

Concord Repatriation General Hospital Medical Staff Council MSC meeting

August 24th, 2023

Present: B. Hokin, 60023782, L. Ridley, J. Jewitt, A. Hallahan, W. Cheung, C. Yeong, T. Gray, J. Trotman, P. Katelaris, L. Waite, P. Le Page, R. Rai, P. Chapuis, G. Beccerril, I Cunningham, MR, A. Suryawanshi, D. Sumpton, M. Sumpton, M. Wong, M. Kol, J. Burrell, P. Blinman, M. Cooper, A. Anada, R. Cross, E. Cheong, M. Albany, M. Wang, L. Trieu, C. Chan, R. Choit, N. Splading, S. Condon, A. Goodwin, J. Quoye, L. Gluch, B. Kane, A. Cottee, T. Bui, P. Yahyavi, H. Davie, S. Cameron, A. Wagh, R. Russo, A. Panis, P. Howson, P. Spring, C. Cho, R. Holland, L. Kritharides, D. Rowe, C. Korb- Wells, L. Veitch, A. Ritchie, B. Zicat, E. Giugni, R. Pope, L. Chan

[Winston Cheung]

Okay, hi everybody.

Look, we will make a start. So, welcome everybody to the MSC meeting with the executives on 24 August 2023. I've activated the transcript, so we'll be recording the transcript.

I'd like to welcome any First Nations colleagues with us today. I acknowledge the traditional owners of land who are the Wangal people, the traditional owners of the land at Concord Hospital sits on, and we pay our respects to Elders past present and emerging.

I might start. I see Andrew and Joseph. Should we start with just some updates from you guys?

[Joseph Jewitt]

I can give an update on behalf of, the district, in the hospital if you want.

So, from a radiology point of view, work to address the backlog continues. Contracts for with imaging reporting services have been signed and the backlog will be outsourced with integration to Sydney Local Health District's PACs, is currently underway. Moving forward, after hours reporting will be contracted out, which will reduce the workload demand on radiologists. The recruitment for diagnostic radiologists continues. Interviews have been completed and offers have been made to suitable candidates. 2 interventional radiologists have been recruited commenced in June and the IR service is now back online. And work is being done to finalize the on-call roster. The 3rd CT scanner has been ordered. This is including one for Canterbury Hospital. Work has been undertaken with capital infrastructure and engineering to develop plans to refurbish the space for both radiology and

EDCTs. The business case for the second MR is progressing and will occur after the CT projects. Engineering is working with the facility regarding the space for the MRI and an evaluation of the appropriate equipment, clinical services plan, plan has been completed and submitted. But it's a live document and we will continue to consult with staff and continue to develop the plan.

Hospital finance, there is an interim budget for New South Wales health, for July to September. After September, the full-service agreements will be issued to the local health districts.

Stage 2 redevelopment. New South Wales Health has put Stage 2 on the Capital Infrastructure Strategic Plan. Timing of the funding is a matter for government, but the chief executive, continues to advocate for Stage 2 and pushes it as a priority in all appropriate forums. And just from a capital works point of view, the 5B refurbishment have all been completed and the service is operational. And feedback that it's assisting surgical and flows, refurbishment of the ACE unit will commence soon. These works will include the creation of additional space on the in the procedural rooms to support anaesthetic cover for their lists and also provide a better sort of staff and patient experience.

Construction of the new multi-story car park has commenced. And refurbishment of ground east will come in soon and that will allow the relocation of OACCCP and rehab out of the medical centre and for free up space in the medical centre.

Works in CCSD you have continued with additional works recently approved. These works will greatly enhance the services being provided in theatres. And I think that's kind of all I have in terms of updates.

[Winston Cheung]

Great. Thanks Joseph. And you can speak about capacity at the moment? I know we're pretty tight with beds. What's happening there at the moment?

[Joseph Jewitt]

I can take that on notice. But our normal winter plan is in place. So, if their particular issues or pressure points, let me know. I can kind of look at those but from a patient flow point of view. We've been managing services so there hasn't been any particular issues raised with me but let me know and I can have a look at those.

[Winston Cheung]

The particular questions that have been raised with me is what's happening with the new building. In the wards and the new buildings. I think it's 2B. Is that operational? Which of the wards are operational, which ones aren't at the moment?

[Joseph Jewitt]

Sorry, Winston, you're quiet and a helicopter is just flying over the top of my office. So, I missed it.

[Winston Cheung]

Yes, one of the questions was which of the wards are operational, I which wards aren't operational at the moment in the new building.

[Joseph Jewitt]

All of the wards that are funded for us to be able to open are open at the moment.

[Winston Cheung]

So, if not funded, not open at the moment.

[Louise Waite]

2B is open Winston and has been since we moved into rusty priest. So 2A opened. 3A and 3B opened and then 1A is open and Ward 17 on ground floor.

[Winston Cheung]

So, they're all fully open.

[Louise Waite]

And at capacity.

[Winston Cheung] 17:08:14

At capacity. And 2Cs not funded?

[Louise Waite]

Not at this stage.

[Winston Cheung]

And 1C is not funded as well, is that correct?

[Louise Waite]

Let Joseph answer that, but not my understanding is not.

[Joseph Jewitt] 17:08:33

All of the services that have been part of stage one as part of that redevelopment have moved into building.

And as you know, there is then the ongoing kind of work that needs to happen with stage 2. So, if there were particular kind of issues that people want to raise in relation to those areas, I'm happy for people to raise those with me. But, in terms of what we're funded for currently, we've got all of those.

[Winston Cheung]

That's because the issue is bed capacity and getting patients into beds. If 2C and 1C are funded and not open that's potentially a problem when we need those beds. But if they're not funded, they're not funded. So, is it correct? Am I correct in saying that they're not funded? We can't open those beds.

[Joseph Jewitt]

I'll get back to you with that if you want.

[Winston Cheung]

Okay, so we're not using the surge beds or they're just closed.

[Joseph Jewitt]

All of the beds that we can staff, we've got opened.

[Winston Cheung]

Okay, I guess you need to get back to us whether this is a staffing issue or it's not.

[Joseph Jewitt]

I will take that on notice, and I'll get back to you with that question. Thanks.

[Winston Cheung]

Because the issue is if we've got a brand-new building and 2 wards not being used and we've got bed pressure issues, the question will be asked, why aren't we using those 2 brand new wards?

Any questions from the floor for Joseph?

Okay, Andrew, anything you want to say or anything you want to add?

[Andrew Hallahan]

No, I have nothing to add. I think Joseph gave a very good and comprehensive update.

[Winston Cheung]

Okay, we'll move on to the next item.

So, this is related to the vote of no confidence in the chief executive from the 29th of June. We had a meeting with the SLHD board on 9th of August. Now I haven't heard any correspondence or any emails or had any contacts from the board. Since then, have any members heard from the board or heard from New South Wales Health in particular about that meeting? Just in case they've gone past me. So, I've got no feedback from them.

In terms of the cultural review by proactive resolutions, managed by John McDonald. That started immediately after the meeting last week. There are interviews and the contacts with staff have started since Friday. And I understand he's interviewed quite a few people so far. I apologize, an email was supposed to go out last week with the contact address email for the person to contact if you actually want to be interviewed. I think that's just gone out this afternoon. So, it's a person by name of Hin Wah Li so if you want to, you can make an appointment to be interviewed by John McDonald and be part of this cultural review. Please contact Hin Wah and she'll arrange a time for one of the interviews to come and see you. There's been a couple of other emails which I've sent around in terms of the formats of the meeting and what, John has said what our expectation should be from the meeting. My advice and previously what people have done is I think if you've got something important to say to John put it writing and hand it to them at the time. Just a one-page summary of what your important points are. And please follow it up with an email just to make sure that he has recorded your points. I think it's going to be important for later on so that we can demonstrate that the information that has been provided or the information that you want to be provided has actually been received by the reviewers.

Now any comments from people who have been interviewed so far.

I know the 2 departments so far been radiology and emergency. Lloyd, do you want to tell us about you experience.

[Lloyd ridley]

I met last week, which was, I'd say in some ways quite a good experience. There's been no discussion at all. And there many issues in radiology that we've raised. So, to actually talk and have someone listen was good, in terms of solutions going forward. The main thing I've suggested is there needs to be open disclosure. And that is obviously something that we are still waiting for.

But there are a number of radiologists that are wanting to meet, and time will be organized over the next week or 2 for further people to have their say.

[Winston Cheung]

Any word from John about investigations?

[Lloyd ridley]

He agreed that there needed to be open disclosure. And, I guess we could say, he's not sure whether it's going to happen. But being a mediator, he is hoping that that might happen.

[Winston Cheung]

Okay, thanks a lot.

Belinda.

[Belinda Hokin] 17:14:50

Thanks, Winston. So again, I agree with many of the things Lloyd said. It was overall a really positive experience. But I just want to start by saying that the situation in ED is really complicated and that's partly because there have been 2 separate previous processes in relation to bullying within the department and the past concerns that have been raised have never really been adequately addressed. And that certainly clouds the environment to which the mediator is coming into.

There's also a large new cohort of junior consultants who have been unimpacted by the events of the past which also profound things and we are sort of rebuilding as well and I sort of had that discussion with John over a couple of times. The other thing is the JMO pool. Even though the consultant group is rebuilding the JMO pool is still decimated and morale is really low. And neither of the 2 previous processes in ED have ever looked at nursing culture and I know that there are additional problems there that have never been addressed. So, in terms of the process so far, one of the other ED consultants and I did have an initial meeting with John. We didn't manage to cover all of what we wanted to cover in that meeting, but the main aim was to go through the background with him and we're planning on another meeting over the next week or so but I'm currently overseas. So again, very productive discussion about issues including looking at the number of individuals in ED who have significant psychological injury and what this pattern looked like in relation to the ED consultant staffing at the time and that picture is pretty grim and profound.

We also had a bit of discussion about the complex nature of these injuries and in some cases the most significant part of injury is not actually the original insult, but the direct result of the maladministration and deficient processes of the institution. And the injury caused as well by the last external culture review. Then on top of that he understood all of that and actually had a really good insight into the complex nature of these injuries. He also had a really good insight into what's happening on a global level across the facility and the challenges that we face and the systematic problems that enable these problems to arise and perpetuate. He also didn't offer any possible

solutions at this stage. But even though he's still gathering information. I think given his level of insight, he could have given some idea, of what possible solutions could look like. He promised that he would be telling the ministry the same thing as he tells the hospital and I have no doubts that he will actually be honest with the ministry in terms of what the problems are. But I still see a number of concerns but on the other side my understanding is that there was no guarantee of a written report of any form which would potentially leave no paper trail and potentially inability for accountability at the ministry level down the track. He acknowledged that there was no easy solution, but again, no mention of possible solution. He also tried to downplay any expectations of a meaningful changing culture and when I talked about the possibility of a parliamentary inquiry, he directly stated that his job that he would be trying to talk me out of an external investigation of any sort.

Stating that there're pros and cons of any solutions going forward. But there's also a lot of downsides to not doing anything going forward. Although it seems possible for him to investigate concerns, there seems to be some discrepancy on the issue on this in varying past email trails which you'll have access to as well as in the verbal communications and I certainly am not convinced he will advocate for any independent inquiry. And I think there's lots and lots of reasons why, for inquiry, external to New South Wales health is required and I do not get the impression that he will support that or advocate for it and the impression I've got is that he actually doesn't believe in these investigations on a global level and that is something that preceded his engagement by the ministry for this particular problem.

So having said that, I have proceeded with this process in good faith, and I've provided a list of medical names after consultation with Phil. I'm not sure whether any of those have had an opportunity to chat with him yet. And I'm also aware that if some of the most significantly impacted consultants from ED will not be prepared to engage in this process and I've had a conversation with a couple of them.

I also have concerns that if staff asked to relive traumatic experiences in a way that is not able to adequately address the concerns that this could both be dangerous and irresponsible. And we certainly saw that with the ECI process. I've also not been able to provide a nursing list to him yet and I've been advised that this requires approval from both the GM and the director of nursing which will still need to be sought and they're probably going to want that in writing, so I'll get guidance for that here as well.

[Winston Cheung]

Okay, thanks a lot for that. Joseph, could I ask you, because this process involves nursing.

[Joseph Jewitt]

I will follow up with John McDonald or request John, for any information he needs, he's coming through me. So, I'll take that on notice and follow up with John.

[Winston Cheung]

Now it's just to send the invites out to the nursing and allied health and support staff because they're all invited for this process as well. It's important that everyone engages. I think it's important that we all engage with John in good faith. I know there's a lot of concerns about what he is and is not able to do at the moment. He seems to be sitting on the fence in terms of investigations.

I've got nothing in writing from him that he's actually going to formally investigate or even recommend independent external investigation.

At the moment, we will not be getting a written report nor are we entitled to get a written report of his review. And at the moment, the only thing we will see is the results of the review once the ministry actually presents their response or their findings. So, at the moment there's no guarantee that we will see anything directly from the company, but I think we should engage in good faith and the argument is that, if we don't complain or if we don't tell him anything, then there is no problem. So, I encourage everybody to talk to John and tell them about the issues in their own departments or how they feel the hospital is going.

Any questions from anyone on the floor?

Okay, so what I'll do is we'll send that email contact around if anyone has any problems contacting or making an appointment just please let me know. I suspect he's going to be inundated with a lot of people and it might all be weeks before he can actually get to people, but if there's any issues with getting contact with them to make an appointment, please let me know.

I discussed with John regarding having our MSC members meetings back. As you're aware a couple of weeks before we had the vote of no confidence, we were told that we could not have members only meetings and that Executives had to be invited to all MSC meetings. I've asked John to arrange that we have our MSC members meetings back where executive is not invited. He hasn't gotten back to me and I'm waiting his reply in regard to that, but hopefully we'll be able to have our members only meetings reinstated reasonably soon.

Any questions about that?

Just item C, in terms of independent external investigation. I've sent around some parliamentary inquiries. Two parliamentary inquiries have been conducted in recent times, one in 2018, one in 2022, which looked at issues of bullying harassment and both inquiries from the legislative council. Both inquiries recommended that a separate ombudsman be instituted to look at the particular agencies involved. The last inquiry recommended that we have a health ombudsman to look specifically at complaints. Both the response from the government for both inquiries, the original response from the liberal government to the Inquiry into the Emergency Services said that the New South Wales Ombudsman, was a legal and legitimate entity that could actually investigate these issues independently and externally. And that's been incorporated by the government response into the New South Wales Regional Health Services inquiry. So, the Labor government in response to that has said that they've received advice from the New South Wales Ombudsman that they can investigate our complaints independently and external to that of New South Wales health. So, I think that's entirely appropriate. Given that there's been specific concerns about New South Wales Health overseeing investigations into itself.

So, any comments about those 2 inquiries or any comments about that document that I've sent around?

I think it's pretty clear cut the government if you read the response the government, supports independent investigations. It supports the investigation of complaints from staff and patients. And it's clearly said that the HCCC doesn't apply to the situation. But the New South Wales Ombudsman, both has the jurisdiction and the power to investigate.

Any questions from anybody?

Is anyone here who doesn't think these issues should be independently externally investigated? I think the justification for doing it is pretty clear cut in those parliamentary inquiries but if there's anyone who doesn't think that they should be externally investigated, please let me know.

What I'm going to do is because we haven't formally requested an independent external investigation yet, I'm just going to write a letter to the Board, and I'll write a letter to New South Wales Health Executive formally requesting an independent external investigation. And then I'll leave it up to them to decide who they want. But my recommendation is going to be the New South Wales Ombudsman. And then I will await a response from them, and I'll circulate their response to the MSC Members. Hopefully they'll get back to me in the next couple of weeks.

The other document I circulated around was the New South Wales Health Service Check Register. The reason I've circulated this is I'm aware that there's been several staff members, specialist consultant staff members from Concord over the years who have been put on this roster. And they have had various difficulties both stopping themselves getting on the roster in the first place and then coming off the register once they're actually on. So I wanted to promulgate the document just so everyone knew exactly what the wording was. And, I guess we probably don't have to discuss it too much today. But this specific wording on page 2, which is, is of significant concern and I'd encourage everyone to read the document. Because the specific wording that I think we need to be really concerned about is where it says the definition of serious misconduct is conduct by any staff member that presents a serious risk to the safety of patients or other staff or visitors. So that's a really, really loose definition. And technically a significant adverse event in your medical practice could be construed as serious misconduct. So, for example, if you gave someone too much chemo then that actually could be a serious risk to the patient. Likewise, if you didn't give enough chemotherapy and people thought you're underdosing that would also be a serious risk based on this document. Anyone who has adverse event, technically it counts as a serious misconduct. So, I actually wanted to ask, Andrew and Joseph, if they were still online, what their thoughts are on this document. If they can tell us how many staff at this hospital have been placed on this document in the last few years and a rough idea of what threshold is to be put on this document or put on the register.

[Joseph Jewitt]

I think Andrew has had to leave. But I'll take that question on notice and come back to you. I don't have an answer for that right now.

[Winston Cheung]

Okay.

Any questions from the floor regards to the document?

In regard to this register, we'll talk about at this at the next meeting. The other interesting thing about this is I don't know if everyone's been keeping an eye on what's happening in the NHS at the moment. With the neonatal deaths and the nurses being charged with murder. There is now push over there to actually have the same rules which apply to clinicians actually apply to health administrators. So, the same oversight bodies such as HCCC. There's a push to have an oversight body to look at the conduct of health administrators. In fact, this document technically does apply to health executives as well. Someone who is engaged in misconduct at an executive level could actually be put on this register. I guess that's a development that that will be discussed over the next few months.

Any questions from the floor?

Okay, before we go on, there are a couple of new pieces of new business that I want to bring up. One is the car parking and I've had someone raise some concerns about getting parking tickets especially when the car park is full to capacity, and they've parked somewhere which is probably illegal and they've been told that the people giving out tickets have been told to enforce the letter of the law in regards to the car parking.

Any thoughts in regard to that, Joseph? Any thoughts in regard to the car parking situation and people parking illegally when they just can't get a park and whether there is a possibility of any leniency for them.

[Joseph Jewitt]

People send me through the details. I'd have to take that on notice. We have more car parking spaces than we did before. At the moment there are differences between what is Council land and what is ours, so it just depends. I can't control what the council does. But if there are particular issues, if people let me know, I'll definitely look into them.

[Winston Cheung]

What's technically council land and what is ours? Just so people know if they're going to park illegally where they may or may not get away with.

[Joseph Jewitt]

I'm not going to say people can park illegally, but I'm happy to look at the parking issue.

[Winston Cheung

I'm not saying that people should park illegally, but we might be more...

[Joseph Jewitt]

Parking of any kind on Hospital Road, Karawang, those areas, are council. So, people parking those areas or in Lovedale, that's not us. But the Hospital Road car park, the ongoing car park and the car parks that exist at the back of the hospital as well as the VMO car park are our areas.

[Peter Katelaris]

So, Winston, can I ask Joseph or whoever, who issues the fines within the hospital precinct if you're in zoned parking within the hospital. Who is the fine issuer? Is that council or the hospital or who?

[Joseph Jewitt]

It's us. It's sitting local district. It's our security staff.

[Peter Katelaris]

So, if I wanted to write and complain, do I write to you? So, do you have discretion to wave fines?

[Joseph Jewitt]

Yes. No, well. We can look into the circumstances of it once it hits paper, we can't immediately overturn it, but we can look at it.

[Peter Katelaris]

Perfect.

[Joseph Jewitt]

So, with issues of parking, let me know and I can have a look at them. And I can get back to you.

[Peter Katelaris]

Thanks. Okay. Thanks.

[Winston Cheung]

Laurence.

[Laurence Gluch]

Yes, I can speak to that. I once brought in my wife's car because my car was being serviced and it didn't have a VMO ticket, so I got a ticket for that day. I was in the VMO parking for some years back and I got a ticket, and it wouldn't or couldn't be reversed. I had to pay it.

[Winston Cheung]

Joseph, any response to that?

[Joseph Jewitt]

Okay, I don't know. It wasn't in my tenure, but, if there is an issue with parking, if you let me know, I'm happy to look into those cases.

[Peter Katelaris]

This happens all the time like my car is currently being repaired so I've got a loan car and I put a little note in the dashboard so far, I haven't got a ticket. But I there's no formal process for me to transfer my hospital sticker under the loan car.

[Winnie Hong]

Apparently, the stickers are no longer being used. And I've had the issue whereby I was confused by the incorrect zoning.

I discovered that S was full in that area, but and I didn't know that I could park inside the hospital bay. So, then I remembered there was this small area also named A just inside another bar every now proceeded apart there and got a parking ticket. I was told by security that the parking tickets are directly forwarded to the state agencies.

[Peter Katelaris]

Okay.

[Winnie Hong]

So, there's no way you can reverse it. In fact, nobody notified you, even if you have a parking sticker, because I think security just come along and decide that that is not a parking area. Subsequently, I've raised a complaint, but it was an honest mistake because all the areas at that time were not actually

labelled correctly. And I'm not even sure whether the fine is to be reversed because I have raised an objection. I still haven't had a response.

[Winston Cheung]

Joseph, could I ask you to look into this? Just, so everyone's got certainty of what to do if they do want to raise an objection. And what timeframe we actually have to get those objections in before the fines actually get sent out and irreversible, if you could let us know.

[Joseph Jewitt]

Yeah, absolutely.

[Winston Cheung]

Ilona

[Ilona Cunningham]

While we're on the car park, again a very minor issue, but I have raised before, any plans of installing charges for electric cars Joseph?

[Joseph Jewitt]

There are charges planned in the new multi-story car park. I have to get back to you in the number I can't remember what the number is but yes there are some additional stations that's our plan as part of that project.

[Ilona Cunningham]

That would be fantastic, more electric cars on the road, and it would be fantastic to have the opportunity to charge.

[Winston Cheung]

But none planned at the moment, Joseph? So, we have to wait for the completion of the multi-story.

[Joseph Jewitt]

Yes.

[Winston Cheung

Okay, one other item of new business. I've been asked by MADU to see if we get some interviewers for the SRMO interview position. If anyone wants to help with the SRMO interviews, please contact myself or contact MADU.

In terms of ongoing business, we've discussed radiology, we've just discussed the CT scanners and the interventional radiology the clinical services plan Joseph touched on it earlier on, but does anyone have anything to bring up specifically from the departments regarding the clinical services plan. I've left this there just in case there's anyone wants to add anything to it or having problems with their plan.

Okay, the hospital finances. I talked a little bit about budget. We will have to talk more about this and look at specifically at the hospital finance and the financial statements. We don't have time to look at this today but are there any quick questions that anyone wants to bring up regarding hospital finances?

Okay, stage 2 redevelopment. Any questions for Joseph regarding the stage 2 redevelopment?

Okay, the priority list. I haven't done any more work on this and as we go through the cultural review, as people bring up more things than we'll add more items to the priority list. I have to do that in the next couple of months, but if anyone has any new, additions for the priority list please let me know.

I put TESL here just to make sure that all the TESL issues are being resolved. The feedback that I've heard is most of the tissue issues are being resolved. Does anyone want to bring up any TESL issues?

Okay. In terms of updates from the original presentations to the clinical quality council, apart from those discussions at the MSC meeting last week with the board, I've got no updates in regard to that, but does anyone want to bring up any issues there?

Okay, well, is there any other new business that anyone wants to bring up? If there aren't any new issues, I may close the meeting relatively early.

We've got a bit more information that we need and hopefully the next meeting will have more information. But any new business that anyone wants to bring up?

[Vasi Naganathan]

Young Winston got his PhD since the last meeting. That's worth mentioning.

[Liz Veitch]

Congratulations.

[Lewis Chan]

That's great.

[Ilona Cunningham]

Congratulations. Fantastic.

[Peter Katelaris]

Yeah. Well done.

[Winston Cheung]

Thank you. It's only taken me 8 years, but. Its good.

[Peter Katelaris]

Well, there you go. Well done.

[Peter Katelaris]

And also, I think it's worth noting that administrators all pass their exams, which is good. Stewart and Cameron both passed their relevant college exams too.

[Ilona Cunningham]

Congratulations.

[Liz Veitch]

Congratulations to them as well.

[Winston Cheung]

Thanks.

Okay, well I might close the meeting. So, if anyone wants to speak to John McDonald and his company, please email the person that's on that email. I'll email that again in the next day and I'll probably email again next week. But please send it to all your staff. Send it to the nursing allied health and your hospital support staff. It's really important that we include everybody in the cultural review. We really want to see what's going on in this place and if people aren't happy or people can suggest ways to improve, we really want to do that.

Thanks everybody and we'll have a meeting again in 2 weeks' time.

Thanks.