



Minutes

CRGH Medical Staff Council Meeting with Executive

Date: Thursday 24th November 2022

Time: 4:00pm – 5:00pm

Venue: Via Zoom

Chair: Winston Cheung

1. Opening and Apologies

Present: W.Cheung (chair), R.Cross, J.Cullen, A. Wagh, L.Wait, A. Hallahan, G. Wallace, J. Jewitt, P.Blinman, I.Cunningham, A.Ritchie, K.Lee, L.Chan, G.Becerril, L.Morgan, J.Burell, A. Linton, L.Kritharides, N. Splading, R.Russo, G.McKew, S. Sen, A.Anada, N. Kormas, M.Cooper,

Apologies: R. Paoloni, V. Balgobind., J. Gibson, T. Andersen

WC- welcome everybody to the MSC Meeting on 24th November with the Concord and SLHD executives. Firstly, I want to welcome any First Nations colleagues with us here today and acknowledge that Concord sits on Wongal land and acknowledge the traditional owners of land and pay my respects to any elders past present and emerging.

2. Confirmation of previous minutes

WC - Has anyone had chance to look at the minutes? Is everyone happy with the minutes from the last meeting.

GW- I looked at them, and I thought they looked fine

3. MATTERS ARISING

3.1 Word from Executive

WC- We might go straight to updates from the Concord and Local health district executives.

GW- I'll give a really quick update. On Covid update, there are increased numbers of community transmission and there's been a slight increase in the patient numbers through the ED. But we haven't seen huge numbers come through and my understanding from the ministry is that they're expecting the majority of the impact to be workforce related in that we lose staff because they've got Covid rather than through demand. Based on what they've seen overseas, they're not expecting significant impact on ICU. At the moment there's no impact on surgery now, and I don't think there will be any impact on surgery. I'll leave the other work issues to Joseph.

J. Jewitt- The refurbishment works of 5 East is currently underway, and we're hoping that they will be completed by the end of January next year. Which means we will be looking to try and get the surgical short stay / medical short stay unit up and running in March next year. All is going well,



Minutes

obviously we might be impacted in terms of the works, and we'll wait until the New Year just to see that that's on track. All seems to be going really well. We've got the official opening of the PET unit on hopefully the 2nd of December. These sorts of official openings can move around a little bit but we're working towards the official opening with the minister coming. We've obviously done a soft launch prior to that so there's been about 62 patients that have gone through the unit which has been fantastic, but that would be an opportunity really for us to bring attention to the fact that the comprehensive care centre here at Concord now is fully equipped with radiation therapy, Pet CT complementing all of the other services that are currently here at the facility. We get a bit of sort of community awareness of the services here which I think would be fantastic.

The people matter survey is now publicly available. Overall, there was a lot of positive in the survey. The response rate was 42% and a significant number of people across all of the different disciplines and services completed survey, so it's a really nice solid kind of result in terms of giving us good feedback. There's a number of areas that we did very well in, and there's also some areas that we need to work on, so there's a small working party, that along with the executive that will help draft an action plan to really look at how we can improve those areas that were identified within the survey, mainly around staff engagement. There's some stuff there about staff wellbeing and burnout, which is not unexpected, given the last couple of years. But still, that's something we really want to make sure that we can address. So, we will develop that action plan and start to circulate that once that's done, to key groups.

The Christmas closures and the low activity rosters have gone out, so that information is available to everybody. That period of low activity is shorter for us this year, because we are still dealing with significant backlog in activity but we have done everything we can to make sure for the period that we are restricted to by the ministry that we are keeping the activity as low as possible to maximize the number of people who can take leave, so that we are trying to get people as much of a break as is possible

The Pride of Concord Award occurred last week. It was well attended, and well attended by the live stream, which was fantastic to be able to have that opportunity again to come together as a community. The award this year went to Meagan White who is the ONM here at Concord, which was fantastic. And it was also fantastic to be able to acknowledge the service recognition medals for people who are 40 plus years of service to either NSW health or Concord. There are 48 people in that category, which is just amazing, but there was a number of them that were able to attend person, which I think was great opportunity for us to recognize what is an extraordinary contribution to New South Wales health.

Covid- at a local level we're going to do some communication just to remind everyone about the necessity of mask wearing across the facility. It's obviously a really important control measure. We're not necessarily going to be making lots of other changes, but we do need to be making sure that people are fully compliant with their mask wearing and a few people have raised issues with me the facility where people are not doing that consistently, so we need to make sure that that is happening. But I want to really reinforce that, because I also want to make sure through this Christmas period there are things that we can continue to do as a hospital, such as the staff barbecue, and other key events in a Covid safe way, so that we don't have to have missed the opportunity to come together over that Christmas period and kind of reflect on the year and that will really help morale because I think that has been some of the stuff that has impacted when you look at the people matters survey on staff wellbeing and morale. There really just hasn't been that opportunity to connect with each other. I think that's everything I have, unless there are questions.



Minutes

GW - Can I just add something just to flag that the planning unit is working on the clinical services plan for stage 2, and that in December there is a group of senior clinicians, allied health reps, senior nurses coming together with the exec of the district and the hospital to further develop that. So, the invites have gone out, and we can provide feedback in the new Year.

J. Jewitt-On the redevelopment and the matters arising from the previous meeting. In addition to what Gen said around the clinical services plan, and again thank you to everyone who participated in that, because what I understand from the district planning unit is the response has been fantastic across the facility. People have gone through and done the work to refresh that information and send that through to the planning unit. But in addition to that, the car park is currently a demolition site is on track and on budget to actually be delivered so fingers crossed that will continue to be the case throughout the project, and that's the sort of final part of the current kind of redevelopment work so that would be fantastic when that's on board and in terms of redevelopment, There's no other updates at this point in time

WC- any comments or questions?

I.Cunningham- This is a question mainly to Joseph, but possibly Genevieve. Some of us are thinking or have actually put in an order for an electric vehicle and we have a bit of a problem charging these vehicles. Are there any plans? Are there any plans apart from the current 4 charges in the VMO car pack, which I think are long charges to put in fast charges for electric vehicles on the ground?

GW- Can I jump in there, Joseph. Ilona, can we take that on I notice, because the district's doing a lot of work around sustainability and net zero which part of it is the vehicles, so I'll just need to take that on notice but I think Concord was the first hospital to put in the charges in the VMO car park so I'm sure we're open to it. I just would need to get some advice.

I.Cunningham- That will be wonderful. Thank you very much for those of us who have no off-street parking this would be just golden. Thank you.

WC- Gen can you also include the current car park development; to review the that the charges are in there too.

GW- I believe it has it in there. I'm pretty sure the new car park has electric charges or the ability to charge electric cars. Joseph can you just check that with Deb. J. I know they've got solar panels on the top was my understanding

WC- Thanks.

J. Cullen- raised that question with Deb Jenkins a little while ago. She said there were just 12 charging points planned for the multi-story car park with the capacity to increase that number if there's demand. I'm sure there will be demand, and 12 may not be the right initial number

GW- Joseph, can you follow that up with Deb, and we can report back, and I'll take on the charges in the current car park.

A. Ritchie- Thank you. As a current EV owner, I sometimes plug in at RPA Car Park. It's actually quite an interesting question, and perhaps one for Andrew to think about. Its effectively the free charging at work is a fringe benefit for staff and I wonder if the demand increases it introduces a whole range of other problems around equity of access if you're not in the VMO carpark; where you place the



Minutes

charges, how you manage them particularly if put in fast charges. You can't just plug your car in for the day and walk away. You have to get back to your car, move it and let someone else use it. It's a genuine cost, and it may actually be almost a revenue opportunity for the hospital to think about having enough stations and charging for that service or entering into a partnership with the company to do it rather than giving it to free for the few stuff that happened to have access to that carpark. It's a scale and there's a lot of people that have EVs coming, and the demand will go up to access those little stations, and we need to deal with some of the issues.

A. Hallahan- I see a policy coming on.

A. Ritchie- it's quite tricky, and I think the demand pinch will come in the next 12 months. I'm certainly not asking to move into the VMO car park to use the charges, but if that's the only infrastructure then the demands, I think will certainly have to come. I don't think it's necessarily fair to provide access to just a limited number. It doesn't need to be done equitably

GW- The complaint that I got was from petrol drivers, is why are we not supplementing? I could not answer that.

A. Ritchie -But it's going to become not a minor issue, but a more significant issue is by the district

GW- It's right. It's a really good point

A. Hallahan- it probably falls with Gina more than me, but I think it's incumbent all of us to make sure we have the infrastructure that supports all staff.

I.Cunningham- Think of it as a commercial possibility.

GW- Well take this on but we may not have an answer for you next meeting. Given what Angus has said its going to be a bigger issue and will depend on policy development but I'll raise it with Gina.

WC- Coming back to the redevelopment. I just want to flag that at the moment the assumptions are that we will get a new development, that the problems may be a while away and I think we may need contingency plan, or a transition plan in the meantime. There's been comments from the MSC with regards to the shell and outfitting of that as well. Obviously, we'll need to look at the clinical services plan, but it may well be that you may have to think about that transition planning if stage 2 is going to be a long, long way away, and it may well be a long way away. So just to flag that. Any comments from anyone else?

WC-The other things also Joseph, coming back to your comment about the staff barbecues. I know there's been a bit of angst about staff parties being cancelled, but of I know there's reassurance from the area that they they're not officially cancelled. We've just been asked to practice good social distancing and good cause of precautions. That correct, isn't it?

J.Jewitt- Yeah, so I mean what I've been saying is everyone knows what it is to be Covid safe now, and I'm asking people to make sure that they take those things into consideration particularly, you know, outdoor activities wherever possible, rather than indoor, making sure that you're using venues or spaces you can distance, etc., and I suppose, having some sensitivity, even though you want to celebrate with your teams making sure we've been very safe particularly when you've got whole teams participating we don't want to create added burden on people by having a lot of staff, extra



Minutes

staff, furloughed all key services, kind of going offline, and then adding to everybody else's workload, so as long as people are being reasonable and sensible I don't have a problem

WC – Thanks

I.Cunningham- given the concerns of the wave continuing, have I got my information correct that, on the other hand, the volunteers are welcome to come back to the district?

J. Jewitt- volunteers can come back to non-clinical areas, which is the current position.

I.Cunningham- Is that consistent with the rest of our policies?

J. Jewitt- the volunteers will have to comply with the same precautions that staff comply with, and if they are in a vulnerable group will need to actually have clearance from a GP in order to return. We're not moving forward at this Stage with bringing volunteers back into clinical areas where they will be having contact with patients, etc. Mainly because of the increased risk that then poses for our patients and the staff in those clinical areas. I understand that palliative care is keen to look at something and are developing a risk assessment. We'll have a look at that as a separate job block, because they have a very different role that volunteers play there and there is a small cohort of volunteers that are involved. But other than that, at the moment we're not doing anything further with volunteers at this point.

WC- Are there any other questions regarding the redevelopment or the update from the executives. I might just move on with the agenda.

Budget

WC- The next time was actually the budget details, but Teresa is going to give us a specific presentation hopefully next month, so I may just leave that unless anyone here wants to comment specifically prior to that. The original plan was to get Jonathan Lee to provide a few more details but I think Teresa wants to give these details herself. So, we'll hear from her next month. Jonathan's PowerPoint presentation from the last meeting was circulated yesterday. It's only a very brief presentation, but hopefully we will get more details with Teresa's presentation. If there's any questions anyone has, please email me in the next week or so, so I can give them to Teresa to try to answer and her presentation when she gives it.

Redevelopment and TESL

WC- The next item was the redevelopment. We've talked about that, and the only other item which was to be following up was really the TESL. I've just left this there, really just to flag it. It's still an ongoing issue with staff. I'm still getting comment every so often about their TESL payments. Everyone understands that it's slow, but people are getting paid. I think everyone understands the problems with the system and with the lack of staff at the moment. I'll just leave that there the time being. Does anyone have any specific comments on that

WC- is there any new business which anyone wants to bring up?

A. Hallahan- Can I mentioned one thing? There will be a district wide line communication from the chief, probably at the start next week. It's an initiative called Colleague Care Program. MD Okay's lead Sara Michael, who's the director of Psychological Wellbeing is leading it. It's a revamped version of the Clinician support program. That is fundamentally intended to provide collegial and confidential support for colleagues who have been affected by clinical incident or a complaint or another matter



Minutes

which could be causing them distress and having a volunteer peer responder; essentially a friendly ear and some informal advice, which is completely intended to be supportive. It's doesn't replace employee assistance. it's certainly not formal advice at all but it's intended as a supportive peer response that has actually been very helpful in health services which have implemented this in New South Wales and Queensland. So, it was simply to bring that to your attention as a medical staff council and I'm sure that Sarah would be very happy to present this to you in more detail at a future meeting. I think it's going to be a positive and helpful initiative for Staff

WC- Thanks, Andrew. Staff mental health is going to be a very significant issue over the next 12 months we've really got to do our best to support all staff; medical, nursing, allied health and support stuff. A lot of them are doing it tough.
Any comments or any other new business from the floor?

WC- If not, I might just call this meeting too close, and we'll keep it nice and short. There are issues of which we'll be discussing at Medical Staff Council, but nothing which we need to officially bring to the Executive meeting just yet. We'll probably bring them to the meeting in the New Year, I'll announce the date of the next meeting once we sort that out, but understand, Teresa wants to have that meeting before the end of the year, so we will probably choose an alternate date. The meeting in January is going to fall on Australia day, so I think we will probably have to cancel that meeting and have the next meeting after that in February

Thanks everybody Meeting closed 4:30pm

5 Next Meeting

Thursday 22nd December 4pm

Meeting closed.



Minutes

Agenda Item	Action	Person Responsible	Status