

**Concord Repatriation General Hospital
Medical Staff Council
Meeting with the Executives**

Thursday 26th October 2023

Location:

Zoom videoconferencing

Present:

Hany Abed, Ghauri Aggarwal, Ananthila Anandacoomarasamy, Kate Archer, Abraham Arulanandam, Will Becerril-Martinez, Prunella Blinman, James Burrell, Shanel Cameron, Renee Chan, Lewis Chan, Michael Chan, Charles Chan, Alice Chang, Vivien Chen, Elaine Cheong, Winston Cheung (Chair), Henry Cheung, Monica Chew, Catherine Cho, Rachel Choit, Vincent Chow, Mark Cooper, Philip Corke, Alice Cottee, John Cullen, Ilona Cunningham, Ben Dal Cortivo, Omprakash Damodaran, Fergus Davidson, Huw Davie, Cecelia De Gzell, Paul Della Torre, Frances Doull, Claude Farah, Erick Fuentes, Susan Gaden, Elizabeth Giugni, Laurence Gluch, Annabel Goodwin, Tom Gottlieb, Tim Gray, Andrew Hallahan, Jason Han, Belinda Hokin, Winnie Hong, Pamela Howson, Margaret Janu, Norman Janu, Joseph Jewitt, David Joseph, Barry Kane, Jin Kang, Peter Katelaris, Anil Keshava, Cameron Korb-Wells, Nic Kormas, Leonard Kritharides, Rupert Leong, Sandhya Limaye, Anthony Linton, Jessica Lowe, Theresa Ly, Robert Mansberg, Robyn McCarthy, Genevieve McKew, Steve Merten, Andrew Mitterdorfer, Abdul Mohammed, Lucy Morgan, Stephen Morris, Katrina Morris, Yuresh Naidoo, Austin Ng, Anna Panis, Raoul Pope, John Quoyle, Rakesh Rai, Hariharan Raju, Gowri Raman, Mona Razavian, Stephen Reddel, Mifanwy Reece, Lloyd Ridley, Angus Ritchie, David Rowe, Robert Russo, Nicole Santangelo, Markus Seibel, Shaundee Sen, Catherine Sengupta, Asim Shah, Nargis Shaheen, Kerwin Shannon, Doron Sher, Natasha Spalding, Penelope Spring, Peter Stewart, Martin Stockler, Michael Suen, Daniel Sumpton, Jai Sungaran, Avinash Suryawanshi, Irene Tan, Ruban Thanigasalam, Ibrahim Tohidi-Esfahani, John Trantalis, Lawrence Trieu, Joseph Trieu, Judith Trotman, Vince Tse, Susan Udall, Riana van der Linde, James van Gelder, Janette Vardy, Liz Veitch, Emma Verner, Phil Visser, Atul Wagh, Louise Waite, Peter Walker, Muh Geot Wong, Veronica Wong, Nicole Wong Doo, Hao Xiang, Payam Yahyavi, Jessica Yang, Clarence Yeong, Andy Yong, Bernie Zicat

Minutes:

Note: The notation "... " indicates where the transcript was indecipherable.

[Winston Cheung] 17:00:24

Hi everybody.

I'm just going to wait for a few more people to arrive before we do the official welcome. Then I'll explain the proceedings for today and hand over to Lewis.

[Winston Cheung] 17:00:39

I'm just going to announce that the pre-registration for the vote has officially finished as of now.

Okay, we'll make a start. Welcome everyone to the Medical Staff Council meeting 26th October. I've got the meeting on transcript. We won't be recording it, but we will be reporting a transcript of the meeting.

[Winston Cheung] 17:01:55

I want to welcome all the MSC members, plus the members of the Executive, plus members of the Board who are here today. I'd also like to welcome any First Nations colleagues.

[Mary Haines] 17:02:04

Excuse me please, Winston. Sorry, excuse me, Winston. It's Mary Haines from the Board. I just got a call from John Ajaka in the Concord executive boardroom and they're having trouble hearing you, and so they just would like a little minute to sort the technology out there. Thank you. I'll wait for John to either speak through the system to you, or give me a call back and tell me what's happening.

[Winston Cheung] 17:02:22

I'll wait for a minute. In the meantime, if I could ask all attendees to the meeting to please type their name into the chat. If everyone could please type their name into the chat. We'll make a few reminders. You won't be able to be sent a voting link unless your name is entered into the chat. So if everyone could please type their name to the chat.

[Mary Haines] 17:03:12

Excuse me, please, Winston. An update from John Ajaka. They can hear you and see you and all of us. They're just having trouble unmuting themselves, so they are going to log back out and log back in.

[Winston Cheung] 17:03:29

Not a problem. So for those who are just joining, we've got some technology problems in the boardroom. So we're just waiting for them to re-establish a link. In the meantime, if I could ask everyone who's attending today to please enter their name into the chat. Hopefully we'll start in a few minutes time.

[Winston Cheung] 17:04:40

I just to let you let everyone know who's just logged in, the meeting is running a little bit late. We've got some technology problems in the boardroom. We're just waiting for them to establish a link. Hopefully we'll start soon. For those who have just logged in, please enter your name into the chat.

[Mary Haines] 17:05:33

Winston, thank you and everybody. Thank you for your patience. The situation in the boardroom is that they can't unmute there. So what's happening now is John Ajaka is going to join by a laptop, so he'll be speaking through the laptop. He can hear you all and can still see everybody. So please just bear with them while they join via a laptop rather than the technology in the room.

[Winston Cheung] 17:06:03

Thank you. If I can ask those who have just logged on, if you could please enter your name into the chat, please.

[Executive Boardroom – John Ajaka] 17:06:18
Dr Winston, can you hear me now?

[Winston Cheung] 17:06:28
Yes, we can.
I can hear you. Can you hear me okay?

[John Ajaka] 17:06:49
We can hear you now. We're actually in the boardroom at Concord Hospital.
I have a number of board members with me. I'll introduce them when it's my turn to speak.
My sincere apologies for delaying you by the 7 min. You can see the rest of the Board that's sitting here. I've got a computer laptop in front of me that operating for me.

[Winston Cheung] 17:07:13
Thanks very much for that, John. We might make a start to the meeting.
I'd like to welcome you all here today.
I'd like to welcome the Board. And also welcome the members of the Executives. I'd like to especially welcome any First Nations colleagues with us here today.
Concord Hospital sits on Wangal land and we acknowledge them as a traditional owners of the land.
I'd like to pay our respects to Elders past, present and emerging.

[Winston Cheung] 17:07:41
What I want to do shortly is I'll hand over to Lewis Chan, who will chair the rest of the meeting.
He will chair the questioning. There was a list of written questions which was submitted to the Board yesterday.
I will let Lewis manage the questions and question session. In the meantime, for those who have just logged on, if you could please enter your name into the chat.
Preregistration has closed. We know that there are some people who have contacted us and who will be arriving late. So the chat will be open to around about 20 past 5.
And then it will be closed. So only those who have entered their name into the chat before that time will be eligible to vote today.

[Winston Cheung] 17:08:33
So I'll hand over to Lewis.

[Lewis Chan] 17:08:40
Sorry, Winston. We are still trying to collate people who're here.
I've just moved to a separate location. Can people hear me?

[John Ajaka] 17:08:48
Yes, I can.

[Winston Cheung] 17:08:48
Yes. Do you want us to wait for a few minutes?

[Lewis Chan] 17:08:49
I've separated myself from Mark and John, who are checking people's attendances.
So, I'm quite happy to do the introduction to the board and give our colleagues the rundown of the proceedings for this meeting.

[Winston Cheung] 17:09:17

If I could just ask everyone who's not speaking. If I can ask everyone to mute themselves, please. And I see one hand up already. Lewis, I'll let you decide how you're going to take questions from the floor.

So I'll hand over to you now. But just because there may be questions, I think we'll have to make a decision on how we take questions from the floor.

[Winston Cheung] 17:09:40

So I'll hand over to you now.

[Lewis Chan] 17:09:42

That's fine. It's a Fantastic opportunity for us to hear from the Board. Thank you Mr Ajaka and the Board members who are attending the meeting tonight.

[Lewis Chan] 17:09:57

For the colleagues who had not been aware, there was a request for questions for the Board, and a list of questions were forwarded to the Board members.

There's already a large number of questions, which I think it will take much more than tonight for the staff council to hear from the board, and engage in the discussion.

[Lewis Chan] 17:10:23

So, my proposal to the Medical Staff Council is that I was going to present or highlight a couple of the questions that I think would reflect all the discussions that we had over the 12 months.

[Winston Cheung] 17:10:55

Lewis, you've just broken up there for a second.

[Lewis Chan] 17:11:22

Okay, I'll use one of the other computers.

[Winston Cheung] 17:11:31

Thanks Lewis, we'll wait for you.

[Winston Cheung] 17:11:42

Lewis, you're on mute.

[Lewis Chan] 17:11:44

Can you hear me now?

Thank you so much. I've just borrowed a colleague's microphone.

[Winston Cheung] 17:11:48

Yes, we can.

[Lewis Chan] 17:11:51

Sorry. The reception's not perfect.

Because we actually have a voting process I thought, if everyone's agreeable, we will have about 20-25 min of hearing from our Board members and then, I was going to curtail the discussion at that point.

We would certainly, as an MSC, really welcome ongoing feedback and discussion and engagement with the Board after that. So, please don't be disappointed if we don't get to ask your question tonight. I suspect that there will be more opportunities moving forward for that to happen.

[Lewis Chan] 17:12:33

The plan is we have engaged an independent voting provider. As you know, we've done this before, which is part of the reason why I've been asked to do this.

I would really like to get our voting process started in about half an hour's time.

So perhaps I can pass over to the Chair of the Board, Mr Ajaka, to have some opening comments and then perhaps then we can go to some of the questions.

Mr Ajaka, thank you.

[Executive Boardroom – John Ajaka] 17:13:00

Thank you very much.

Chair, what I understood was going to happen and I'll proceed this way and I'll try and limit it to the 25 min I've been given, is I was just going to make an opening ...

I have got a number of questions. I was then going to proceed the answering those questions.

And then if there are more questions, I'm happy to take those on notice, and to meet with you and discuss those if we need to.

[Executive Boardroom – John Ajaka] 17:13:26

So firstly I'd like to acknowledge the traditional custodians of the land and pay my respects to Elders past, present and emerging, as well as any First Nations people here today.

Thank you for the invitation for myself and the Board to be here with you. I'm going to ask my fellow Board members to quickly introduce themselves.

I'll start with those in the boardroom, with John.

[Executive Board Room – John Sammut] 17:13:57

I'm looking at the faces and I know many of you. For those of you that I don't know, my name is Dr John Sammut and I'm the Director of the ICU at Canterbury Hospital. And I work in the Emergency Department at Canterbury Hospital as an emergency physician there ...

[Winston Cheung] 17:14:39

Sorry, John. We lost you halfway there.

[Executive Board Room – John Sammut] 17:14:48

Can you hear me now?

[Winston Cheung] 17:14:48

Thank you, John. We can hear now. Sorry, we lost the last minute of you what you said.

[Executive Board Room – John Ajaka] 17:14:54

Have you heard that the others introduced themselves?

[Winston Cheung] 17:15:00

No. Sorry. We started with John Sammut. Sorry, John.

[Executive Board Room – John Ajaka] 17:15:03

Okay. John, just start again quickly.

[Executive Board Room – John Sammut]

I recognize a lot of you. I've run the ICU at Canterbury and I'm an emergency physician in that facility as well. Thank you for having me.

[Executive Board Room]

Richard ... my background is financial services, insurance, risk management. And I'm a fellow of the Australian Institute for Company Directors.

[Executive Board Room – Paul Hosie] 17:15:34

I'm Dr Paul Hosie. My background is in general practice. I spent over 20 years at the ... general practice.

I spent over 20 years as a rural GP in Ballina, working at Ballina District Hospital, and 14 years ago moved to Sydney, then worked as a metropolitan GP.

[Executive Board Room – John Ajaka] 17:15:49

Thank you. Chair, I'll now call out those Board members who were on the screen virtually.

[Executive Board Room – John Ajaka] 17:15:55

Mary.

[Mary Haines] 17:15:57

Hello, I'm Mary. Thank you for having us. I'm the Deputy Chair of the Board of Sydney Local Health District.

I've served on the board for 7 years. I chair the Communications and Partnership Strategic Committee, and also sit on the Audit and Risk committee.

I have a background in health policy and research. I'm also an adjunct professor in health policy at the University of Sydney.

[Executive Board Room – John Ajaka] 17:16:23

Thank you.

[Kerry-Anne Hartman] 17:16:25

I'm Kerry-Anne Hartman. I've been on the board for nearly 4 years.

My background is as an administrative lawyer. ... at a number of tribunals.

[Executive Board Room – John Ajaka] 17:16:36

Thank you.

[Ronwyn North] 17:16:38

Hi everyone and thank you for having us here. Like Mary, I've been on the board for about 7 years.

[Ronwyn North] 17:16:47

I chair the Finance Risk and Performance committee, and I'm the Board representative on the ... Security Committee.

I have a background in law, risk and ethics.

[Executive Board Room – John Ajaka] 17:16:59

Thank you. Robert.

[Rob Furolo] 17:17:03

Thanks Mr Chair. My name is Robert Furolo. I joined the board last year.

I have a passion for good governance, strategic planning, community engagement and ensuring a strong voice for our diverse communities.

[Executive Board Room – John Ajaka] 17:17:17

Thank you. Laverne.

[Executive Board Room – John Ajaka] 17:17:25

She's not on yet. Okay. Karen?

[Karen Crawshaw] 17:17:29

Hi. Nice to be here. I'm Karen Crawshaw. I joined the Board last year.

I have a long history at senior level ... And I'm also a lawyer.

... General Counsel for a long time for New South Wales Health as well. And I chair the Educational Research committee and attend the audit and risk committee. I'm an adjunct professor at Sydney University and the faculty of Medicine.

[Executive Board Room – John Ajaka] 17:18:05

Thank you.

So, can I first, let me acknowledge that there are ongoing issues at Concord Hospital and we the Board strongly believe that we can work together to resolve these issues at Concord Hospital.

We're sorry that so many of you appear to have been distressed, and I'm sure that I speak on behalf of the entire board when I say this.

We were surprised by the MSC vote of no confidence in the Chief Executive, and we want to get to the bottom of what led to this decision.

We are committed to learning how we can make a difference to your experiences at Concord Hospital and within the district.

As many of you would be aware there are 15 local health districts in New South Wales of which the Sydney Local Health District is one of those.

Our district, the Sydney Local Health District, comprises Balmain Hospital, Canterbury Hospital, Concord Hospital, RPA, Sydney Dental Hospital.

[Executive Board Room – John Ajaka] 17:19:04

In addition, of course, we have the RPA virtual, the community health centres at Redfern, Marrickville, Croydon and Green Square.

We have the mental health. We have the community health, which includes early childhood. We have public health and many others.

You'll all be aware that John and his team at ProActive Resolutions have been on deck and working hard to understand your experiences on the ground, and we're listening to what they have to say to us, and working hard to understand your experiences on the ground.

We're listening to what they have to say to us and we'll act accordingly. ProActive formally commenced their work on 7 July 2023, with the first meetings commencing on 19 July 2023, reaching out to multiple individuals and groups nominated by the district, the MSC, and the Ministry.

ProActive have listened intently to concerns raised by you, the staff, and have been actively working with various departments since, to ensure that outstanding concerns and issues raised by staff at Concord are addressed.

[Executive Board Room – John Ajaka] 17:20:02

ProActive have also reached out to me as the Chair of the Board on several occasions. We almost speak weekly and we've met on a number of occasions, as well as meeting with members of the board.

Radiology has been a major focus of the ProActive team, as a good example. We are working closely with hospital and district management to make improvements to the Radiology department.

[Executive Board Room – John Ajaka] 17:20:24

And understand that there's been quite a number of meetings, so I'll come back to that later.

I also know that there is a perceived lack of communication at the hospital which is something we clearly want to work on.

We support ProActive's approach. The opening and improving communication channels with you. I'm aware that today Proactive has met with staff in neurosurgery, emergency, radiology departments ... have a better understanding of their experiences, and they continue to engage with each of these departments, and report back to us.

They're also setting up chances to meet with other departments who've expressed interest in being involved in this process.

[Executive Board Room – John Ajaka] 17:21:01

Initially, Proactive met with many individuals from various areas, including pain management, medical services, surgery, cardiovascular services, rheumatology, nursing, clinical governance, cancer services and palliative care, medical oncology, haematology, physiotherapy and speech pathology.

Along with the patient, family experience officers, and the federal president of ASMOF and individuals within the Ministry and the Minister for Health.

John McDonald from Proactive has also met informally with Dr Cheung as the MSC chair on several occasions, to ensure that ... ongoing communications.

I say all of this to assure you that we are listening and working with Proactive and all of you in regards to the intervention.

And we're responding and we'll continue to work with John McDoanld and Proactive.

By way of specific action, I can report developments in some departments to date, as I understand it, starting with radiology.

ProActive facilitated the first of several restorative conferences in radiology in late September.

They're in the process of carrying out weekly follow-up calls with individuals covering such items for action as outlined in the conference agreement.

[Executive Board Room – John Ajaka] 17:22:14

Key action items from the conference, which were previously communicated to the Council via Dr Cheung included attracting and retaining radiologists, nursing, IT, sonographers needs, servicing Canterbury, frustrations ... clinical stream model, individual radiologists, remote work, second MRI.

Work is also progressing. I'm just rushing it through, Chair, because I know we've got a limited time. So if I'm going too fast, please stop me.

Work is also progressing on challenges around interventional radiologists.

Updating and improving the rostering requirements and the 10 hour day, outsourcing reporting, working to establish an archive, reporting, working from home, meetings with various providers to deploy up to date software and ... , specialist training in VLS and various other training, recruitment of essential equipment and training needs.

[Executive Board Room – John Ajaka] 17:23:10

The emergency department, Proactive has met on 9 separate occasions and ... facilitated a small group conversation with individuals and ... in October with select staff to address very specific concerns. They are meeting with a larger group of nursing and medical staff beginning tomorrow Friday.

... further this work within the ED ... Department, John McDonald and his team have also been in the respiratory department, where they've now met with most of the team, with key concerns raised with them.

They'll be facilitating meetings with the district leadership team, and ... during the month of November to work on these areas of concern.

Beyond engagements within the individual departments, ProActive has met with the Board and will meet again with the Board in early November to consider our continued role in our responses to the developments at the hospital today. I can assure you, not only on my behalf, but on behalf of all of the Board members, that we look forward to that meeting, and more will continue, to be actively involved in supporting ...

I'll leave it there and I'm happy to proceed with the questions that were sent to us, and proceed to answering those questions

[Lewis Chan] 17:24:20

Thank you very much, Mr Ajaka. There are a number of questions.

[Lewis Chan I] 17:24:25

So perhaps to start with, can you give us a very brief overview of how you see the function of the Board?

And also how its relationship and independence to the district management has been managed?

[Executive Board Room – John Ajaka] 17:24:38

That's a couple that combines a few of the questions that you sent to me.

So let me deal with what is the function of the board.

[Executive Board Room – John Ajaka] 17:24:50

What is the function of the board? How does the Board believe it achieves its goals and monitors its outcomes?

The activities aboard are directed by legislation, in particular Section 28 of the Health Services Act, 1997.

I have the section here, but it would take half an hour to read to you all of the aspects, and I'm sure that you can easily obtain that if you need to.

It includes a number of functions such as ensuring effective clinical and corporate governance frameworks are in place, efficient economic operation of the LHD, ensuring the LHD works within this budget, and meets performance targets, and the development of strategic planes.

The Board of the Sydney Local Health District meets monthly. The Board receives reports from each of its facilities within the district.

The reports reflect the responsibilities of the Board has outlined in the Act and other matters that would be of interest to the board.

The board satisfies itself on meeting its performance targets, and gives a direction, should that be necessary. At each audit of each hospital, including Concord Hospital, those Board minutes and Board agendas and Board papers are made available to the auditors, who carefully look at it to ensure that we meet the requirements of our Act.

[Lewis Chan] 17:26:02

And in terms of how you view the board as independent, or the relationship with the district management?

[Executive Board Room – John Ajaka] 17:26:12

So the Board receives reports from the district management, but the Board also gives the macro instructions to management, and continues to do so. Monitors it, and ensures that all the requirements of management are adhered to.

It is a very large part of the audit that is undertaken by the surveyors, and you would have seen the surveys when they appear ... every year and speak to you ... to ensure that that happens.

[Lewis Chan] 17:26:37

Thank you. Perhaps we could move on to the second question, which was from our emergency department colleagues.

It was very long question that you can see, in covering several aspects. But the gist of it is that there were significant concerns raised to the Board by the staff council.

One question, part A, was concerning why, despite communications from the late last year to a couple of meetings this year, that there has not been a formal independent investigation.

We acknowledge the work of John McDonald and his team, and I think a lot of colleagues have found this very helpful, but in terms of an independent investigation, how come that had not occurred or is there no plans for that?

[Executive Board Room – John Ajaka] 17:27:32

Thank you for that. The question you sent to me was broken up into A, B, C, D and E.

I've answers for each of those areas. But if you're asking me to summarize it by you combining that, let me indicate this.

The Board receives reports from the Chief Executive. In this case the Board acts appropriately. It questions these matters.

I personally met with Dr Cheung on 2 occasions and I respect why he didn't tell me, but I did ask for full details so we could investigate the claims, and he indicated to me that they were confidential, and he did indicate that people were afraid of retribution if they raised any concerns.

[Executive Board Room – John Ajaka] 17:28:12

The Board felt this was really important that we actually know, and how we identified, because it was incredibly difficult to be able to deal with matters when we didn't have the full particulars, and I communicated that to Dr Cheung. But again, I respected the fact that he felt that he could not reveal the confidential information told to him and we ... on that basis.

The point is that now that we have an intervention which commenced in 2023, the opportunity for John McDonald to sit with anyone who wants to raise matters on a confidential basis, and to report back, I believe, ... resolve that problem.

So John McDoanld being made aware of the specifics allows us to work with him.

In relation to that. We did approach the Ministry to find a way of dealing with this, and making sure that an independent person was appointed, and that's why the Ministry in turn, not the board, the ministry appointed ProActive Resolutions, who commenced their work in July.

[Executive Board Room – John Ajaka] 17:29:16

So we've been encouraged by your members willingness to be involved in the intervention, and we have assured John McDonald, and we assure you, that as a Board we will work very closely with John McDonald, and we do follow his suggestions.

And allow him to be able to conduct the intervention in an independent matter.

Did you want me to go on to B, C and D?

[Lewis Chan] 17:29:41

Yes. Certainly question C, the 2 main questions that C and E are concerning was why did the board not seek further information from the MSC?

[Executive Board Room – John Ajaka] 17:29:57

Well, I think I've already explained what happened, but the fact that John McDonald was appointed to do the intervention, I did not believe it was appropriate for us to then simply go on on our own.

The reality is we undertook to fully cooperate with ProActive and deal with this intervention, and so that is exactly what's happening, and that's why when we met with you the first time, and the Board did not make any comments.

[Executive Board Room – John Ajaka] 17:30:23

It was made clear to ... John McDonald, that it was a listening exercise for the Board only, and that in due course we'd have our opportunity to say something, which has come now because of this vote of no confidence.

In relation to, within your answer, can you please address whether the Board is acting in a manner that is both transparent and independent of the chief executive, and the best interest ...

The Board is acting in a manner that is both transparent and independent of the chief executive.

The Board takes its responsibility under the Act extremely seriously.

We are bound by the legislation and the best interest... The Board takes its responsibility under the Act extremely seriously. We are bound by the legislation and we have to act on it.

And as you know, I'm a former minister of the Crown. So I fully understand legislation and the responsibilities. As too many of my Board members, and so we act in the best interests of all stakeholders, and at all times the Board is independent in the seeking and its resolution of matters brought to its consideration.

[Executive Board Room – John Ajaka] 17:31:15

We must be. And again, when an audit is undertaken, and the Board members are examined, and the Board agendas are examined, that is one of the things that governance, independence is well and truly ticked off on.

[Lewis Chan] 17:31:28

Thank you. Maybe we could now move on to question 3 and this is an enormous, anonymous question, but perhaps would you be happy to focus on the question part A and part D, because I think that avoids some of the repetition of what we talked about.

[Executive Board Room – John Ajaka] 17:31:44

No, it's fine.

So you've asked me why has the Board not expressed credible concern and regret about the distress experienced by staff at Concord?

Look, clearly the Board is concerned, and we're very sorry, and as I mentioned in my opening, of any distress that was perceived by any member of staff working in the district, and that of course includes Concord Hospital, as we work through this process.

But you know, I can assure you I've not had a staff member come to me. Or any Board member come to me and telling me they're concerned.

When Dr Cheung came to see us, and as I said I understand his position, I wanted specific particulars, but they were not being able to provide it.

So this is why I'm so pleased that the Ministry went with the intervention, so that we can move forward with this and ascertain what the concerns are.

Your D is, on what basis should Concord ... because you have ... in the board? Well the staff of Concord can be assured that the Board will continue to meet our responsibility as detailed within the Act, and will at all times act in the best interests of patients and staff of the district.

And again, can I assure you, the Board introduced themselves ... you can clearly see their qualifications.

You can clearly see who they are, what they stand for, and the qualifications, and the experience that they have, and we do want you to have confidence in us.

[Lewis Chan] 17:33:17

Thank you for that. I might just put a temporary hold to the proceedings and just remind the colleagues, can you put your names back in the chat again, so that we do a final audit of people who may have not announced their presence early enough. So just a reminder from Mark.

Mr Ajaka, can we skip to a question 6 next, because 6 and 7 are the questions regarding radiology. If you don't mind responding to those, that would be fantastic. Thank you.

[Executive Board Room – John Ajaka] 17:33:57

Please call me John. Don't call me Mr Ajaka, please.

[Lewis Chan] 17:34:00

Thanks, John.

[Executive Board Room – John Ajaka] 17:34:04

So in question 6 you asked, when the vote of no confidence in June identified that there were 25,000 unreported studies

So the district has put in place a number of strategies to ensure that radiology reporting is up to date.

Rolling recruitment for vacancies, establishment of medical imaging reporting unit, partnering with private providers to assist in reducing the backlog, it provides support for after-hours reporting.

It's understood that these strategies have not yet been fully successful, but they are making a difference, and that a major reason for this difficulty is a nationwide ... in recruiting radiologists.

We understand that the district is continuing to make efforts to make the conditions more attractive, in an effort to recruit more staff.

[Executive Boardroom – John Ajaka] 17:34:53

We're also aware of ongoing work in the area by ... to address this concern. As I indicated earlier, I cannot stress enough that the extraordinary work that's been undertaken by both the radiology department staff and John McDonald, and meeting with Dr Teresa Anderson, that have really moved forward in this way, and I'm sure that John McDonald can add further to it.

So what's important is that, they're working together and starting to achieve some way forward in relation to that.

[Executive Board Room – John Ajaka] 17:35:26

Have you ensured patients ... who may be harmed by delays? Look, the Board clearly understands the importance of sound processes in relation to the reporting of radiology imaging as part of its governance responsibility.

The Board would expect the hospital would manage this matter in line with the hospital's clinical governance framework.

It does however appreciate the ongoing challenges for this facility as much like those across the nation in meeting this demand.

Nonetheless, we have outlined we continue to work with the executive and the facility to find solutions that will improve our current situation, and again ProActive. I want to stop to thank John McDonald for all their work. ... are working closely with the radiologists and the executive to find solutions, and also bringing in New South Wales Health to assist.

So we're confident that in time the situation will approve ...

[Lewis Chan] 17:36:22

Thank you very much. Now, maybe we'll close up the formal questions with question 4. And this was actually Winston's question, but it did reflect the fabulous discussion at the MSC.

We know that obviously RPA is the number one ranked hospital in the country, and Concord at the moment is ranked number 29. And there had been concerns about the equity of funding.

So, would you mind answering the question regarding how you would aim to proceed and help us?

[Executive Board Room – John Ajaka] 17:36:53

Can I say this? You know there is an implication that ranking is proportional to funding allocation.

This is not the case. This is not how the funding works. Rankings are actually determined by peer recommendation, patient experience, hospital quality metrics, patient reported outcome measures, etc.

The Board prides itself on the rankings achieved by the various facilities with the district. We have 5 major hospitals and I mentioned all the other areas.

Sydney local health district as a whole is outstanding, compared to the other 14 health districts across New South Wales that we can't lose sight of that.

And, I don't want this taken out of context, but when Concord says that RPA is getting more funding and Canterbury says Concord is getting more funding and Balmain says Canterbury is getting more funding.

The reality is funding is based on the metrics that are available at the time and we as a Board continue to try and seek more funding wherever possible in particular in relation to both capital infrastructure and operational expenditure. So this is why, if you look at it, the Board prides itself on the rankings achieved by the various facilities within the district.

You know, we've recently again been announced for a number of awards that have been won by Sydney Local Health District, that came out today.

The Board ... the strategic vision considered consistent with ministerial direction ... and support facilities and the senior executive and staff as they strive through their ... work to provide the best of care.

This is reflected in the criteria that I previously outlined. The Board will continue to provide all the necessary to support to the facility executive and staff to continuously improve.

[Executive Board Room – John Ajaka] 17:38:54

Did you mention you wanted me to answer question 5 or you just said 4?

[Lewis Chan] 17:38:59

No, I think we could leave questions 5, because I was hoping that, we have a hundred people online, maybe we should allow 5 or 10 min of open questions.

Would you be happy, John, to do that?

[Executive Boardroom – John Ajaka] 17:39:13

I'm happy for questions to be asked of me, but I may have to take them on notice, because we got these questions only yesterday, and I've spent basically the whole day yesterday, this morning, obtaining the information to answer these questions.

[Lewis Chan] 17:39:21

Absolutely.

[Executive Board Room – John Ajaka] 17:39:27

I do have some of my other directors that may be able to come in, but if I can't answer it I will take it on notice, and we will get back to Dr Winston Cheung as soon as possible, with proper answers and then he can circulate those to you.

[Lewis Chan] 17:39:42

Lovely. That would be much appreciated.

So I might open the floor now. We've got about 5 or 10 min while we finalize our list.

So, if our colleagues are happy to ask some questions, please raise your hand.

[Lewis Chan] 17:40:12

Laurence. Dr Gluch is a breast endocrine surgeon, John.

[Laurence Gluch] 17:40:17

John. I've tried to find in hospital reports... First, I'm surprised that it's very hard for us to find annual reports of the organization, and particularly of the individual hospitals.

I find that remarkable, considering that just about every other organization we belong to has to put our annual reports, and yet if I want to look at the specific financials for Concord Hospital, I cannot find them.

How do we get around that impasse?

[Executive Board Room – John Ajaka] 17:40:40

Doctor. Can I indicate to you that the reports are published.

They are a part of public record. I'm more than happy to send the appropriate links through to Dr Winston, and make sure that they are sent to not just you, doctor, but to everyone within. You should be able to access them.

I'm a bit surprised that you're having difficulty with that.

Dr John, so did you want to add anything to that?

[Executive Board Room] 17:41:09

I think they're on public record. They're available.

[Laurence Gluch] 17:41:12

But are they institution specific or area specific?

[Executive Board Room – John Ajaka] 17:41:17

My understanding is that there are reports for each and every one of the hospitals within the district. And that's when we look at the figures that are provided to us, but as I said, let me get back to Dr Winston. And I'm more than happy to indicate how, where, when and if necessary to send a copy of those reports.

[Lewis Chan] 17:41:40

John. I ... another question ... at the moment. Would you ... we've got another couple more minutes?

Would you mind answering question 5? And this is, about future staffing.

[Executive Board Room – John Ajaka] 17:41:52

Yes.

[Lewis Chan] 17:41:53

So, we all really interested to hear how the Board feels.

[Executive Board Room – John Ajaka] 17:41:57

Look, I'm happy to do that. Can I just indicate, that because of the continued intervention and the work of John McDonald. Please feel free to send the questions through to John McDonald and we can easily provide answers to those questions and send them through John. Through Dr Winston and they can flow on to the staff. We want to keep this as open as possible.

[Executive Board Room – John Ajaka] 17:42:24

And the other thing is I did want to mention that I know that, John McDonald is meeting with various departments, etc.

I'm quite happy to attend any of those meetings, if I'm invited to. The reason we have not been involved in that is that we've kept away until we're actually invited, because I think that's the appropriate way to allow all of the staff to be able to openly and freely speak to John McDonald about any concerns they have.

But if anyone wants me there, I'm more than happy, given some notice, to attend.

Your question 5, stated that the future of Concord Hospital is ... staffing, not just its infrastructure.

This is a little long term. So the question is what ... actual long-term plans rather strategic claims? The Board does take as strategic overview, and is informed of the decisions regarding workforce taken by senior executive as part of the usual reporting process to the board.

[Executive Board Room – John Ajaka] 17:43:23

Comprehensive workforce planning processes are in place and are informed by the Ministry of Health Strategic Directions and Facility Operational Plans.

These are also informed by the clinical services plans which are revised regularly and have informed the planning for the redevelopment of Concord Hospital, stage one and stage 2.

Workforce planning is also influenced by the annual service agreement between the Ministry of Health and each local health district, and we as a Board ensure that that annual service agreement is being adhered to.

Since the financial year 2019, Concord had a significant enhancement of staff. Allied health has increased by 25.9 full-time equivalent. Medical has increased by 46.34 full-time equivalent. Nursing has increased by 37.16 full time equivalent. And scientific and technical support staff, it's increased by 15.34 full-time equivalent. Budgets of course are finite and every effort will be made to ensure the staff levels at the hospital continuing and within the Concord hospital's activity.

[Lewis Chan] 17:44:37

Thank you. I see Fergus has got his hand up. Dr Davidson is an anaesthetist, and past chair of the department.

[Fergus Davidson] 17:44:46

Thanks very much. When I look at the names on this meeting here, there's many who've been here 20, 30 or even 40 years.

I don't think 10 or 15 years ago a meeting like this would have even been thought of. This is extraordinary what's been going on at Concord.

I think it behoves the board to explore why we are Rather than just looking for solutions.

[Fergus Davidson] 17:45:15

Because I think a lot of the matters have been brewing for well over 5 years. More towards the 7, 8 years.

I think there's been a lot of effort at trying to patch up and put out the fires. There's been a lot of matters that have neglected for quite some time, and I would, I wonder if the board is interested in actually looking at the root causes?

[Executive Board Room – John Ajaka] 17:45:37

Thank you, Doctor. You know, I will let, ask John McDonald. I can't see him on the screen. I will ask John to actually comment in relation to this. I mean one of the big aspects of what ProActive is doing in helping to find the intervention solutions is to, of course, go back and understand how did we get here? Why did we get here? What did we do? And I know that communication appears to be one of the biggest, that you know clearly, an area of improvement is required.

So that is a big part of it. That is a big part of these meetings. And you know, we accept exactly what you said ...

John, could you just add to that in relation to how, by seeing what ... here and how we are moving forward?

[John McDonald] 17:46:28

I'm happy to do that, John and Fergus. Really appreciate that comment. I mean the best I can say in a in a succinct way ...

And I refer back to some of the comments that, John's made. John Ajaka has made ... the whole communication ... in recent times and you can go back a long time.

But in recent years, both at the general manager level, at the hospital, but also at the district, in our view, has been not clear enough, not transparent enough.

And so when ... are made about resourcing, about equipment, about needs in different departments.

It's unclear to people at Concord, and that message has been really loudly made, as to how those decisions are made.

Why they're made, etc, etc. And John's right to point out the way in which the Board itself tries to stay on top of that. But our sense has been pretty strong that you know there's been a significant failure of communication, in being transparent, around why and how decisions are made.

[John McDonald] 17:47:51

And we've made that pretty clear. There is no doubt that the staff, not just the medical staff, not just the doctors at Concord, have sensed a real change in the culture at Concord in the last number of years. From a place where, and we've had a number of discussions with John Ajaka around this. You know, what it needs is to be a place where people want to go and work.

And currently it's not a place where people want to go and work. So attracting and retaining staff has been a major issue.

[John McDonald] 17:48:34

And in particular when you look at a department like radiology, which is critical for the rest of the hospital.

When everyone knows that there is a significant shortage of radiologists, nationwide. Concord really was a workplace of choice in radiology, and a leader in that field.

And currently it's really struggling with retaining and attracting radiologists. And so we've spent a lot of time with people in radiology. They've been particularly distressed over a long period of time. There's a lot of work to be done.

The meeting on Friday, with the hospital staff, with the radiologists, with the district is really to ... We've been actively engaged there. It's been a hard slog on that.

[John McDonald] 17:49:34

We've made some progress. There's still a whole lot of progress to be made, and we've been really strongly supported by the board in doing that.

And we intend to keep up with it, but you know, you ask the question around the bigger issue.

It's a big question and I don't have the capacity to answer. I'm not even in the country at the moment.

I'm not back till next week. But I think it deserves more attention, Fergus.

[John McDonald] 17:49:59

And, and I think it should be part of what comes out of this. Otherwise this whole experience is wasted, on the health system. And the way to make some sense of it at least is to see what lessons it offers. In managing and leading in this space. And I know the Board's been particularly open to wanting to try and understand that.

We haven't got a succinct answer for you at the moment.

[Executive Board Room – John Ajaka] 17:50:27

Thanks, John. So, Doctor, from my perspective and that of the Board, a good work in progress.

Again, as I indicated, my door is open and I'd like to be invited more. I'd like to discuss more.

Doctor, I'm happy to have a one-on-one with you, if you believe that will be of assistance.

[Executive Board Room – John Ajaka] 17:50:48

But all I ask is that I need particulars. I need to understand it. I need the facts and we can then appreciate and again Dr Winston. Always happy to meet with you if we need to. Thank you.

[John McDonald] 17:50:58

Just can I just add that, Fergus, your experience and the experience of some others, and John. I think let's take up that opportunity, because I think individual experiences are lost often in this in this world.

[Executive Board Room – John Ajaka] 17:51:15

So John. ... Now we're going to run out of time, so we have to wrap it up. They've got to do their election. Their vote. So John, why don't we just simply indicate that I'm happy for you, John McDonald, I'm happy for you, if you want me to attend any meetings, if the staff are happy for me to be present at that meeting, just let me know.

[John McDonald] 17:51:37

Will do.

[Executive Board Room – John Ajaka] 17:51:38

Thanks.

[Lewis Chan] 17:51:39

Lovely. Thank you very much, both Johns, for your comments.

So I think it is time to wrap up the discussion.

I might just add my personal thanks to the members of the Board for engaging with us and being present. It's really nice to hear your perspective and what your understanding of what's been happening.

Winston, I'll hand it over to you, before I do the logistics of the voting process.

[Winston Cheung] 17:52:09

Thanks Lewis. I too would also like to thank the Board for attending. And engaging and answering the questions, from the members.

I've got nothing much more to add at this at this point. So what I suggest is that we move on to the rest of the evening.

If I could, respectfully...

[Executive Board Room – John Ajaka] 17:52:29

Yes, I take it that you'd like all Board members to now leave the meeting?

[Winston Cheung] 17:52:34

Yes, I could respectfully ask you to leave the meeting. If you or any of the Board members wish to address us or say anything please do so. We'd like everyone from the Board. ... to be able to speak to us as well.

Everyone on the board is very welcome to speak to us, if they have anything to say.

[Executive Board Room – John Ajaka] 17:52:56

Thank you. Dr Winston. Can I show all of your staff that all of my responses are the combined work of the Board.

It's not simply my responses. It's all of the input from the Board. So although I was the only one speaking, because it was easier with the time limits to do so, what I read out is the work of the Board as a collective.

[Winston Cheung] 17:53:24

Thank you, John. And thank you again to all the Board for attending. Thank you.

[Executive Board Room – John Ajaka] 17:53:29

Thank you. Take care everyone. We'll leave the meeting and other Board members to please leave. That would be great.

[Executive Board Room – Others] 17:53:35

Thank you. Thank you Doctor.

[Karen Crawshaw] 17:53:36

Thank you for letting us attend. Thank you.

[Ilona.Cunningham] 17:53:39

Thank you.

[Rob Furolo] 17:53:42

All the best, thank you.

[Winston Cheung] 17:53:45

So Lewis. I'll hand over to you for the rest of the...

[Lewis Chan] 17:53:49

Thank you. I think all the MSC members who are present, will be familiar with the process.

We have engaged Vero voting from Western Australia, to help us with the process.

The spreadsheets have been sent over to them. The mobile number that you had nominated on the pre-registration form will be the point of contact. And we'll get an SMS for that. And you can then get on the link, and do the voting.

And the motion for the meeting is the "vote of no confidence in the Sydney Local Health District Board".

And the answer is either “for” a vote of no confidence in the Board. Or “against”. So that should be fairly clear on the electronic ballot paper.

[Lewis Chan] 17:54:48

I'll just double check to see where ... the state of the SMS. So just give me a moment.
Thank you.

[Winston Cheung] 17:54:56

Lewis, before you go. Could you just explain if people don't get the SMS?

Could you explain to them what to do?

[Lewis Chan] 17:55:04

So when I announce that the SMS are starting to circulate. Then please be a little bit patient, but if after a little while and we're getting SMS ... if you put your name in the chat that you haven't got a link, we can always resend the link.

So now please note that we have one or 2 colleagues who have registered after 5 PM.
They will not receive an invite to vote, because it was quite clearly communicated that we needed that spreadsheet ready.

The pre-registration closed at 5. I think we closed it at about 3, 4 min after 5.

So if you did not pre-register and you didn't do that before about 3 min past 5, then you will not be eligible to vote.

We couldn't delay the process indefinitely. Mark and John have been working really hard to check the names of the list.

I noticed freshly it's been sent. Just give me a moment for me to just check where we...

[Lewis Chan] 17:58:48

Just a little update. We've just spent the spreadsheet. So we haven't got the tech ... and can remember us this time.

Mark and John have done a fantastic job getting the spreadsheet up, so it's all checked.

And there was really only a couple of colleagues who missed the registration.

[Lewis Chan] 18:03:54

Just another update, to let everyone know that the voting provider's importing the spreadsheet onto the database.

So we should be getting the SMS. So the moment the SMS are getting sent, I'll let everyone know.

[Lewis Chan] 18:04:07

While I've got everyone still in the meeting, maybe just a little heads up about the Concordians.

[Lewis Chan] 18:04:15

We haven't had an MSC dinner now, obviously, since COVID. But the Concordians, I understand, are organizing or planning a dinner... together. So we might get some communication about the date and venue.

... be nice to get together and the last get together was at the ...

[Lewis Chan] 18:09:40

So the SMSs have started to go out. I just got mine, so I think hopefully we will be getting your contact, so they have gone out both to your SMS and emails.

[Lewis Chan] 18:21:05

Please be patient for a little while longer. But just to give people an idea, we had 128 registered colleagues. And 102 were present and eligible to vote.

[Peter Katelaris] 18:24:53

Louis, can you hear me? I got the SMS and vote on SMS.

[Lewis Chan] 18:24:55

I can hear you, Peter.

[Peter Katelaris] 18:24:59

Now I've just got the email. Does that mean some of us got both and...

[Lewis Chan]

No. People get both. So you get an SMS and the email. You can ignore the email.

[Peter Katelaris] 18:25:04

Okay. It can just ignore the email. Don't vote ... is that right?

[Lewis Chan] 18:25:10

Yes.

[Lewis Chan] 18:25:12

But even if you vote by the email, that's fine, because it's linked to your profile.

So they know that you've already voted. So it doesn't matter.

[Peter Katelaris] 18:25:19

Okay, thanks.

[Lewis Chan] 18:27:53

Hello, everyone. Thank you for your patience.

So we've closed the voting and the voting provider is about to send through the formal declaration.

[Lewis Chan] 18:28:05

So basically, the votings were 58.4% "for" the motion. So the motion of no confidence is carried.

The breakup is 59 persons voted "for", and 42 voted "against". Of the total people.

Thank you. I'd like to thank everyone for the patience for tonight. It's obviously a very close result.

It reflects a variety of views and I'm very pleased personally that we have seen our Board members engaging with us. And I'm hoping moving forward that will have more engagement with them.

[Lewis Chan] 18:28:46

Winston, I will hand it back to you. Thank you again.

[Winston Cheung] 18:28:53

Thanks, Louis. Thanks everybody for engaging with the vote today, and attending the vote.

I didn't want to reveal this before the vote. But prior to the vote I received notification that we've had another radiology colleague resign from this hospital.

So obviously, it's very sad for our colleague, but also very sad for the department, and very sad for the hospital.

I think it's going to be a few days before we realize what this means for the hospital.

[Winston Cheung] 18:29:36

But I think now is the time that we band together. And we help each other and we move forward.

And I think today there were enough signs and indications from the Board that they are willing to engage with us. They're willing to listen to us. And they're willing to help us improve our departments and improve the hospital.

For the first time we heard the word sorry from the board and acknowledgement of some of the issues.

[Winston Cheung] 18:30:11

Now obviously, we can discuss their responses and we can do that at length. And what we felt of their responses, but we won't do that today. We can talk about that at another time. But I think my view from the Board was that it was a positive engagement from them today.

[Winston Cheung] 18:30:35

Where to from here? I will send a formal letter to the Board and also a formal letter to Health Minister in regards to the vote, tomorrow.

Joseph, if you or the other executive members present, I'm not sure if Andrew is still here. If you could please let them know of the result.

I don't have anything else specific to add.

Lewis, I just want to thank everyone again for engaging.

I apologize to the radiology department, for not doing enough to stop another member leaving. I hope that we can get together and help all departments, not just the departments who are distressed, but all departments, even the departments who are doing well. I think we can. I hope we can all band together and move forward. Lewis.

[Lewis Chan] 18:31:33

I'm just going to add, thank you to Mark Kol and John Quoyale, who have worked really hard tonight, trying to make sure that the process is correct, and checked against the spreadsheet.

They've been working hard in the other room. So thank you very much.

I'd like to just add my thanks.

[Winston Cheung] 18:31:50

Thank you. Thank you very much, Lewis. For doing this.

[Lewis Chan] 18:31:57

I'm hoping that, I think the point has been made and we've had our chance to have our say. So I really hope that we can move forward. I think we've been spoken at the previous meeting that we need to move and work together.

So I really encourage every one of us to try and do that together. And I think it's great to hear the Board being engaging with us.

So I think that's really good. So thank you.

[Winston Cheung] 18:32:25

So thank you again Lewis. Thanks Mark. Thanks John. And thanks to everyone for coming today.

We all see you again in 2 weeks' time. I know there's been some discussion on whether we should make these meetings every 4 weeks, or monthly instead of 2 weekly. I think we'll discuss that at the next meeting and if people want, we can short the duration.

But thank you everyone for coming today. Thank you.

[ilona Cunningham] 18:32:50

Thank you, Winston. Thank you. Thank you, Louis.