines the outcome is not the vote of no confidence that determines the outcome. The vote of no confidence merely accelerates the speed to which the outcome occurs.

So, what the proposal of this vote in confidence has done is, it has emboldened staff to speak up and tell their stories, and we have heard 2 stories tonight. But let me tell you this will not be the last. These are only the stories from the staff who have been brave enough to speak. There are many more staff who are scared, and over the few days and few weeks we will hear more, and it's more and more staff become emboldened more and more staff will come forward, and more and more staff will tell their stories. Today has just been a taste of what is to come. And the reason I know this is, they have told those stories to me in confidence, but now they will tell those stories to you, and many of the stories that you hear are horrific. Many of you be shocked and dismayed at the treatment of our colleagues and our friends. But what is really disappointing, is that many of you won't be shocked because many of you know exactly what has gone on at Concord. But you have decided to turn a blind eye and, what's even more disappointing, is if I had not won the election, the stories you have just heard would probably never have been told and our brave colleagues who spoke today would have continued to suffer in silence, and many of our colleagues would have left. They would have been a travesty of justice. For far too long our Chief Executive has tried to suppress the truth. For far too long the Chief Executive has tried to stop the lies from being exposed. Well in the next few days, the next few weeks the truth will come out, and those lies will be exposed. Her decisions in this hospital have caused much misery. And as that misery is revealed I hope that everyone here reflects on the part which they have played in these stories. Because we allowed this to happen. This should not have happened, but it did. We now must not continue to allow this to happen.

Now our actions are highly likely to succeed because of other reasons. Of the 5 votes of no confidence or proposals to vote, we are actually being far better prepared than any of the other hospitals. We have been more diligent in preparing the case for our action, and diligent and preparing for every eventuality, and we have been doing this for the last 12 months, because we knew this day would come because we knew the chief executive would not act on our problems so before we propose this vote. In our confidence we had to do 4 things:

First, we had to build a strong moral and ethical case for action.

Second, we had to build the strong political case for action.

Third, our case had to be absolutely lawful and withstand legal scrutiny.

And fourth, we had to have a robust media strategy to deal with the media fallout, because there will be massive media fallout.

So, we'll talk about each of these 4 aspects of the case.

The first is, we had to make sure our case was moral and ethical before we took this action we had to be absolutely reasonable, no matter how unreasonable the chief Executive was to us, we had to be absolutely reasonable and we had to be absolutely lawful, that is what protects us that is, what protects me. As I explained before, it is unreasonable to expect our employer to fix our problems if we don't tell them about our problems. So, the first step was to inform the executives of the problems which we did, and to allow them every opportunity to fix those problems. But despite this, our Chief Executive has refused to fix many of the problems. There's been little action on our priorities. There's been no action, no action on bullying and harassment, and the Chief Executive has engaged actively to further to silence the MSC. In our proposed terms of reference, I use the following words in our guiding principles; "Act in the best interests of the patients, the families in the Concord community, protect the health and well-being of staff with integrity and the highest ethical moral standards, ensure accountability and transparency and decision making"; these words were removed from our terms of reference.

Why were these words removed? You all know why. The ultimate test is what our patients would think, and what would the community think. Our action passes the community test.

The second thing we had to address was the strong political case for action. Concord is in seat held by the Liberal party, in a state held by the Labor party. The margin to which the Liberals hold the seat is 1.5%. At the next election the seat will become very important. The politicians will be in no move to deal with an irate community in the seat. The board of this SLHD was elected by the former Government. The current government we want to ensure that the Board continues to do the right thing. There will be no mercy for the board if there are any missteps. This vote of no confidence and stories that arise will put tremendous pressure on the board. That will be under significant scrutiny. On top of this we have other political allies which we can approach. If we need to, we can approach ASMOF, the AMA and the nurses and midwives' associations. But we will not involve them because we don't want this case to be portrayed as political action taken by these organizations using Concord staff to support their course. The action is taken by us solely. By us, as the MSC.

The third, our case had to be lawful and withstand legal scrutiny. Unlike the 5 previous votes of no conference, we have had significant legal consultation in our case. Our case passes the legal test. What we are doing is absolutely legal. The wording of email was carefully drafted with the lawyers to withstand legal scrutiny.

The last thing we want was to execute this case, and for it to be nullified on the basis of a legal technicality. And we also need to be protected legally. That is why I did not proceed with this until I got the green light from my lawyer. In fact, our lawyers are more concerned about the political fallout, rather than the legal fallout. The legal point of view this case is relatively simple for them.

Now, fourth, we had to have a robust media strategy to deal with the media fallout. We have this strategy in place because there will be massive media fallout. Previous votes of no confidence have generated considerable media interests. I want all staff to be able to speak to Media. So, we have a strategy for that and if there are problems with media access, we can always use third parties to get our message across, but hopefully, that will not be required.

Now the second question that everyone has is will there be reprisals? I've discussed this issue with the various MSCs which have instigated votes of no confidence. The 4 taking this action, all of these MSCs have told me that not one member of the MSCs was subject to any reprisals. Okay. As you can imagine, it would be pretty foolish to reprimand a person for taking part in a vote of no confidence, but there is one downside to this too. I know that there are departments which have been negotiating to get enhancements and priorities up and running, and, unlike other departments here, these departments have been doing well so far. These departments won't want to rock the boat. This action may delay things for you, and I apologize to you for this, but I'll help you get all those enhancements back on track, and approved with whoever the Chief Executive is after this. I'll help every department who wants help from the MSC to get the enhancements and forward planning that you and your patients deserve.

So, the third question is if our actions work, will anything actually change? Well, strategy is a bit like invading Iraq or Afghanistan. What do you do if you win the war? Well, we have to rebuild, and this will take time, and this will take money. But the first step doesn't cost any money. The first step costs no money, because the first step is to rebuild our culture. Our second step is to improve working conditions, to stop staff from leaving. Our actions hopefully will have given them hope, and hopefully they will stay. And a third step is to plan for future services and workforce. We know the state of our finances, we must be involved in the planning process. Every department must have this. Now the Chief Executive has a performance agreement, but just because the Chief Executive has a performance agreement doesn't mean she can subject us to death by a thousand cuts. And the cuts are so deep a band aid needs to be used to stop the bleeding. Many of the Chief Executive supporters will say that she is acting in the best interests of her performance agreement, but the Chief Executive is a public servant. She must act in the best interests of the public. The community expects that our workforce is happy and healthy, and that our workforce is sustainable. That is because we look after the community. Our staff serve the community. Therefore, the Chief Executive must act to protect the health and welfare of staff. She is not doing this.

Now someone asked me a few weeks ago: This must be taking a toll on your family? Well, it has. That's because I have 2 families. There's the family I go home to at night, and there is the first that I work with during the day: My Concord family. And this has taken a terrible toll on them. When times are tough, we help family. We do not abandon family and we will not abandon our colleagues. This is why I've taken the action. This vote of no confidence will likely stay on the agenda. It will stay until we are listened to, and our problems are adequately addressed, and we will execute this vote, and we can execute more at any time. It can be next week, next month, next year. This vote will be a constant reminder of what we as an MSC will do in order to protect the public and protect our staff. It will allow everyone working at Concord to have a voice. It will allow the truth to be revealed. This is what a vote of no confidence does.

In closing, I would like to thank Belinda and Lloyd. They've been incredibly brave. But they will suffer no more. Next week you will have 2 clear choices. You can continue. You can choose to continue the status quo. You can continue this misery; you continue to allow our colleagues to suffer. You can continue this intimidation and bullying; you can continue this toxic culture. You can watch more staff leave. You can watch the can be kicked down the road. You can continue this death to Concord by 1,000 cuts. Or you can choose to have a fresh start. You can choose to support your colleagues who need your help medical, nursing and allied health colleagues. And can I add that our nursing colleagues have not been allowed to speak today. I need to emphasize that we can heal. We can unite, and then we can rebuild, and we can ensure that the sorry chapter in Concords history never happens again. Now, I'll open the discussion to anyone who wants to speak. Please raise your hand. Angus.

[Angus Ritchie] 18:25:03

Well, I'd like to begin by acknowledging the very painful stories from our colleagues that we've just heard. It took a lot of bravery to share those stories, and I can tell that very and traumatized by that experience and are a representative of others who may not be prepared to speak.

But I have to say, Winston, shame on you as chair of a medical staff counsel, to engage in a unilateral series of actions. None of which have ever been discussed and none of which have been sanctioned by the MSC. This completely undermines the integrity of this Council. You have taken unilateral action to engage lawyers without the support of the MSC but on behalf of the MSC. Saying, you haven't got the media on behalf of the without the support of the MSC. You have engaged consumers, on behalf of the MSC without the backing or support of the MSC. You do not speak for me, and you did not speak for a significant proportion of people at Concord, and I think that it is very painful for you to put these positions that divide us so far apart and has the very opposite effect of what I think you are trying to achieve, which is to bring this together. So much disregard for all the processes of collaboration. The openness, the collaboration, mutual respect, and empowerment of your colleagues, the people who could get behind you and support you, to address all of these important things has been completely undermined because they've not been brought to attention this Council and you just don't have the support , so I think you owe it to all of us, then, to make clear all the evidence of your engagement with outside parties, and whether or not you purport to have done that with the support of the MSC. Or have taken those actions unilaterally, because from what you have just said to us, you have completely and utterly undermined all integrity of this body and integrity of the medical staff council.

[Winston Cheung] 18:27:37

First of all, I have not engaged in any media. Okay, there's not been any media contact. I cannot speak for others, but there has been no engagement of media from my end. Secondly, all I have done is proposed the discussion, and to propose the movement of the motion of no confidence, and I did that with an email, one email.

[Angus Ritchie] 18:28:05

So then, when did you discuss this with other medical staff Councils?

[Winston Cheung] 18:28:07

I asked for personal legal advice before I sent that email. That was a proposal from me. So, what I have done is perfectly legal. I have not unilaterally, I have not.

[Angus Ritchie] 18:28:21

Hang on. You just said you saw legal advice regarding a motion.

[Winston Cheung] 18:28:25

Unilaterally, I have not unilaterally gone to move the motion. The motion has not been moved. We are discussing it at the moment. There has been no motion moved Angus. In terms of the consumers, I asked the consumers for advice on whether or not this issue was important to them. Now, they do not want to be involved with this issue, and I told them that I respect that. They do not want to be involved in any political action, and so I've respected that.

[Angus Ritchie] 18:29:03

But did you do any of those things in a way that would give anyone the impression that you were speaking on behalf of the Medical Staff Council?

[Winston Cheung] 18:29:14

Well, I introduce myself as the medical staff council chair and people can take what impression they want from that.

[Angus Ritchie] 18:29:21

So, when you seek personal legal advice, you do so as the Medical Staff Council Chair.

[Winston Cheung] 18:29:28

There was no legal advice taken on behalf of the Medical Staff Council. This was taken to protect me, because I know what the district will do if I take any missteps from a legal point of view, and if I did not, if the lawyers, we're not happy with what I was doing, what my proposal was I would not have taken the step list.

[Liz Veitch] 18:29:59

So, look! They were incredibly powerful speeches from Belinda and Lloyd, and I think it's very true that there are many other people who have seen this hospital deteriorate over a long time and feel

demoralized and desperate, and I don't have a big speech, and I won't go into my own experiences. I guess what I did want to say, though, is that really rather than bickering about whether this should have been you know, a general meeting or a special meeting and bickering about what you've done, Winston, let's all admit that you're in unchartered territory.

I would like Angus to get the discussion back to the important topic which is the absolute, powerless, and demoralized state of our hospital, and the reason we're here, which is the vote of no confidence. So, I don't really think talking about what we Winston's done, and how he's done it, and how badly he's done it. I don't think he's done anything badly, and I just see a person desperately trying to help.

[Winston Cheung] 18:31:28

Cameron.

[Cameron Korb-Wells] 18:31:30

You know. Thanks, Liz. I mean, I don't think any of us will debate, or in any way seek to diminish the significant concerns raised. And clearly, there's a lot of work that needs to be done to improve the situation of many in the hospital at the moment. I think that part of what we all need to think about is how we can do that in a constructive manner that will actually produce improvements for the hospital in our ability to serve the community and taking action as such I would just note as well, Winston I think we've talked a lot about motions, and there've been a few points in the chat that we do have 2 motions on the table at the moment that have been moved, seconded and not yet voted on. So, I'm just unsure as to where that will fit in the proceedings of the meeting.

[Winston Cheung] 18:32:13

Yeah, no, I'll talk about that at the end. Look, I see no future for Concord with the current Chief Executive. You know we have tried to engage since I took over as chair, and the other week we were told that we could not talk about nursing issues. We could not talk about allied health issues. We could not raise industrial issues. So, this is not a Chief Executive who is prepared to engage with us. This is a Chief Executive who bullies who harasses and intimidates and I don't see a future with her. I see a future with another Chief Executive, and I'll see a future with another person that we can work with, and that is a choice we have. That is a choice we have, that is all we are talking about today. Are we prepared to work with this person in the future, or would we be happier working with someone else? That's what this is about because if we don't want to work with this person, we can remove her. Simple as that if you don't want to work with her. We can remove her, but if you're happy, if you're happy with her being there, and you're happy that she's going to carry us through the future, then we can vote for her.

[Angus Ritchie] 18:33:44

This point of order, Medical Staff Council cannot get rid of a Chief Executive.

Which you just started. It's not true.

[Winston Cheung] 18:33:51

We have no authority to reach the Chief Executive, but the vote will carry significant sway. But it's not the vote. It's about the stories that are going to come out, and it's the stories that damage the Chief Executive. It's not about this vote. This proposal has allowed the stories to come out, and over the next few weeks we will hear those stories.

[Winston Cheung] 18:34:20

Anthony.

[Anthony Linton] 18:34:24

I'm very concerned by the turn of this discussion. I think that there are many of us are aware of the challenges that are facing departments, and we have been talking about issues such as radiology and how best to help them. Unfortunately, I don't think, Winston this is the approach, and I know Liz you say we shouldn't talk about the process of how this happened, but I think this has been incredibly divisive if we say the vote doesn't matter, and it's all about the stories that we'll come about the conversations since last Thursday between clinicians in this hospital have not stopped. There have been incredibly distressed colleagues, who were very, very upset by the tone and the nature of how this was launched. It is not just an email, it is hand grenade thrown into the staff, and unfortunately, if we actually want to be collaborative with each other, if we want to be unified as a group, it does not work by playing groups as us versus them by saying oh, there are some departments that are haves, and there's others that are have not. It is not helpful, and it is not helpful describing this whole hospital that we love to work at as this place full of bullying and harassment. When that is not the reality. For many clinicians in this hospital, we are well aware of the problems we need to work on solutions to improve them. But we do not do it by dividing ourselves in the way you are letting this happen. Winston.

[Winston Cheung] 18:35:50

Len

[Len Kritharides] 18:35:55

Thank you. I wasn't next. I think John was next, but I'm happy to speak.

[John Cullen] 18:36:00

Go ahead.

[Len Kritharides] 18:36:00

So, yeah, so, look, this is very, distressing, isn't it? Of course, there's the obvious distress of the things that Lloyd and Belinda talked about, and it's distressing for lots of reasons, because we all interact with them in different ways. And some of us have tried to help in different ways in ways that people wouldn't know. And like, we have cardiologists who co-report things in radiology, your salaries are fully paid for by cardiology, you don't know that. For example, we've co trained PhD students with radiology so that there's camaraderie and local understanding and intellectual input and we love interacting with all of our staff and colleagues. So, this is, of course, a universal thing, you know, and now everyone on the call there's 1 point of unanimity here. Everyone will be distressed by what Belinda and Lloyd were talking about. There's no disagreement, and Winston, it could be that there are ways of old and ways of new, and you may be representing the ways of new, and it could be that previous MSC Chairs like me, you know, had the wrong way about it. I don't know. I know when I was there, I did my very best. I worked for 3 years. I helped secure the funding for the redevelopment. We all supported the things that go for we did our best, and maybe there is a new way. Okay? But there's the thing that we always have to remember is that when we do something it has to be with a purpose in mind. Right. There's a purpose and an effect. So I don't think it's sincere to be saying, all you've sent out is an email when, in fact, you've clearly also in the same breath said, well, the email was the action and the distribution of the email was, the bomb that's flying off, and it's going to have an effect. Now you may be right and clearly from what everyone has said, that is an issue, and you know it has been effective. Right? Look at all the conversation that's been happening, but I think the thing that distresses me is that because it's gone out before people could put their point of view across as an MSC you've effectively acted on behalf of the MSC. Now, you might say, well, no, I haven't. I've just said I'm putting a motion of no confidence, but you see, as you said yourself, it's not the motion of no confidence that's the issue. It's the fact that's being put up. And the problem I see here is not, I mean, of obviously it's very distressing that we could be challenging the authority of the CE and that's a thing I don't think that's going to be productive, not because it's wrong for the stories to be told on the contrary, Winston, I think absolutely right about that. I think they still do need to be heard, and I, for one, would gladly, if given the authority to work with people to come up with tangible solutions for really challenged departments. If I was given the legs and the resources to do it. The real challenge is that because of how this has been done, we have potential division within the medical staff. That is my biggest distress. The great thing that we've always had as a hospital is the sense of one and collegiality in the hospital, and for those of us that work across the district, and I tell you there is a cross to bear being a stranger because I mentioned you, I do have to be in the other place a lot of the time. This place is a great place to work. Colleague to colleague, efficiency far more gets done with far less resource than gets happens elsewhere. And I think it is really important, as we're thinking about what we're doing here, that we don't think of any action as being favourable. We have to think about our actions in terms of the totality of their effects and the totality of the effects here is that I really emphasize how important it is that the medical staff have a collective view on how we move forward with every action you see where does unanimity there is great support. There is unanimity here about everyone helping out with what's wrong in ED and radiology. There will not be a single voice on this call that disagrees with that, but this great disagreement on the other things. And so, the real concern here is that we can lose colleagues in the rush without having thought through what the consequences of actions are. So, I think that there is a separation between the truth telling and the need to act on these departments and to potentially challenge the structures that exist in the district that talk about how resources are allocated when things have been agreed. So, if it's the second MRI was actually approved in a Trans district policy document 5 years ago. I remember I was chair of the MSC. It didn't happen so then there are causes and consequences that need to be worked through, and they do need to be followed through. But I must tell you, Winston I'm very concerned about the process that's been followed, because the process

itself is causing potential rupture in the MSC. And my concern is that it's counterproductive for the goals which you have and your deepest goals, regardless of process, at the help, emergency, radiology, and other affected departments. And so, for these reasons, I think, please don't dismiss out of hand the cases that people are making for, how we proceed here, and what the conscious consequences of our actions are. Every action has a consequence, and I think these cannot be dismissed.

[Winston Cheung] 18:41:54

When the bullying issues were raised with Teresa, Teresa said, there is no evidence to conduct an investigation. Now I said, the best way to resolve these problems was to have an independent external investigation into bullying and harassment. Theresa has refused to do this. Now, several weeks ago I was called to Teresa's office, and I was handed a letter, and I was threatened with the code of conduct. I have this letter, and I have the code of conduct. The reason I was threatened with this was because Teresa wasn't happy with the terms of reference. This was just a draft. It wasn't a term of reference. It was a proposed draft that you have all seen. But she wasn't happy with this, and she wasn't happy with the manner in which I was managing the allegations of bullying harassment. Now okay, what do you think, Len, in regard to threatening the MSC Chair with a code of Conduct? That violation is absolutely not acceptable. Zero acceptability. That constitutes intimidation. That constitutes bullying, and I deliberately have not mentioned this because I did not want this to be part of the conversation. But when you question my integrity and you question my intent then I'll have to bring these things up, and this is what this is about.

[Len Kritharides] 18:43:51

Sorry, Winston. No, no, no, it's not.

[Winston Cheung] 18:43:53

This is about the intimidation, the bullying, and the lack of respect for staff.

[Len Kritharides] 18:44:01

Sorry Winston, if you've had that sort of treatment. That's terrible. And you see, that's the one of the problems we face here is that there's a whole lot that's been going on that many of us don't know anything about. And so, it is perfectly understandable that in that circumstance you would feel the way you do.

But do you see the problem, the rest of us face is that we see an email come out of the blue, and you can understand that a lot of people on the medical staff will now maybe have some insight, but before had no insight.

[Winston Cheung] 18:44:38

That is what this discussion is about, Len. It's about the stories coming out. It is about that insight. It is not about the vote of no confidence. The stories are going to come out. Len.

[Len Kritharides] 18:44:51

Oh, so, Winston. There's no disagreement on that. There's still people need to be heard that is absolutely right. That is absolutely right. What we have to try and pull everyone together on is the process by which we follow. To hear people stories and make sure they heard.

[Winston Cheung] 18:45:08

I'm going to read a text which I have received from a colleague who wishes to remain anonymous.

I am a senior doctor, employed at Concord for over 25 years. I felt aggrieved, by the dominant and disrespectful way I was treated by Dr Genevieve Wallace, when she was the GM. I was bullied according to the accepted definitions, although several relevant senior staff in the district are aware of my circumstances, and I have sought support and counsel in the recommended ways. I felt unable to formally report this serious grievance, because of the close personal relationship between Dr Wallace and Dr Anderson. I have no confidence in the matter being handled fairly or compassionately. Others have also advised caution. I've seen how Dr Anderson has managed other staff with grievances. I'm aware of long serving senior, non-medical staff, holding serious concerns with the management style of Dr Wallace and Dr Anderson, which substantially contributed to those staff resigning from Concord. You will not hear from them at this meeting, nor from others who have resigned. I have other equal concerns about what is regarded as unequal standards applied to decision-making in the district, under the influence of Dr Anderson. I fully support the proposed vote of no confidence in Dr Anderson.

[John Cullen] 18:47:23

Yeah. Thanks, Winston. I am really distressed by what's going on. Distressed that colleagues have been treated poorly. But I'm also distressed contemplating what will happen to this facility, which I've worked in. I've been a medical student here first in 1975. Colleagues and I have worked bloody hard without a lot of general support to provide a good service, and the environment that you have described is not familiar to us in our immediate day-to-day activities. I'm stressed by the fact that the work that we've done and the good that we do to our patients is going to be trashed, that the reputation of this hospital will be diminished that our chance of getting onto the capital works program in a serious way for Stage 2, which is absolutely essential will be delayed. And I'm very, very sad that the medical staff at this place is being fractured. Concord has been a great place to work ever since I was first here. It has changed a lot. Some people have not been able to cope with change, and they've moved on, but the core of the place has been maintained, and it's been cooperative and collegiate and friendly. I ask you to think again about all that Len said, which I think was very articulate and very, very to the point. Like Len, I work at other places, and they are not a bed of roses. There is no more palpable nastiness than in other facilities. In this district, and I also work in a regional LHD, and I have a daughter who works in a as a nurse in a haematology, oncology unit in a regional LHD. And what we're facing here is not nearly as extreme as the issues that

colleagues in other places are facing. It's been terrible. It has knocked the stuffing out of many of us. The workload has been unequally shared, and the work has been unequally acknowledged. But you can't deny the effects of COVID on the on the system, and the economy, and you know there isn't any money to throw at anything at the moment. I'm really worried where this is going to go.

I think it's going to diminish, if not destroy, the Medical Staff Council, and I think it's going to reduce the quality of care that we can provide at this hospital, which I really love. And you know, and really respect the work that is done by so many of you I think it's going to send us backwards by years. I think this is really dangerous. We've got to find other ways to deal with the absolutely unacceptable experiences that are colleagues have described. I did comment that there's been a change in the in the personnel involved in our direct management of recent times, which I think it's been a positive thing, but I'm very upset by this, and I'm really worried about the future of this place. And the people that that we've all worked with so well over such a long time.

[Winston Cheung] 18:51:56

John, this problem did not occur overnight. This problem has happened over years, and there are people in this forum today who knew about these problems and who have not acted. They have stayed silent. This is why we are having this discussion today.

[John Cullen] 18:52:17

Yeah, Winston, I'd suggest we've got to find a way of dealing with those issues separately from taking action that's going to wreck the whole place. The words throwing bombs and hand grenades were what were mentioned, and I think that is really what is happening at the moment I think it's a wrong approach to dealing with.

[Winston Cheung] 18:52:28

We have not.

[john Cullen] 18:52:43

Unacceptable problem that some in our community have had to deal with.

[Winston Cheung] 18:52:48

You talk about the problems with patient care. You have not heard from the nurses. You have not heard from the Allied Health staff. Now I invited them today to tell their stories.

[John Cullen] 18:53:03

Yeah. Now, Winston, I would suggest that I talk to the nurses who I worked with, and I'm very involved with the Allied health which I work. I talk to them all the time about the whole range of issues.

[Winston Cheung] 18:53:24

I think if you heard what the nurses were going to say today, you'd be pretty horrified. I think everyone here would be pretty horrified you know; the nurses complain about the doctors coming in. They do their ward round once a week, and all they see is problems with nursing. No, patients haven't been looked after. Patients haven't been walked. Yeah. People haven't done their jobs. The consultants do not see the stress that all of them are under, and it's far worse now. That has been for the last 10 years. The nurses have left. We are trying to replace them with more with junior nurses. Those junior nurses are not lasting very long. Many are leaving now after 12 to 24 months.

[john Cullen] 18:54:18

And this is not a COVID issue?

[Winston Cheung] 18:54:22

This is not a COVID alone issue. But this problem, this problem occurred over many years, and it occurred because our staff were not treated well. There's not a lot of things which they wanted.

[john Cullen] 18:54:23

This is a systemic issue.

[Winston Cheung] 18:54:38

All they want is leave cover for maternity leave. Things like that, and when you hear the stories of bullying, harassment and nursing, they are far, far worse than the stories that you hear here. So, we think we've suffered. People here have no idea. How the rest of our Concord family has suffered, and we choose to hear what we want to hear. Everyone needs to hear what people have to say. This is what this is about. The Chief Executive is responsible for the culture of this hospital. At this hospital we do not have the culture that we want, or the public expect. Now, public expect us to be healthy. To be happy, and for our workforce to be sustainable. That is not happening at the moment.

[Winston Cheung] 18:55:46

Ilona.

[Ilona Cunningham] 18:55:50

Unmute myself. I just wanted to ask you to allow other people to speak.

We've heard the entire proposal of why you're doing this, how you've done it, and what your plan is, but would love to hear other people's opinions.

[Winston Cheung] 18:56:11

That's what we're here for.

[Matthew Rickard] 18:56:15

Thanks, Winston. I don't think we should say it as splitting us but really, we're not split. We all agree that we want Concord to be better than it is perhaps. You know the way it was years ago, so we all agree on that, and we're all horrified by those stories. So, we're not split. We're actually unanimous. It's just whether your approaches are the new approach, you know, more aggressive than most of us would probably do. But I mean I think your kind of brave to do it. So, we're not split. We're just not really agreeing on the approach. And I think you could have done this a lot better. You could have, just brought it up at a meeting to see whether it was an option. So, I think, you know, perhaps you haven't done it as smoothly as it could have been, but so we're not split. We're all together. We all want Concord to be better, and Winston raised this motion of a vote of no confidence which we're going to vote on next week. Why don't we decide? We're all together, and yes, we can vote on that. I suspect I don't. Me personally, I'm worried that it won't do anything that will make things worse I'm not sure how it will help, so I just think we're going back and forth. We're not split. We're together. We all love Concord. We want it to be better. You've raised this motion. I don't know. I can't see the point and continuing to talk about it. We're horrified by those stories, we should probably vote on that vote of no confidence, and if it goes down it goes down. If we all vote on it, then we have to go through with it. I mean we voted for you. So, you are empowered by the vote last week. I think we're not split with together. We all love Concord. We want it to be better. And this we're kind of bickering at the moment. I'm not sure we're progressing. We don't fault your motivation, Winston, at all. Like, it's actually, it's amazing. But maybe just move on, and if there's going to be voting no confidence in Teresa, then bring it on next week, and it'll later come up. Will not come up.

[Liz Veitch] 18:58:31

Matthew just about took the words out of my mouth. I mean, I agree. I think we all perceive that that the hospitals in a dire situation and morale has never been. In the 33 years that I've been associated with the hospital, that it is now, and all we're really in a disagreement about is the best way forward. But there have been about a hundred odd people on this zoom, and so we're never going to get one direction or process that every single person agrees on.

[Matthew Rickard] 18:59:10

Okay.

[Liz Veitch] 18:59:16

I agree with Matthew, if we all understand the situation, and as an MSC and as a group of people together. We now have to either move forward along the way that you've proposed or vote to not do so. That's all. Thanks.

[Winston Cheung] 18:59:36

Prunella

[Prunella Blinman] 18:59:40

Oh, thanks, Winston, and everyone that has spoken so far. I apologize if there's any background noise, I've told my kids to be quiet. But look, I just want to say on behalf of the oncology department, I tend to be a bit quiet on the MSC. Because I think we're in a slightly better position than most departments in the hospital, largely due to the move into the new development, major service expansion with the radiation oncology and the new PET scanners really transformed our working environment. So much of that was long overdue, but now that we've got it has been really transformational. So, there's been a huge improvement in morale largely with people in medical oncology, haematology, and other departments who have the privilege of taking advantage of that space. But I agree with the comments here. I'm just really worried. I'm really glad that people got the opportunity to tell their stories. I am personally cringe and feel most physically sick when I hear struggling to get a second MRI, terrible access to MRIs on a daily basis. We are all doing that every day. I'm really worried about the way that the motion has come about that you think it's a good solution to what are the problems. And I really think we should endeavour to bring the MSC together and find alternatives, solutions which I think everyone will be in support of and that's all I have to say.

Thanks so much for your time.

[Winston Cheung] 19:01:21

Does anyone else wish to speak?

I know that we've hit 7 0'clock, but I feel that we should continue.

[Angus Ritchie] 19:01:33

Louise wants to speak as well.

[Concord Aged Care 1 7014117] 19:01:34 – Louise Waite

Yeah, sorry. I don't have a little hand on the device I'm using. Winston. And again, I would empathize with all the people that spoke earlier, and none of us would want out to see our colleagues suffering

that way. I guess one of my concerns Winston, is, we've heard, very, very negative things, but there has been a major deemphasis of the good things that happen at Concord, and I really do worry that it's a bit of a skewed view at the moment. No one's really focused on the good stuff that happens at Concord, and I think focusing purely on this negative is also very poor for staff morale. If we go ahead with this, I don't think it's going to have a great positive outcome that you're hoping for. Unfortunately, I think it will damage our reputation and we're not going to be seen in a positive light, and I think Staff are really going to suffer. As a consequence unfortunately, having said that, I do think the issues that have been raised need to be addressed, and I would be hoping that we could have some leverage to address those issues, because none of us would want to see colleagues suffering anyway, so I think a bit of a more balanced approach. That also means of addressing the concerns that have been raised.

Thank you.

[Winston Cheung] 19:02:50

Well, the Chief Executive has already addressed them. She says she's not going to address them.

[Shaundeep Sen] 19:02:56

Thanks, Winston. I've suddenly felt distressed, and other colleagues have felt distressed at the way the processes are going on. Look, I don't inherently disagree with anything that you're saying. I think that we need to hear about all these things and one of the things that we have lost over the last 5 or 10 years as close communication with the units. And if this brings people closer together to talk about what's going on and help each other, then that's a positive. I think the fact that there's a hundred people in the room talking about it is a positive as well, Winston, but I just I also think that you know we might go through with this. I don't see what it'll change, and if there is a change in leadership at a CEO level, I'm not really seeing how that's going to make this place any better. We don't have any control over who would come into that position. And if we're seen as a problem that could make us an even bigger target in the future, thanks.

[Winston Cheung] 19:03:59

Any other comments from anybody.

Elizabeth.

[Tom Gottlieb] 19:04:13

Sorry. I'll put myself in video, I probably share one of the views that have been sent as well. I'm not sure what this will necessarily achieve, but there is a problem of Concord whether it's at the SLHD level or at the local level. I've seen a major deterioration in general management approach to us and responding to our issues. Lack of interest, lack of response to emails, lack of understanding of our issues. So, we really do have problems. Whether this is the way to address it, though, is the question I've been thinking about for the last hour and a half. I think I'm very much torn. I'm distressed by the bullying allegations, and so on. I also see the complexities of healthcare across the major LHDs. And

I'm not sure that this action will achieve a major redistribution but there's also a problem that we all kind of agree on; that Concord is always held in the background that we see ourselves the second best. No, we don't see ourselves a second best, but we feel ourselves treated a second best and we've almost accepted it, and therefore don't check up anything about it because you know it's almost laughable concept that it's always going to be that way. So, I can see things on both sides. I don't see value in in the motion. Frankly, I think it's going to cause more harm. So I agree with those speakers before me have said that, but I do feel that we need a better approach from our local management, and to be allies with us to actually look at our issues and to I think that would that are part of our structure rather than just answering and holding us back and I think that's where the issues are. But I think a lot of the issues I find are currently we're at the worst we've ever been at in this hospital. And I think that's some of the issues we have.

[Winston Cheung] 19:06:17

Elizabeth

[Elizabeth Giugni] 19:06:20

I agree that this is a really difficult situation, and I don't think this is an ideal circumstance to find ourselves in. To those who have been critical for the way that Winston's addressed this. For me. I think I probably have to thank you, Winston, because I don't think these issues would have actually been raised. I think they would have continued to be ignored, and there's a great deal of damage that was done to the emergency department through this whole process, and.

[Winston Cheung] 19:07:01

Elizabeth. Sorry we lost Elizabeth.

[Elizabeth Giugni] 19:07:04

Yeah.

[Winston Cheung] 19:07:05

Sorry we lost probably about a minute of what you said.

[Elizabeth Giugni]

Let me try to start again to those who have concerns about the way that Winston has done this, and I understand those concerns, I think on balance, though I think I'm very grateful. There have been very significant issues in the emergency department, and we have lost a lot of really good people over the last short period of time. I have not seen any will to resolve those issues. I say, I don't think we would be here talking about them unless Winston had actually advocated and got this process underway. So, I actually do thank you, Winston, for raising it. I know it's a really difficult situation for everyone,

and everybody wants to work together and come out with the solution that's acceptable to all. But I just do acknowledge that the impact that actually raising this has had in terms of at least giving a chance to actually articulate what's going on, and to fix it cause II think that has been liking before.

So, thank you.

[Winston Cheung] 19:08:29

Judith, the email I know that's been sent around. Do you want to speak to that?

[Judith Trotman] 19:08:34

Yes, no, I don't think I need to speak to it in the sense that I've articulated my concerns. I really feel this was a bomb, and to be honest, I feel bullied myself by the action and it is contrary to the approach of previous collaborative approaches with the Medical Staff Council. I was very upset with the presentation, made by our ED and radiology colleagues. Yeah. I feel like sorry for them. The issues that radiology has presented. For as long as I have been a member of the Staff Council, and I do, however, feel that our resources issues have been exacerbated by COVID, have been exacerbated by this dire economic situation. And I do believe that you know pre COVID, there was, you know, a real commitment to change for Concord, and certainly we are absolutely committed to being world-class. And I really think I work with a world class team here at Concord, across know every department, and I'm just so sorry we're all feeling so battered.

[Winston Cheung] 19:10:37

Thank you.

Please note that you talk about the incredible team. But...

[Judith Trotman] 19:10:51

How are you frozen, Winston?

Is Winston just frozen for me, or was it just?

[Rosalba Cross] 19:11:06

Winston. We didn't hear what you said, Winston.

[Winston Cheung] 19:11:06

Jessica. Jessica, do you want to speak?

[Liz Veitch] 19:11:09

We didn't hear you, Winston.

[Rosalba Cross] 19:11:09

We didn't hear what you said.

[Winston Cheung] 19:11:15

Jessica, do you want to speak?

[Jessica Yang] 19:11:17

Yes, I do. Yes, thank you. I'm from radiology. It means a lot to me to hear that my colleagues can hear what's happening. It really means a lot to me that that that you guys have sympathy for me and for the radiology department. I want to say that the issues in radiology have been very, very longstanding, has been there for many years, and many of the issue actually predates COVID. Right now, we are so desperate. We are really, really desperate in radiology. We have tried all means. We have had many talks, many meetings. We are so desperate right now. The radiology department is dysfunctional, as you all know, in a sense, we simply don't have enough staff. Our staff have left, and we are at the brink of collapsing. I just want to repeat that we are at a brink of collapsing. We have to do something. We have tried for many years to try and work through the issues, but nothing. Nothing has happened, nothing. And we are at the brink of collapsing.

That's the truth.

[Winston Cheung] 19:12:41

Erick

[Erick Fuentes' phone] 19:12:45

Yeah, look, I just wanted to just state something. I don't think, in reference to your statement about the Chief Executive setting the culture of Concord. That's not true. We said that we, the clinicians, and the staff that work here do, that being said, if we do not agree with the culture that comes from above, we also have to in some way resist or help to change that as you're trying to do.

That's all. Sorry.

[Winston Cheung] 19:13:27Hello!

[Matthew Rickard] 19:13:38

Okay.

[Winston Cheung] 19:13:38

Philip

[Philip Visser's iPhone] 19:13:41

Sorry. Yeah, I just I'd like to take the opportunity to say, thank you to Belinda for expressing a vulnerability, and I guess, it just again demonstrates to me that this is quite a complex situation. I think a lot of the things that have happen in the emergency department this happened before I arrived here, and I've heard some of I guess both sides of the story, and I guess it just to me shows that this is quite a nuanced problem, and I think Len really said a few things that hit home with me. And this is a complicated situation, and I think we need to find ways of working through this constructively. My concern is, if we go down this pathway, it's going to be divisive, and I guess you said in your speech after the election Winston. But you want to bring people together, but I feel that this is doing the opposite, and I think we need to have a more balanced approach, and how we address things with Concord. The emergency department is at a place where I think for the first time in a long time, we are optimistic about some things happening in our environment. We've got enthusiastic young people that have joined our team, and we are in the process of rebuilding the department, that's been broken, and I think embarking on a path like this will not help that process, and it will set us back even further.

[Winston Cheung] 19:15:37

Thanks,

Sarah.

[Sarah Aitken] 19:15:40

I want to go with a lot of the sentiments that have been raised tonight. I feel broken for many of the stories that have been shared, and coming from a unit where we have been actively trying to recover from a lot of very negative behaviour that changed with some staff departing, it raises trauma, but I actually also want to emphasize that there's a lot of very positive stories that come from this hospital. I'm constantly meeting with junior doctors, and surgical registrars who find that their training experience here is unparalleled in comparison to wherever they work, and I think it's really important that we hear those stories as well, and that we look at some of the really great things that we have, and a culture that's full of mentoring a culture where people do learn where they do feel supported and there are exceptions to that, I know, but there are also real success stories, and I think going into a situation where we're hearing the negative stories, which are very valid, which are very needful to us to hear, but not having that opportunity to hear both sides, and not having an opportunity for a review of those stories, is a very dangerous situation, and I just want to make sure that we follow process, because when process, goes off the rails, then the strengths and the integrity and the power that we have gets diluted. And so, this is a very, very important discussion. It's the process that must be meticulous in all of this. If anything, I've learned from working on the boards at

the college. If the process has any flaws, if there's any question about it, then our power to bargain. Dissipates our power to see change disappears, and it gets diluted.

That's it.

[Winston Cheung] 19:17:36

Thanks, Sarah.

Any other questions or any other comments from the floor.

[Peter Katelaris] 19:17:54

Thanks. Winston. I thought I should weigh in. Look a lot of things have said a basic truth, but they don't address the notion that put up great things do happen here, and it's on the back of the people. The people have always been our strength that's not actually under debate. There's also unanimity about the problems and unanimity for want them for them to be better. But there's discussion, or the disagreement is mostly about the process. Now, I'm cognisant of the fact that Winston has been twice elected, despite the fact that he goes out on a limb in terms of method. But twice he's garnered the majority of his colleague's votes to prosecute his way of doing things. Now, the people who have spoken have mostly disagreed with that, and not many people have spoken or put in the chat their agreement with it, and that is the nature of a divisive problem like this. With those who do not agree, do not feel empowered to speak publicly, because it's harder to oppose than to agree, but only a small fraction of the membership on board today has actually spoken, and that bespeaks of a majority who are either unsure, apathetic or afraid to voice their opinion. So, the question is, how do we proceed now? What's nice about this is that we've had a very thorough airing. I've learned things about emergency department I was only dimly aware of I'm acutely aware of the radiology problems and Jessica's pain cry for help. Really it not only worries me about her personally, but our department is utterly dependent on Jessica's skill and rapid access to MRI and transabdominal ultrasound and if Jessica can no longer stay here, our very highly regard nationally regarded IBD Unit is without the support it needs to function. So, I've spoken many times at the MSC how radiology is a hub service that we depend on. We utterly depend on it. The question is, can something good come of this meeting that we can focus on these 2 acute problems?

All our other departments, my own included, is working admin to improve our own circumstances, but not nearly as acute as what we've heard from radiology or ED. Now personally in my time as head of department, I've developed working lines of communication with Admin, and even though it's painfully slow and it's not always how we wanted, I feel like I've got access to try and improve my department, but I've got no voice in improving radiology, in whom we are utterly dependent. And dare I say you are all utterly dependent, but the issue is not what we need it's how we go about it.

And the question that people have repeatedly raised is that expressing formal disaffection in our CE, owes that help us to get there, and nobody has overwhelmingly thought that that's the case of those who have spoken. So, the question is, is there a middle way? Can we park the issue of no confidence? And just leave it to one side without forcing a vote now? And can we consider if there's a middle way? And what would that middle way be? Well, perhaps there should be a high-level senior doctor. Delegation to the area Executive to see how they think this should play out. In other

words, are they hearing the desperate cries for help from many people under their jurisdiction? And are they willing to accelerate the need for change? Particularly in radiology, and now I'm hearing in ED Without ignoring the needs of all the rest of us, and then we can come back and see what our satisfaction is with our executive. In other words, this is divisive, but it doesn't mean a shouldn't be discussed bravely. But is there a way that we can progress the issue for the betterment of the hospital, the patients, and ourselves, without actually forcing this issue to a divisive conclusion tonight or next week?

[Winston Cheung] 19:21:54

Robert

[Robert Russo] 19:21:57

Thanks. Winston, and I have nothing to add to the wonderful way in which so many of our colleagues have already spoken. Tonight, across all the range of themes from the stories that they've told of their own experiences to the way our colleagues have articulated any concerns that they have in regard to those issues, and the manner in which this is all being addressed. Then I think that's a very common thing we're hearing is that there is consensus about the desire and the intent to improve the situation. The discussion, which maybe not going to be resolved across the quantity of people that we have and the different personalities and styles of management and leadership that we all possess.

We have this unified view clearly, I have already expressed my view, having run for chair a couple of years ago, really, on the platform of wanting to do it in a different style to how is being presented today but that by the by, I think there is one thing though, that needs to be made, or emphasized or highlighted, that no matter what happens over the next week, or month, or, as you say, Winston, even independent of the vote outcome, there will be some fallout for us on either side of how you view this situation, for those who don't want to approach this issue in the manner in which you're proposing. Should that be then supported and taken forward, will have the issues of anxieties of the consequences that will flow from that approach and will be adversely affected in their own cells, but if it's voted against there'll be those who have very valid concerns as I've expressed this evening that are going to be left feeling unsupported by their colleagues as well.

So we present ourselves in a little bit of this sort of no win situation, that no matter how we progress this, there will be some consequences that we have to consider and have to put some supports in, to have to address, whichever way we go, so with that again, I thank everyone for contribution for the honesty, their sincerity of intent, but it all comes down to the style of approach.

Thank you.

[Winston Cheung] 19:24:45

Thanks, Rob, well, look I'm I think we should start to wind this meeting down now.

The problem that I have to deal with, and the problem is that there is a vote of no confidence in me. And that has been seconded. And that's what leaves me with a problem. We have essentially 2 ways to proceed.

We can proceed to have no vote of no confidence, and we can give a list of expectations to our Chief Executive, and we can give her a timeframe for which her she will fulfil these expectations. Those expectations are the 3 things that I mentioned, which I think are absolutely non-negotiable. The first is every staff member must be able to speak openly and freely without any fear of reprisals about the problems. The second is, that there must be immediate steps to improve the working conditions of those who at highest risk the nurses, radiology, departments, Emergency Department. Whichever department needs them must be immediate steps, and third, there must be steps taken to plan for the future of our workforce.

Those 3 things, absolutely paramount to me are non-negotiable, and I think if we were not to have, a vote of no confidence then it would see the timeframe for there to be action on all of those including an external investigation into bullying and harassment, which I think we all agree is clearly needed, and we will also like to know about the issues in regards to confidentiality, agreement which has prevented so many people from speaking up.

Now, that is one way which we can proceed the other way, which we can proceed is to go straight to the vote of no confidence, and that would involve me making a motion to that extent today.

Now the problem I face is that I've had a vote of no confidence tabled against me, and I think it'll be unreasonable for that motion to be tabled against me, and seconded without me carrying out my original intent, which was to have this motion and that's what leaves me in this quandary.

And that there's now being a motion moved against me. So, it's with that motion taken against me I move the other second motion.

That I now move a motion of no confidence against the Chief Executive.

And the plan will be to have a vote of no confidence next Thursday, and we will vote on all 3 issues that have been moved today, and they have been seconded, provided this, my motion is seconded.

I think that is a reasonable thing to do, and I think we will do it under secret ballot. The first secret ballot will be involving whether or not the results of the secret ballots are released. Like we vote on that first. Once that is decided, then we can vote on the other 2 motions. The vote of no confidence against me and the vote of no confidence against the Chief Executive.

Now, obviously none of those are binding. So even if we vote no confidence against the Chief Executive that has no operational effect is purely symbolic. Likewise, the vote, not confidence against me is purely symbolic, but at any stage you can ask for a spill, and you can run a candidate against me, that's in our constitution. You can do that anytime. So, I move this motion of no confidence in the Chief Executive.

Could someone? Please, thanks. Raise your hand.

[Winston Cheung] 19:29:11

I have 1.

VOTE SECONDED BY RAISED HAND: LIZ VEITCH

[Winston Cheung] 19:29:17

So, the vote of no confidence will go ahead. All 3 votes will go ahead next Thursday, as planned. Now the process for this vote. I will ask, probably the same 3 people who were involved with the last vote to run this. If they do not wish to do so, then we'll ask someone else. But I think Lewis, John and Cameron did a pretty sterling job last time, and I think everyone here would trust them. I'll ask to see if they can run this vote, but we have 3 votes next week, it will go through the same voting process. It will be by secret ballot. And the first vote will be, will be to see if the secret ballot is revealed.

Ilona

[Ilona Cunningham] 19:30:19

Thank you. Yeah. I've just unmuted myself. There's one thing that I would like to ask you, though, Winston, that in intervening week you do not do anything without consultation with the entire Medical Staff Council that we have not discussed today or have not voted on I think that's really important. We need to have some trust in the fact that you will represent us appropriately.

[Winston Cheung] 19:30:51

I think the only thing which the Medical Staff Council needs to decide on, is, I feel very strongly that the medical, the nursing staff, and Allied health staff, should have a voice, I know this Chief Executive doesn't feel this way, and she has told us that we are not to represent nursing and Allied Health Staff. But I feel that they should have a voice, and I feel that they should have the opportunity to address the Medical Staff Council next Thursday before we have these votes. And I'm happy to invite them on behalf of the Medical Staff Council, unless someone here objects.

[Ilona Cunningham] 19:31:33

I disagree.

[Winston Cheung] 19:31:36

And what.

[Ilona Cunningham] 19:31:38

It might muddy the issues, I think, we are very clear on what we are voting on.

[Winston Cheung] 19:31:39

Sarah?

[Sarah Aitken] 19:31:49

Winston, I just wanted to clarify that the point that Lucy raised and the point that I seconded was to table the results of the last election in order to allow people to have some transparency around that, not that we're questioning the process. But I think it's really important for people making decisions to know the extent of support over various different things. And so, waiting, paying that next week is a vote to see where the next week's vote is secret, was not the intent of what I seconded, and I don't think that was actually what Lucy put forward.

It was to put forward that we should have the results of the last election sent to the medical staff council, and if you wish to put another vote forward, whether the subsequent voting process would be kept secret, or whether the denominators would be shown on that then I think that that would be a separate motion that would need to be tabled and seconded.

[Winston Cheung] 19:32:46

Well, we could have that separate motion. If you want, there'll be 4 votes next week. So, if someone wants to propose it.

[Sarah Aitken] 19:32:50

Well, I think that is, that intended to help people make up their mind about this whole process. So not to wait till next week.

[Cameron Korb-Wells] 19:32:59

Winston, can I just comment? I mean to Sarah's points that I'm not sure there's anything for any of us to gain by holding that first motion to share the election results until next week. I don't know that any of us gain anything by doing that, so I'd actually be keen. It's another motion to be honest, but I'd support that that motion be put and voted too tonight.

[Winston Cheung] 19:33:21

My issue...

[Cameron Korb-Wells] 19:33:23

Just a second for that. I believe we procedurally then proceed.

[Winston Cheung] 19:33:26

My issue with that is, any one person can actually put that motion to a secret ballot, and the issue was that it was agreed upon before we had that vote, that the results would not be shared, and that is the problem. I have no problems with the results being shared. I have no problems, but it was agreed upon before that vote that the results would not be revealed.

[Sarah Aitken] 19:33:49

Was put that the results of her vote, what people voted wouldn't be revealed.

It wasn't what the denominator and what the outcome was.

[Matthew Rickard] 19:34:01

I just think we're wasting time. And who cares whether you won by one by one or 10 doesn't make any difference? So, we're wasting time talking about this, it's just stupid.

[Winston Cheung] 19:34:11

You know Teresa May won her vote. She was still removed. It doesn't matter.

[Matthew Rickard] 19:34:17

But it doesn't matter like you won the pole. I think we're wasting.

[Winston Cheung] 19:34:31

My feeling is that if it's going to be opened up, then it should be. It should be determined, as you said, and I think to me it should be a secret ballot. If only one person thinks it should be a secret ballot, then we can make that as we can make that a secret ballot. At the moment I feel it should be a secret ballot, and that means that we will run a secret ballot. We will run. We will run that vote next Thursday.

[Angus Ritchie] 19:35:10

Technically, Winston, the vote is a vote on your motion to have a vote of no confidence, not to conduct the vote of no confidence.

[Winston Cheung] 19:35:21

This is not.

[Angus Ritchie] 19:35:21

Like, that's the motion.

[Winston Cheung] 19:35:23

It's worded the way it is in the emails carefully. It's a one step, motion, it's not a vote to have a vote. It is a vote of no confidence. It's not a two-step procedure. This is a motion of no confidence we will be voting on. Whether we had, whether people have no confidence in the CE or have confidence in the CE. I t's a one step, motion. So, we'll have this vote next Thursday. I think.

[Cameron Korb-Wells] 19:35:54

So, Winston.

[Winston Cheung] 19:35:55

Yeah, we will all have an opportunity to discuss this during the week.

I'll approach Lewis, Cameron and John to run the election again.

And we'll vote to all 3 next Thursday.

[Cameron Korb-Wells] 19:36:14

I'm sorry, Winston. Just a point of order, if I may, and this is just in the interest of transparency.

Given, the interest given, the question has been raised. We have we've moved and seconded among to make results of the election available. And we've moved, and it's been seconded I move that the motion be put. So again. I don't know what there is, you know, that really should go now to deciding what to do with that in this meeting. As the motion stood. I don't know if you're going to overrule that or what, but I'm not sure what there is to gain about leaving that link.

[Winston Cheung] 19:36:51

Sure, well I've already said that all over. All that. Well, one person can overrule that, and I've given the reasons why that result should be revealed next Thursday. I'm very happy to do it today. But the problems we can't arrange a secret ballot quick enough to actually vote on this and I think it's important that everyone knows if everyone feels that they should know the result, they should know the result well before the election. We know it was close. I don't know if it's going to alter the way people vote, but if we want to vote on that, then we will vote on that next Thursday. Well, in which case, in fact, I think if we want to know the results, I'm happy to actually withdraw my objection.

[Ilona Cunningham] 19:37:51

Just one other comment, Angus put in with regards to what constitutes a successful vote.

Angus, can you talk to what you meant by what you put in the chat?

[Angus Ritchie] 19:38:17

I think it's already been presented, reasonably put by others. Thanks Ilona.

[Ilona Cunningham] 19:38:20

Okay.

[Winston Cheung] 19:38:44

So, if we want to vote on Cameron's motion, we can do that right now, unless there's another objection from somebody who objects to the results being revealed, the results of that previous election being made public.

[Angus Ritchie] 19:39:06

As the other technically interested party, I've got no objection.

[Winston Cheung] 19:39:15

So today was about moving the motion of no confidence in the Chief executive that has been seconded.

[Peter Katelaris] 19:39:28

Can you hear me now? Yeah, I'm starting to get a little bit precisely lost about what we're talking about. It's like I'm hungry and cold and we've got really big issues to talk about, and which're just getting bound up in procedure. And I must say I'm more a result orientated person than a technical meeting procedure person so can you just state where you think we're at? Because I'm not sure, I thought today was about voting on whether we're going to vote. And now, I'm not sure whether we're voting on, whether my team's going to win on the weekend or what's going to happen. So please just state where we think we're at, so that we all are away.

[Winston Cheung] 19:40:12

They have been 2 other motions, and a fourth motion which has been tabled. So, the first that has been a vote of no confidence in the chair of the Medical Staff Council, and that has been second. The third is, a request to have the results of the previous election, and that has been voted by Cameron, and was seconded.

[Cameron Korb-Wells] 19:40:48

So voted by Lucy and seconded by Sarah Aitkin.

[Winston Cheung] 19:40:50

Those voted by Lucy.

And then there's the second. There's the fourth motion, which was yours. Cameron. Can you please repeat what your motion was?

[Cameron Korb-Wells] 19:40:59

So, this was that given that there's an interest in transparency around the prior results that we don't delay that till next week, and that we just get on with that tonight. There's nothing for any of us to gain in holding that over to next week. So, my motion was that Lucy's motion be sorted out tonight because we gained nothing by leaving it a week.

[Winston Cheung] 19:41:21

And that's been seconded. So, shall we just vote on that? All those in favour of having the results released as soon as possible. As soon as we can get them from the voting company. Please raise your hands. Now someone able to count the votes.

[Rosalba Cross] 19:42:02

Oh, I count 53 out of a hundred 54, 54.

[Winston Cheung] 19:42:07

53 out of a hundred, 54 out of a hundred

[Rosalba Cross] 19:42:10

Yeah.

[Winston Cheung] 19:42:14

So that means the motion is past 54 to a hundred. Correct. So that means that we will release the results of that as soon as possible. So, Louis, Cameron and John, if John is here, they are in charge of that vote.

[Winston Cheung] 19:42:36

The request is that you could contact the voting company, find out the details that don't know denominator in the numerator, and it will proceed by releasing that that result to the MSC.

[Lewis Chan] 19:42:51

Winston, so can I just clarify.

So, what we had just had a show of hands. We are in agreement that the majority of the members here would want to know the results of the election of the chair that I was involved in coordinating okay, good.

[Winston Cheung] 19:43:12

Yup. That is correct.

[Lewis Chan] 19:43:16

And do you? I'm I think that's fine.

So, before I release the results. So, I do have the results with me, because, as part of procedure, I get the result back, and I think to set the scene, I've not done this twice, and we had kept the procedure the same.

So, at the previous election we decided that it should be at secret ballot, and there was agreed at the AGM. So, we felt that procedurally it was all in agreement. There was no objection about a secret ballot, and we also agreed at the time that when we release the results for collegiality, we were not going to announce the split. So that is what happened last time. So, this time I follow the same procedure, and I think both John, who help me this time, and I had spoken to Mark, who helped me last time thought that keeping the procedure the same should be consistent. So that's what happened. But I think, given that there is some general agreement to release the results.

Then, did you want me to share my screen? If I can find it?

[Rosalba Cross] 19:44:25

I'll just make you a co-host.

[Lewis Chan] 19:44:29

So, is that right? So, before I start scrolling through my 10,000 screens, people want it now, right?

That's the resolution, and that's being supported right?

[Liz Veitch] 19:44:37

You could just tell us, Lewis.

[Lewis Chan] 19:44:41

No. So what you guys want to find out is this right. So, if you want to buy that, I know you're trust me. I know you're trust me, but I've done it twice now.

[Liz Veitch] 19:44:44

We do trust you.

[Matthew Rickard] 19:44:50

Well, it's already a motion that you just tell us there's so many motions.

[Lewis Chan] 19:44:54

No.

[Liz Veitch] 19:44:55

I second Matthew's motion.

[Lewis Chan] 19:44:58

Okay, hang on. Let me see if I can share the screen. Alright. So, then everyone will see a look. This is all done so I can now share this screen. I just have to find the right one.

[Matthew Rickard] 19:45:12

Hope you don't share anything embarrassing.

[Lewis Chan] 19:45:13

Oh, that's right. So that's the main thing that we'll try and try and hang on so late. So, I'll share the main one, and then put things up. Okay, you can probably see my screen. Right? Agreed. Nothing. I think sinister on that.

[Liz Veitch] 19:45:31

Yes, we can see it.

[Lewis Chan] 19:45:35

Okay. Now, okay, can you see the vote? That? Okay? Alright.

[Liz Veitch] 19:45:38

Yes, yep. See it.

[Lewis Chan] 19:45:41

So, this is the official transcript I got from our voting provider so that's the text of the results.

Monday, twelfth of June. So, this is the routing result what are they? 2 candidates?

Okay. Winston has 75 votes. Angus has 67 votes.

Okay. And I'll show you. And so, 141, we got 145 on the spreadsheet.

And this is a signature black picture. We have currently done that for us.

Happy with questions

[Winston Cheung] 19:46:34

So, Louis can. Could I ask you just to stop sharing? Please?

[Lewis Chan] 19:46:36

Yes.

[Winston Cheung] 19:46:39

So that information is now available. If I can ask everyone to remove their hands.

We'll wind this up very shortly. Now we still have the same problem with the next election in terms of they are technically secret ballots. And so, we should actually have a vote for that at the next meeting. On whether or not the results should be released. Now I'm happy. I'm happy to make that a non-secret ballot. But if the problem is, if we have to arrange it last minute, then the Vera voting will need to be notified. But my feeling in terms of the release of the actual breakdown. We can wait for several weeks for that, anyway.

The question. The issue is that if people are going to be voting, they're going to want to know whether or not the results of their vote for a secret ballot are going to be released, and I think actually we should sort that out before so my feeling is to go for a secret ballot first, to talk about the release of the results, and then we go to the vote of no confidence in the Chief Executive and in the note vote of No confidence in the chair of the Medical Staff Council. So, in order to formalize that, I move a motion that we that we decide next week on whether or not the results of the secret ballot I actually made formally public.

Does anyone second that?

[Angus Ritchie] 19:48:23

I just want to clarify. So, a secret ballot is one in which the individual votes for the people who voted are not made available. But really is because that's the results of the election. So, it doesn't seem inappropriate to follow that same approach.

[Winston Cheung] 19:48:42

Yeah, that's not. That's not the advice which we get from the voting companies, because theoretically and then the reason I use is theoretically, it could be unanimous.

[Angus Ritchie] 19:48:42

I don't think anyone would feel.

[Winston Cheung] 19:48:54

There is that possibility in which case everyone will know who everyone voted for. So that is part of the problem. So that is why this, that is what the secret ballot votes are never, usually never released.

[Nic Kormas] 19:49:11

I think Winston.

[Concord Aged Care 1 7014117] 19:49:11 – Louise Waite

And we need to define public. What does that mean? Like you said you would make the results of the vote public. What does that actually mean? Is it just with this group, or is it?

[Winston Cheung] 19:49:22

Is it the numerator and the denominator? So, the numerator for each of the candidates will be made public.

[Concord Aged Care 1 7014117] 19:49:29 – Louise Waite

Yeah, my question is, what does public mean?

[Winston Cheung] 19:49:31

Yeah. Well, as it will be released to the medical staff cancel as we have released today.

[Concord Aged Care 1 7014117] 19:49:37 – Louise Waite

Thank you.

[Winston Cheung] 19:49:39

So, I propose that we have that vote is, could anyone, second, that? Now is that a legacy hands or an actual hand to second.

Okay, we've got a second. So next week there will be 3 votes. And we'll ask, you know, electronic company to instigate 3 votes.

So, look, I'll wind the proceedings up now. I thank you. I thank everybody for contributing to the discussion tonight. This is what I think the MSC. Should be about. It should be about robust discussions, and I think we've had that robust discussion today. It's been very, very helpful, and actually to me it's actually being quite enjoyable.

It's been good to have this. We haven't had this sort of robust discussion before ever, and this is the discussion that we need to have. We need to solve the problems at Concord, and without these hard discussions, without these different points of view.

Yeah, I hold no animosity to everyone's points of view. We need to have these points of view. Without these points of view, we cannot move forward at Concord. So, I thank everybody. I look forward to seeing you all again next Thursday, and I will contact you, Louis, tomorrow in regard to arranging this vote next Thursday.

Now, this is the one issue that I have is that Ilona has objected to the nursing staff being able to talk. I will hold that objection, and on the basis of that I will not invite the nursing staff to this meeting. What I ask everybody in the meantime, until Thursday, it's actually speak to your staff and ask them how you should vote. I think that's important. And I think this will be a conscience vote. And I think you need to be as informed as possible. So, I think you should get as much information as you can.

So, thank you. Everybody, I'll wrap up this meeting, and we'll see you on next Thursday.

Meeting ended 1955