

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

Thursday 9th November 2023

Location:

Microsoft Teams videoconferencing

Present:

Winston Cheung (Chair), Lawrence Trieu, Natasha Spalding, Lloyd Ridley, Belinda Hokin, Stewart Condon, Kathy Woo, Susan Udall, Joseph Jewitt, Mark Kol, Ana Ananda, Peter Katelaris, Tam Bui, Catherine Soo Ihn Cho, James Burrell, Anthony Linton, Anastasia Panis, Alice Cottee, Michael Suen, Steve Merten, Elizabeth Giugni, Huw Davie, Raoul Pope, Prunella Blinman, David Rowe, Bernard Zicat, Ilona Cunningham, Louise Waite, Kim Hill, Leonard Kritharides, Susan Gaden, Lewis Chan, Pamela Howson.

Minutes:

Transcript mode started at 16:47

Note: "... " indicates transcript was indecipherable.

0:14:56.170 --> 0:14:56.730

Winston Cheung (Sydney LHD)

Hi everybody.

Thanks for joining us.

I'm just going to wait for a few more people to join before we start.

Just to let everyone know, I've got the transcript on.

It's the first time I posted a meeting using teams, so hopefully this will work.

0:17:1.610 --> 0:17:4.190

Winston Cheung (Sydney LHD)

Hi everybody. We'll just wait for a few more people to join before we start.

0:17:23.670 --> 0:17:24.650

Winston Cheung (Sydney LHD)

OK, we might as well start.

We've got 20 people online.

I think we need officially 30 to have a quorum. Around that mark.

Unless I get 30, we won't make any decisions today.

The only decision I want people to decide on is how often we should have this meeting.

0:17:42.220 --> 0:17:44.330

Winston Cheung (Sydney LHD)

Just to let you know, I've got the transcript on.

Welcome everybody to the Medical Staff Council meeting with the Executives, 9th of November 2023.

I'd like to welcome any First Nations colleagues with us today.

I would like to acknowledge the Wangal people as the traditional owners of the land on which Concord sits, and pay our respects to Elders past, present and emerging.

I sent out the minutes a week and half ago.

Does anyone have any problems with the minutes?

Or if there're any issues, please email me and let me know.

0:18:18.540 --> 0:18:19.790

Winston Cheung (Sydney LHD)

There's no problems with the minutes?

0:18:20.500 --> 0:18:22.350

Winston Cheung (Sydney LHD)

Hi Joseph and Stewart.

How about I start with you guys, and if you have any updates for us?

0:18:26.470 --> 0:18:29.470

Joseph Jewitt (Sydney LHD)

Sure, I'm happy to provide an update, Winston.

In terms of Radiology, where I'm working to address the backlog, that work continues.

There's 7437 plain film image studies that have been reported from the GE system, and it's anticipated that the backlog of the GE system will be reported by the end of the month.

The District, I think I've mentioned before, has commenced integration work with two vendors to source the ongoing overnight work in Sectra, once the integration and testing is complete.

Once the integration and testing has been worked through, the after-hours reporting will be contracted out, as I've reported before. Which will alleviate some of the workload pressure on the Radiology Department, and there are escalation processes in place to ensure that any critical imaging is reported in a timely way.

So hopefully by the end of the month we'll be in a much better position than we have been in.

The recruitment of the Diagnostic Radiologists continues and new staff member Doctor Ben Moharami started on Tuesday this week and he's commencing as a 2.5FTE(?), and he'll move to a 0.5 in the New Year. There are also two further 0.5 staff specialists that will be commencing in the new clinical year as well.

Obviously recruitment for Diagnostic Radiology is ongoing, and we are also starting to advertise VMO Diagnostic Radiologists as well, and that will occur before the end of the week, so that will also help boost our Diagnostic Radiology workforce if that recruitment is successful.

0:20:39.90 --> 0:20:41.260

Joseph Jewitt (Sydney LHD)

Interventional Radiology ... working well.

There were two new VMOs committed to the start of the next clinical year, and so these appointments will give us full coverage for the after-hours roster.

We are working with the department regarding also the implementation of 10 hour working days and remote reporting arrangements. And this work will help ensure that the department is able to offer more flexible working arrangements, while balancing the need for the supervision requirements of trainees.

0:21:16.440 --> 0:21:20.920

Joseph Jewitt (Sydney LHD)

The second CT scanner in Radiology has been installed and is operational.

I think I've mentioned before, the interventional scanner. It's great to have that replaced, and that service back up and running.

I've said it before, but now that we've completed the project, just to reiterate a huge thank you to the Radiology staff for their patience and support, while those works were underway.

0:21:44.390 --> 0:21:48.930

Joseph Jewitt (Sydney LHD)

So now the attention moves to the third CT scanner in the ED. Those capital works have commenced.

We are still on track for that third CT scan to be operational in January next year.

So that will significantly boost our imaging capacity there.

0:22:11.460 --> 0:22:27.910

Joseph Jewitt (Sydney LHD)

There's work currently happening at the moment for the replacement of the Canterbury CT as well. That obviously has had some impact on us, as patients from Canterbury who have needed CT, have come across to have their scan here.

That project is also on track to be completed, and that's going to be fully operational by Christmas.

That will mean we will start in the New Year in a much better place across both campuses, which I think will put us in a much better position in terms of our imaging capacity.

The specifications of the new MRI scanner are being worked through and finalised with the department as well as the capital works planning.

0:23:0.240 --> 0:23:23.600

Joseph Jewitt (Sydney LHD)

There's been quite a bit of consultation, and thinking through those work flows, so it is taking a little bit longer than initially anticipated, but confident that by the time we finished that we'll have a really good plan for the installation of that second MRI.

0:23:24.500 --> 0:23:28.240

Joseph Jewitt (Sydney LHD)

I mentioned before, in terms of the hospital finances, that the service agreements were issued last month. So in this month's financial reports, the new budgets have all been loaded in, so everybody will be clear about where the budget allocations are for the services.

So if there're any issues, let me know.

0:23:49.580 --> 0:23:55.430

Joseph Jewitt (Sydney LHD)

In terms of the ACE Unit, they're refurbishment works in the unit.

They are just finalising some of the components of those works relating to the processing room, so hopefully that will be soon, we hope.

0:24:14.490 --> 0:24:21.800

Joseph Jewitt (Sydney LHD)

We're still working through a target of trying to get that component of the refurb done during Christmas, so hopefully we'll be able to do that.

Just needing to get some detailed architectural plans finalised.

0:24:28.650 --> 0:24:33.510

Joseph Jewitt (Sydney LHD)

Also the Skills Lab. It continues to be on the list.

I'm keen to be able to get those works happening very soon, but obviously with the other capital works that are happening at the moment, we're just waiting on the team to quote that ... and come back with a scope of work plan for us.

0:24:47.520 --> 0:24:49.10

Joseph Jewitt (Sydney LHD)

Ground East works are underway.

For ... and pulmonary rehab, and we're working through the final plans or consultations with vascular surgery and medicine regarding their potential relocation to Ground East. So hopefully we can finalise that also in the next week or so, and then that will allow us to begin the works on Ground East to be able to incorporate vascular medicine and the vascular surgery outpatients.

0:25:21.530 --> 0:25:28.230

Joseph Jewitt (Sydney LHD)

If that all comes to pass, then that allows us on Level 3 to do the work on the TOE room that's needed, in order to meet the new sterilising standard that will come into place next year, and also allow some additional space up on Level 3, which will help with some of the congestion up there.

0:25:41.270 --> 0:25:45.20

Joseph Jewitt (Sydney LHD)

I'm in terms of nursing recruitment.

I and you know our nursing staff here are very happy with the new overseas nurses that have commenced here at Concord. By the end of the month, there will be a total of 18 overseas nurses that would have started and a further three are starting in December. And there's ten that we're just working through all of the immigration processes, so that we can then offer them start dates and other things. ... is about six or seven of those that are coming on board that are ICU trained.

0:26:17.710 --> 0:26:21.440

Joseph Jewitt (Sydney LHD)

These are nurses who are coming with years of experience, which I think is a really positive impact for our services, and obviously nursing recruitment generally continues the new transition program. I think I mentioned last time, which is a program to support the transition of nurses who

have not had recent experience working in an acute service to be able to gain the acute service experience that would allow them to be able to take up positions here, is being implemented by the Concord executive nursing team.

0:26:56.400 --> 0:27:30.910

Joseph Jewitt (Sydney LHD)

We've just got an ad out at the moment for the nurse manager who will oversee and coordinate that program. So we're hopeful that that will be successfully filled, and we'll be able to start the implementation of that program, which I think will really put us in a much stronger place in terms of workforce, nursing workforce planning and development.

I think I mentioned last time about the plan to decant wards out of the multi building to enable refurbishment works to occur in those wards in the multi.

We are still working with engineering to get the full background information we need to help program those works.

0:27:40.790 --> 0:27:43.480

Joseph Jewitt (Sydney LHD)

We have started discussions with Orthopaedics.

They were on level 6. Being the first, it's proposed, to be the first to moved across to the multi.

So we're hopeful that if we'll be able to get that move done before Christmas. That will allow us to be able to get in and start those refurbishment works, and then be able to program the rest of those works over a period of time in the multi building.

It obviously will be quite an extensive amount of work, so this will be a longer term project.

0:28:17.60 --> 0:28:22.110

Joseph Jewitt (Sydney LHD)

And obviously, and thank you for sending this around, Winston, the Co-Clinical Directors expressions of interest is out.

As you will, I'm sure appreciate ... district has been a strong and effective clinical stream structure in place for many years.

And it's been a really important mechanism to ensure excellent clinical engagement. And the appointment of the Co-Directors will enhance our clinical stream structure and ensure strong clinical engagement across the districts, facilities. And feedback from clinicians has been that the current model would benefit from this Co-Director, clinical leadership model.

So the EOI has gone out. The recruitment process for those Co-Directors will follow the normal recruitment processes. There will be an independent member on the selection panel.

The new appointments will be able to negotiate an allocation of time towards their clinical director role and also suitable backfill for their service.

0:29:39.660 --> 0:29:54.320

Joseph Jewitt (Sydney LHD)

The clinical directors, with this new stream structure, there will be additional operations role for each stream, which will help support them in the work that they will be doing within the stream.

I think that's probably all I have.

0:29:58.270 --> 0:29:59.580

Joseph Jewitt (Sydney LHD)

... there any questions.

0:30:2.360 --> 0:30:3.160

Winston Cheung (Sydney LHD)

Thanks, Joseph.

Questions?

0:30:5.290 --> 0:30:6.440

Winston Cheung (Sydney LHD)

There's one from Bernie.

0:30:7.290 --> 0:30:12.900

Bernard Zicat (Sydney LHD)

Joseph, we spoke about this issue of the decanting of the wards previously.

And you indicated to me at the time that it would be about a few months or three months decant and then back to the ward.

But I've also had some communication that it would be more like we would go to Ward 1C, maybe for 12 months and the other wards would decant to the orthopaedic ward, which I don't understand the sense of that.

Can you clarify?

0:30:44.680 --> 0:30:52.650

Joseph Jewitt (Sydney LHD)

We're still working through the program of how we will manage the works in the multi.

0:30:52.660 --> 0:31:8.100

Joseph Jewitt (Sydney LHD)

I think I might have mentioned before, that we're waiting on advice from engineering to understand the scope of works that are needed in each ward. Because some wards, we've been able to get in during Christmas closure periods and other periods, to do some work.

In other words, we haven't been able to do any such work, so we're waiting on that information to get a full list of what the program will be.

So that will give us some sense of what is the overall time period and the time period for each ward.

But we're also looking through the interrelationships or functional relationships between each of those wards with other services in the multi, so that we can look at that program.

0:31:37.940 --> 0:31:44.630

Joseph Jewitt (Sydney LHD)

So I need to come back to you, Bernie, with the exact time frame for how long that will be.

I'm hoping to get that information soon, and then I will be able to be clear about whether or not

you're moving across, and then moving back, and then potentially shuffling happening at later points in the program. Or whether or not we will be looking at other wards who can't then leave the multi building, and about whether or not it then makes sense for Orthopaedics to stay longer in the Rusty Priest building, and potentially decant into the Orthopaedics ward, while their Ward gets refurbished.

0:32:18.410 --> 0:32:24.790

Joseph Jewitt (Sydney LHD)

So I don't have an answer on that, but there has been a bit of back and forth on this in just the last week around that time frame.

There might be a few mixed messages out there. I'm keen to seek some clarity and then come back to you.

0:32:31.860 --> 0:32:32.440

Winston Cheung (Sydney LHD)

Thanks Joseph.

0:32:32.20 --> 0:32:32.650

Bernard Zicat (Sydney LHD)

Alright, thanks.

0:32:33.690 --> 0:32:39.540

Winston Cheung (Sydney LHD)

Sounds like communication is going to be the key and also consultation with all the stakeholders.

So keep us informed.

0:32:42.970 --> 0:32:43.250

Joseph Jewitt (Sydney LHD)

Will do.

0:32:43.130 --> 0:32:44.990

Winston Cheung (Sydney LHD)

Any other questions for Joseph?

0:32:53.340 --> 0:33:0.880

Winston Cheung (Sydney LHD)

I might just skip straight to the stream directors part and then come back to the couple of other questions.

0:33:1.310 --> 0:33:6.600

Winston Cheung (Sydney LHD)

I know Ilona, you wanted to say something about the stream director roles?

Are you still there?

0:33:14.360 --> 0:33:14.630

Winston Cheung (Sydney LHD)

Okay. We'll come back to her.

0:33:17.40 --> 0:33:30.750

Winston Cheung (Sydney LHD)

Just in terms of the feedback from what I'm getting hearing from the other Members, I think the overall feedback is there is a wait and see approach.

One of the issues, as you know people have mentioned, has been the communication. And it's getting the message from the grassroots up to the Chief Executive. One of the issues with having another layer of middle management is the filtering of the messages. Something that is one of the major concerns about this new stream director role.

The other two major issues were, one was the lack of consultation before this was brought in, and the second is we haven't had any information on whether there's any additional FTE to be provided with this. Because obviously if the role is going to be staffed from within someone's department, they're going to lose someone in their department, or potentially increase workload for that person.

If there's no increased FTE, then all that has happened is that you've increased the workload.

So I think it would be good to hear exactly what FTE enhancements we're going to get, Joseph. I know, that's been passed on to Teresa, but we haven't heard back yet.

0:34:43.430 --> 0:34:59.950

Joseph Jewitt (Sydney LHD)

My understanding is that that whoever is the successful people, that will be subject to the negotiation of their appointment, because it would depend on who they are, and what level of work might be required in that stream. And also what their current appointment is, because they might be ... specialist clinical academic, all that sort of stuff.

0:35:15.530 --> 0:35:28.800

Joseph Jewitt (Sydney LHD)

And so the answer is yes. There is the opportunity for backfill, because we don't want the services to suffer. But it will be how that works will be a matter of working through that.

Based with the successful applicants, in terms of a model that works for that backfill.

0:35:37.170 --> 0:35:37.720

Winston Cheung (Sydney LHD)

Thanks, Joseph

And the application process. Who, at the application, in terms of the appointment committee. Who picks the applicant? Will it be a captain's pick or will it be a committee?

What's the process there?

0:35:56.140 --> 0:36:5.990

Joseph Jewitt (Sydney LHD)

It's the standard sort of recruitment processes for Sydney local districts, so there will be a panel, the chief executive will be on the panel, there will be an independent on the panel.

And so the same sort of process in terms of interviews, and then a decision will be made based on interviews, and a review of the applicant's application and work experience, etcetera.

Determining if you would be the best appointee. So it would follow much the same sort of process that we go through with our head of department appointments etcetera as well.

0:36:35.180 --> 0:36:35.630

Winston Cheung (Sydney LHD)

Thanks, Joseph.

0:36:37.270 --> 0:36:45.30

Winston Cheung (Sydney LHD)

Any questions for Joseph on that, or any of the other material ... presented?

Peter, was that your hand?

0:36:45.530 --> 0:36:50.220

Peter Katelaris (Sydney LHD)

Yes. Joseph. Just with the expressions of interest for the clinical stream.

It's not quite clear what the demands of the position are.

Those of us who haven't been stream directors have seen other people operating in it, but it's very variable.

It's not quite clear what level of support there is, apart from backfilling administrative support, secretarial support. And what actually the scope of ... it.

If you read the expression of interest document, it could be huge.

It could be 2 full time jobs. Or it could be just on the side.

It's really not clear the scale of this job.

So is there any comments you can make about it then?

0:37:26.790 --> 0:37:28.800

Joseph Jewitt (Sydney LHD)

I've never been a clinical stream director.

Ilona and others might be better placed to talk about the experience of it, I think.

If you have an interest in applying, you could always reach out and speak to either Andrew Hallahan or Teresa, just to get a sense of what the demands will be. I do know that there are additional operation manager roles for each of the streams, which is a reflection of the fact that there will need to be operational support people to actually help get things done.

So that would definitely be something that has been put forward to assist in their full time positions. And in terms of the backfill and the allocation of time to the clinical stream director duties, that would be something that would have to be negotiated.

0:38:27.290 --> 0:38:31.360

Joseph Jewitt (Sydney LHD)

... So in essence, there will be 2 clinical stream directors.

There's already an operations person in the clinical stream, so this is an additional operations person. So it will be 2 operations persons, plus whatever sort of infrastructure that is in already allocated to the clinical stream, and that varies a little bit from each stream.

So, I actually think this is going to improve things, because it will help lighten the workload and allow more time for the consultation and the strategic work that the directors do.

0:39:5.30 --> 0:39:20.740

Joseph Jewitt (Sydney LHD)

And I think that's part of the thinking here. In creating the Co-Directors, is to actually help with that workload, as well as making sure there's good representation from across the district within the stream structure.

But if there's a particular kind of concern, I would be reaching out to either Andrew or to Teresa, if you wanted to. Because they will have a much clearer sense of what their expectations are, and also what have been some of the demands within those streams. Probably more so than myself.

0:39:40.670 --> 0:39:41.550

Peter Katelaris (Sydney LHD)

Okay thanks.

0:39:42.100 --> 0:39:43.430

Winston Cheung (Sydney LHD)

Thanks. David.

You've got your hand up.

0:39:48.910 --> 0:39:49.670

David Rowe (Sydney LHD)

Yes, Winston.

I've just got some questions and maybe some comments.

0:40:0.270 --> 0:40:14.670

David Rowe (Sydney LHD)

Who was consulted about this new this change to the clinical stream set up, and who determined that there was an actual need for it to change?

I can only speak for medical imaging, but when I was head of department, a shortage of managers was not the problem that we had.

And I'm just a bit concerned that, by introducing Co-Directors, you're basically just diluting the responsibility. And we'll just end up with a situation where no one is responsible or will take responsibility. And we'll be introducing a whole lot of new operational managers, for example, and certainly in the medical imaging sphere. I look at it and I do not see what the perceived benefits are.

0:41:8.510 --> 0:41:10.440

David Rowe (Sydney LHD)

And again, I'm not sure who was consulted and who said that they thought that this was a good idea. Because I don't see a good justification for it in the medical imaging stream.

0:41:24.540 --> 0:41:26.580

David Rowe (Sydney LHD)

I can't speak to other streams, obviously.

That's my question.

Those who were consulted. Who determined the need? And how do we see this improving the situation? And you could talk to the medical imaging stream specifically, if that's what you'd like to do.

0:41:47.750 --> 0:41:59.820

Joseph Jewitt (Sydney LHD)

I can't fully speak to the consultation, because this is not my initiative, and I wasn't leading any consultation process.

I do know, though, that in different sort of forums there have been issues and concerns raised.

That to my perspective, and I'm just speaking from my perspective, would indicate the value in this model.

There are some who feel that Concord is not always represented and understood. When you know the clinical stream ... staff and based here at the hospital campus. And they're not going to be working here in the hospital campus.

Obviously you know, each stream is different, etcetera, but I've heard that, a number of times, has been a concern.

And so I think that's one of the benefits of this model, is trying to look at, the idea that, at least within the district, there are two large hospitals where there's a lot of clinical activity, clinical staff, service pressures needs.

... planning ... strategic development work that needs to be done.

So in essence, it's about making sure that there are representation, not exclusively from these two sites, because women's and babies would involve somebody at Canterbury, but at least the opportunity to make sure that there are sort of mechanisms for those voices to be and those perspectives to be escalated and heard.

0:43:38.680 --> 0:43:41.150

Joseph Jewitt (Sydney LHD)

The Co-Directors will work together.

They're not, this is not, an east versus west thing.

They will work together as part of the one stream. But it's a way of making sure that there is that mechanism to have those issues identified, escalated and discussed. And somebody sitting at the table when those discussions are happening.

0:44:0.390 --> 0:44:9.270

Joseph Jewitt (Sydney LHD)

It's important to remember that all our clinical directors are clinicians. This is something they take on as an additional part of their role.

They're not managers in the sense of being predominantly clinicians.

0:44:17.310 --> 0:44:22.710

Joseph Jewitt (Sydney LHD)

But what it does mean is that there is somebody who's job it is to consult with relevant people within the services around what their needs are. And be one of the voices who are communicating to the organisation what those needs are. And I suppose helping to facilitate that consultation and that planning, is the view.

So I think from that perspective, I consider ... to be real benefits of this.

0:44:52.210 --> 0:45:4.140

Joseph Jewitt (Sydney LHD)

I think the idea that there is a single stream structure, and we're not sort of splitting the structure, I think helps make sure that there is ongoing accountability for the things that the stream does within the stream structure.

And so I am actually very positive about it.

0:45:11.60 --> 0:45:17.890

Joseph Jewitt (Sydney LHD)

It's going to be a really good thing, but I think in terms of the consultation, I didn't lead that process.

So I don't want to comment on that.

0:45:20.310 --> 0:45:40.950

Joseph Jewitt (Sydney LHD)

I know that there were different meetings and discussions that occurred, but I don't have the detail of those. But my sense is, it's something that I have heard since I've come here, that Concord doesn't always feel like its views are clearly communicated through.

And this provides a mechanism to ensure that occurs.

0:45:49.210 --> 0:45:50.80

Winston Cheung (Sydney LHD)

Thanks, Joseph.

0:45:50.90 --> 0:45:50.930

Winston Cheung (Sydney LHD)

Peter, you've got your hand up.

0:45:51.530 --> 0:46:4.420

Peter Katelaris (Sydney LHD)

Joseph, I get what you're saying, and I think you've articulated what has long been thought. That Prince Alfred has more stream directors historically, and having a second one does give us a voice at the table, or more voices at the table.

But I can't see how it doesn't just become a competition for resources.

I don't know, even with good people on both sides, how it doesn't become a competition. How can they work collaboratively? If one department at another hospital was able to obtain something, the other hospital would want the same.

So I'm just not sure how the collaboration would work.

0:46:29.410 --> 0:46:29.870
Joseph Jewitt (Sydney LHD)

I think in part that already is happening. You've already got clinical streams that are occurring across the district where, through that stream structure, there should be planning occurring. That is looking at what are the needs of that stream and communicating up what is needed across the different services.

0:46:59.140 --> 0:47:20.120
Joseph Jewitt (Sydney LHD)

So in essence, there should already be, within streams, a level of cooperation and collaboration, and discussion and debate, about where it is best to allocate resources and the types of service developments and improvements that are needed.

I think what this does is 2 things.

0:47:23.790 --> 0:47:28.240
Joseph Jewitt (Sydney LHD)

Just make sure that, ... director level, you've got clearer representation and also at the director level, two people helping with the workload.

So this is also about helping the directors with the workload that they have, by making sure that there is an alternate person who is able to make sure that the stream is able to actively participate in decision making and service planning, etcetera.

Because I think it is quite a burden on directors. I can't speak on behalf of clinical directors. That might be for you ... Ilona to say.

But my experience in the years I've been here, I know that it can be quite a bit of work at times, particularly if there's a lot going on around clinical service plans, etcetera.

0:48:15.400 --> 0:48:30.80
Joseph Jewitt (Sydney LHD)

So I think, on one level, this allows for a much more formalised tag team really for the clinical directors to say, I can't get to this meeting, can you go and can you represent the district?

So I think it does help provide an opportunity where they can work much more effectively and collaboratively and make sure that the stream is always able to be represented and that there are multiple points of where information can be escalated up through the stream structure.

Because I do think it makes a difference if you're, more often than not, physically present at the site.

0:48:52.210 --> 0:49:11.300
Joseph Jewitt (Sydney LHD)

As you will know, there's a lot of seeing things first hand and face to face discussions, and just having a much richer understanding of what is happening within the hospital. That does help you make better decisions, and to understand the needs and to nuance ... articulate more effectively what is needed, particularly in an environment, because ... budget cycles.

0:49:23.120 --> 0:49:28.970

Joseph Jewitt (Sydney LHD)

There is definitely different budget cycles, but we all know there's never actually enough resources for all things we want to do.

And so there's always a need to debate around the prioritisation, but I think this allows the streams to do that more effectively.

0:49:38.750 --> 0:49:40.40

Winston Cheung (Sydney LHD)

Okay. Thanks.

0:49:38.670 --> 0:49:41.10

Joseph Jewitt (Sydney LHD)

We haven't done it yet, so there is a degree to which we have to see how this works, but I certainly think it's a really exciting step forward and I think they could be really positive things. And I do think if someone's thinking about stepping up, putting their hand up to be a Co-Director, I think what you've ... David and Peter, what you've said is absolutely right.

You need to be someone who is prepared to work really collaboratively with others within the stream, and understand that, where you're part of stream structure, where ... would be needing to make decisions, not just about Concord, but across the whole district.

Being a voice that has the rich understanding of Concord, as part of those discussions, and ... decision making as well.

And I think that can only strengthen the stream structure, in my view.

0:50:42.410 --> 0:50:43.400

Winston Cheung (Sydney LHD)

Thanks Joseph.

I might just move on to the other items.

0:50:47.10 --> 0:50:50.360

Winston Cheung (Sydney LHD)

I want to finish on time today. So I've got a few other quick items.
... quickly go through staff mental health support groups.

Belinda. Did you want to speak to that?

0:50:59.670 --> 0:51:0.120

Belinda Hokin (Sydney LHD)

Yes, sure.

Thanks, Winston.

I think the main thing is we shouldn't underestimate the importance of looking after all of the staff, and all of the senior staff and junior staff within the facility.

In some ways it's not something that's been done very well through some of the challenges that the institution has faced in recent times.

And there are certainly a number of people across the institution who have experienced significant challenges in relation to staff wellbeing.

Right across the campus.

I think one of the positive things that has come out of the processes that have ensued in recent months is increased awareness of this, and that people are finally being able to get the support from colleagues that really has long been denied, because of the way the system works, not only in terms of confidentiality clauses, but in reluctance to actually acknowledge that there's been problems within the facility.

0:51:58.380 --> 0:52:0.870

Belinda Hokin (Sydney LHD)

We do need to all look out for each other.

Please, if you see people struggling, do reach out to them and make sure that they're okay.

There have been a number of little support groups formed.

I'm certainly within a support group and we've been meeting fairly regularly and certainly I've developed friendships in and had a number of conversations with people through the adversities that have arisen, which is actually been really, really valuable.

And I'm sure others have found the same thing. And I'm sure there are other support groups other than the one that I'm in that have also developed.

0:52:42.310 --> 0:52:43.540

Winston Cheung (Sydney LHD)

I think it's pretty important.

0:52:30.800 --> 0:52:44.300

Belinda Hokin (Sydney LHD)

And certainly if there's anybody that wishes to be a part of a group that isn't or wishes to talk to somebody, please reach out to either me or Winston and we can certainly make sure that you're getting whatever support that that is able to be provided within the system.

But more than anything else, though, we can't change what's happened in the past.

0:52:51.830 --> 0:53:2.90

Belinda Hokin (Sydney LHD)

We do need to look after those people that were impacted by the past.

But there has to be, going forward, zero tolerance in fear of reprisals for speaking out.

So that no one else gets hurt.

And there needs to be effective monitoring and early warning systems in place that actually work, so that when troubles start to occur somewhere in the facility, they're picked up and addressed appropriately.

And that is something that's been done poorly in the past, and it certainly something that I'm hoping to be looking forward to as well.

0:53:26.510 --> 0:53:27.530
Winston Cheung (Sydney LHD)
Thanks for that, Belinda.

0:53:27.540 --> 0:53:28.840
Winston Cheung (Sydney LHD)
Any comments from anybody?

0:53:31.830 --> 0:53:42.710
Winston Cheung (Sydney LHD)
I think the important thing is just look out for each other. And there are support groups available for people who want to talk, or just have a cup of coffee.

0:53:44.610 --> 0:53:47.600
Winston Cheung (Sydney LHD)
The next section I want to talk to.

Joseph, it's nothing which you need to do today, but it's just really just to give you a bit of notice.

I want to really start having a close look at the finances. Because this is this is one of the concerns that people have, and no need to do anything about it today.

But at the next meeting, the big question is, in regards to the financial reports which are put out from NSW Health, specifically on the Sydney Local Health district.

We would like a little bit more detail from those financial reports, if they are available, or if there's someone with the expertise who can provide that. The specific issues that we want to look at are the grants and subsidies.

0:54:33.570 --> 0:54:40.340
Winston Cheung (Sydney LHD)
We want the detail on who's getting grants? Who's getting the subsidies? Which groups?

There's the funding for the affiliated organisations. So there's been questions to me about how transparent that is. And the other big bit of the budget is the accumulated funds.

What actually happens to all the surpluses?
Or if we have a deficit, what actually happens to that money?
Does that money go back to NSW Health?

Looking at the financial reports, it just gets accumulated.

So the question is what happens to that money?

How accessible ... and that's what I need to answer today.

0:55:19.530 --> 0:55:20.530

Joseph Jewitt (Sydney LHD)
Sure, I'll look.

0:55:17.180 --> 0:55:24.610

Winston Cheung (Sydney LHD)
But if you could take that on notice for the next meeting. And if you can't answer it, if Jonathan could come and give us a talk, or just to run down on that.

0:55:25.200 --> 0:55:28.260

Joseph Jewitt (Sydney LHD)
Yes, I can get someone from finance to come along.
Obviously now that we've got the new budget, I don't know if it's been programmed yet, but there's normally a roadshow going around explaining the new budget.

And no doubt there will be those sorts of forums, but I'm happy to talk to ... about whether he would come along.

0:55:42.590 --> 0:55:47.350

Winston Cheung (Sydney LHD)
The problem with Teresa's roadshow is she generally just talks about income and expenditure.

Doesn't really go into the granularity of the subsidies, grants, and especially the accumulated funds and what happens to the surpluses.

So I think that's really important for us to understand our financial situation. We know income and expenditure.

We know that it's actually what our financial status is, which is more important.

0:56:11.930 --> 0:56:23.690

Ilona Cunningham (Sydney LHD)
Just ... finances, Winston, does the MSC need to table a financial report at some stage or have we done that already for the last 12 months?

0:56:26.240 --> 0:56:27.490

Winston Cheung (Sydney LHD)
Yes, I have ... table that.

0:56:26.40 --> 0:56:29.660

Ilona Cunningham (Sydney LHD)
The ... how the finances going?

0:56:35.50 --> 0:56:47.480

Winston Cheung (Sydney LHD)
Yes, I haven't tabled the financial reports. The problem with MSC finances, and this is what's happened at RPA, is that, technically, I don't think we were supposed to be collecting money.

So you know that we've taken donations, and that sort of thing over the last few years. It's actually not in the terms of reference.

And so that's why I haven't collected any money or asked for donations since I've started. Because that just hasn't been clarified.

And, quite frankly, I haven't had time to actually look into the legalities to clarify our situation in terms of accepting donations, and that sort of thing. But we'll look into that.

0:57:21.590 --> 0:57:32.970

Winston Cheung (Sydney LHD)

I will try to get the statements printed out and sent out, to show what we have been spending the money on.

The money, I can tell you now, the money has been on the votes. There's been on some floral wreaths for ANZAC Day, and I think, support for one of the MDOK initiatives ... with Ghauri Aggarwal. So that's all that I'm aware that we've spent so far this year, but I'll organise that.

0:57:55.220 --> 0:57:57.80

Winston Cheung (Sydney LHD)

But yes. There are issues with the finances ... we'll have to sort out.

0:57:59.160 --> 0:58:0.90

Ilona Cunningham (Sydney LHD)

Many thanks.

That's much appreciated.

0:58:3.980 --> 0:58:7.410

Winston Cheung (Sydney LHD)

Any other questions from anybody in regards to the finances?

0:58:10.500 --> 0:58:18.690

Winston Cheung (Sydney LHD)

Okay, I just want quickly to go through the last 15 minutes.

In terms of the issues following on from our vote of no confidence in June.

There's the cultural review by ProActive. Does anyone want to give any update or speak to that at the moment?

I know not much has happened really in the last few weeks.

0:58:29.790 --> 0:58:35.700

Winston Cheung (Sydney LHD)

Anything which anyone wants to bring up, or any concerns or any the issues? Or any positives?

I ... really heard much myself.

0:58:42.670 --> 0:59:6.480

Winston Cheung (Sydney LHD)

There's the independent external investigations, and the bullying and harassment, with the NSW Ombudsman. So that's been submitted. That was submitted the week before. We're still waiting to hear back from them and how they're going to manage that. But that's going to be looking specifically at issues in regards to bullying, harassment, and issues regards to maladministration.

0:59:7.400 --> 0:59:10.190

Winston Cheung (Sydney LHD)

There's some accusations of fraud and possible fraudulent activity as well. Which will be ... that, but it depends on what the submissions It's going to be mainly looking into the governance processes. Around bullying, harassment. And the use of, the weaponization of policies and procedures to intimidate and bully and harass, and that sort of thing.

0:59:33.340 --> 0:59:36.580

Winston Cheung (Sydney LHD)

... Ombudsman will look at.

0:59:37.210 --> 0:59:38.610

Winston Cheung (Sydney LHD)

Any questions in regards to that?

0:59:41.760 --> 0:59:58.10

Winston Cheung (Sydney LHD)

The Special Commission of Inquiry into Healthcare Funding. The submissions for that closed on the 31st, and I've requested a special session for this group at that inquiry. I guess we'll hear back.

I suspect they'll have a lot of submissions, and we'll hear back in terms of what happens next.

1:0:8.190 --> 1:0:13.150

Winston Cheung (Sydney LHD)

I know a few people have made submissions to the inquiry.

We'll wait to hear back, but any questions from anyone here?

1:0:18.910 --> 1:0:30.300

Winston Cheung (Sydney LHD)

The terms of reference specifically ... funding, but there's also a large section in terms of reference looking at governance, and problems with governance, and how we can improve that.

But the inquiry specifically was to look at funding and how money is allocated. And where the savings can be made, or whether there should be changes to the funding ...

1:0:42.200 --> 1:0:48.230

Winston Cheung (Sydney LHD)

One of the potential discussion points is whether Concord Hospital should actually be its own LHD.

I know there's people with pretty strong views in regards to that.

That'll be another point that may well be brought up at the Special Commission.

1:1:1.270 --> 1:1:4.870

Winston Cheung (Sydney LHD)

I'll quickly skip over the NSW Health Service Check Register.

I haven't heard anything much else regarding that.

Does anyone want to discuss that?

1:1:10.810 --> 1:1:16.430

Winston Cheung (Sydney LHD)

I only put that there because there's several colleagues which are still on the Register who feel that they've been unfairly treated. ... we're still waiting to hear how that those situations are being managed.

1:1:24.920 --> 1:1:30.100

Winston Cheung (Sydney LHD)

In terms of new business. The frequency that we have this meeting. Previously we had a meeting with the Executives only once a month, and there was always the pre-meeting before that, which I relabelled as the Members meeting.

But Teresa has told us that we can't have a Members meeting without Executive present.

So at the moment we're having two meetings with the Executive per month, which I think, the feedback in general, is that that's too many.

So if everyone's happy, I was hoping to make it just once a month again.

Does anyone have any objections to that?

Or does anyone want discuss?

We should have it less often? More often even?

1:2:18.280 --> 1:2:18.600

Winston Cheung (Sydney LHD)

OK.

1:2:19.610 --> 1:2:22.160

Winston Cheung (Sydney LHD)

I know we had 31 people ... on the chat.

So I think we've got enough for a quorum to pass that or to make that decision.

But I'll discuss it again at the next meeting, and if people feel strongly that it should be another type of frequency then we can discuss that. That means the next meeting will be 14th of December. In a month's time after, after today.

In terms of the ongoing business, we quickly talked about the Radiology. I've left that on the agenda.

1:2:51.690 --> 1:2:53.540

Winston Cheung (Sydney LHD)

Joseph, can I just confirm.

So in terms of the backlog. Do you know roughly how much we're getting through the backlog at the moment?

So when we started off, I think we peaked at around 50,000, and my understanding is that we are making headway into that.

Do you know roughly the net negative balance?

What it is?

1:3:14.330 --> 1:3:16.880

Joseph Jewitt (Sydney LHD)

No, I don't have that figure with me.

1:3:16.890 --> 1:3:19.470

Joseph Jewitt (Sydney LHD)

But I know it's 7437 studies that have been reported in the GE system, and I know that that's obviously the old system.

So we're working to get that done by, and that should be done by, the end of the month. And then also at the same time working with the vendors to be able to have those integrations with Sectra.

But I think that they're certainly really positive signs that we now getting momentum on that backlog, which I think is really promising.

1:3:54.550 --> 1:3:56.750

Winston Cheung (Sydney LHD)

Lloyd, I see your hand up.

1:3:59.490 --> 1:4:11.970

Lloyd Ridley (Sydney LHD)

I don't have the figures either, because we can't readily see them, because the new system doesn't allow for having more than 10,000 studies unreported at a time.

1:4:12.160 --> 1:4:25.710

Lloyd Ridley (Sydney LHD)

Is basically cuts off the count at 10,000, so the seven and a half thousand that Joseph's talking about is since the start of the system, which was in September.

1:4:25.720 --> 1:4:26.320

Lloyd Ridley (Sydney LHD)

So what's that? Six weeks, 5 weeks?

So one and a half thousand a week improvement in in the backlog.

I can't really say that one and a half thousand a week is going to get through the remaining 20,000 in in a month.

1:4:42.330 --> 1:4:47.280

Winston Cheung (Sydney LHD)

Does it count the number of additional studies on top of that?

1:4:47.180 --> 1:4:54.310

Lloyd Ridley (Sydney LHD)

Yes. I don't have a good count for the new system and it was tracking at about 10,000 a week.

Sorry, 1000 a week.

So I'm assuming that the net is, in the last two or three weeks, has gone back down by about 500 a week.

But it may be 1000 on a good week.

1:5:8.510 --> 1:5:14.320

Winston Cheung (Sydney LHD)

So somewhere between 500 and thousand a week, we're going down by the estimated...

1:5:14.830 --> 1:5:15.460

Lloyd Ridley (Sydney LHD)

Yes.

1:5:15.670 --> 1:5:16.540

Lloyd Ridley (Sydney LHD)

And I guess the.

1:5:15.760 --> 1:5:17.860

Winston Cheung (Sydney LHD)

Any comments from anyone? Sorry Lloyd.

1:5:18.680 --> 1:5:41.290

Lloyd Ridley (Sydney LHD)

And if you want to ... first I was going to say, since the last meeting when we announced another resignation, I've had two people, two radiologists tell me in the last couple of weeks that they're cutting sessions, and I've had second hand discussion that there's another person who's also planning to leave.

So clearly the message that we're hearing, that everything is rosy, is not reaching the staff.

1:5:56.590 --> 1:6:1.250

Winston Cheung (Sydney LHD)

Joseph, I know you're not primarily in charge of radiology, but do you want to feed that back? Are you aware of those potential cuts in FTE?

1:6:5.180 --> 1:6:6.50

Joseph Jewitt (Sydney LHD)

No.

1:6:6.460 --> 1:6:11.960

Joseph Jewitt (Sydney LHD)

I'm happy to chat to you offline, Lloyd, in relation to those individuals, to see if there's anything we can do.

I'm going down to meet with Radiology tomorrow after the remembrance ceremony.

1:6:19.370 --> 1:6:55.890

Joseph Jewitt (Sydney LHD)

I think the meeting's at midday, and part of what I'm wanting to propose at that meeting is that we have regular meetings between the Exec and Radiology. But as we get through this period, so that

we can be making sure that there is feedback on the things that we are doing, but also an opportunity to get feedback ourselves, so that we getting a more timely way ... But also be able to move forward in implementing some of the decisions that are needed, so that we can hopefully get a bit of faster traction in getting some of these changes happening in the department.

1:6:55.900 --> 1:7:10.650

Joseph Jewitt (Sydney LHD)

But certainly, happy Lloyd, if you want to, if you think it's going to be helpful for me to make contact with anyone who's contemplating leaving, to see what it is we can do to prevent that from occurring, or cutting back their hours.

1:7:12.80 --> 1:7:28.890

Lloyd Ridley (Sydney LHD)

I probably should add that ProActive have been very, very engaged with our department since John's got back from London. So while their ... not been doing so much elsewhere ... they've spent a lot of time with us, and I think they're very concerned.

1:7:29.290 --> 1:7:40.650

Lloyd Ridley (Sydney LHD)

I'm hoping that they've been listened to, because it does sound to me that they understand the issues, and that they're wanting to come up with solutions, but it's been difficult.

1:7:43.40 --> 1:7:45.870

Winston Cheung (Sydney LHD)

... the same feedback I'm getting from the other Radiologists. The engagement is good, but there's just not a lot of action.

There's small things, but the action on the really big issues which have concerned people really haven't been addressed.

And I know there's promises and intentions to action those things, but I think the department really needs to see the action. We need to see the words translated into action.

1:8:15.100 --> 1:8:19.380

Winston Cheung (Sydney LHD)

And I know this may take time, but you may not have much time left.

I think we need to see some action soon on the things that really are affecting...

1:8:31.750 --> 1:8:37.640

Winston Cheung (Sydney LHD)

Okay. In the last few minutes. I don't think it's much else on the Clinical Services Plan. I've not heard much else.

Joseph, have you heard anything?

1:8:40.570 --> 1:8:41.160

Winston Cheung (Sydney LHD)

Nothing.

1:8:41.220 --> 1:8:43.840

Winston Cheung (Sydney LHD)

And I haven't heard much about the stage two redevelopment.

I don't think it's anything new and there's no new announcements.

1:8:47.300 --> 1:8:49.460

Winston Cheung (Sydney LHD)

There's nothing ... more on the priority list.

1:8:51.830 --> 1:8:53.600

Winston Cheung (Sydney LHD)

Likewise, the car parking and fines.

I haven't heard anyone bring up any major issues, but again, if there's ongoing issues with the car parking, can you let us know?

1:9:1.30 --> 1:9:9.820

Winston Cheung (Sydney LHD)

I've taken the TESL issues off the agenda, because I think most people have had their TESL paid out from ... a backlog from a year ago. I think most people have had it paid out, but if there's any issues, just let us know.

1:9:16.30 --> 1:9:20.80

Winston Cheung (Sydney LHD)

I won't discuss the closed wards 1B, 1C and 2C.

We can discuss that next time and I don't think there's any other updates from the original presentations in February and April.

Unless anyone wants to give us an update on their department, specifically of the original 6 departments at the meeting.

... Want to give an update or bring up anything?

1:9:45.260 --> 1:9:48.190

Winston Cheung (Sydney LHD)

... the last few minutes and I'll throw it open for discussion.

If anyone has anything they want to bring up.

If anyone has anything they want to discuss.

1:10:0.610 --> 1:10:4.450

Winston Cheung (Sydney LHD)

So it doesn't look like there's anything. I might just close the meeting. Close the meeting off early.

So I thank you everybody.

We'll reconvene in a month's time.

Sorry about the Team's invite.

We've got a manually enter every name to get all the names imported into the list, so hopefully next time we'll be able to do calendar invites.

We're working on that.

But I thank you all.

1:10:27.710 --> 1:10:28.530

Winston Cheung (Sydney LHD)

We'll see you in a month's time.

1:10:30.370 --> 1:10:30.860

Joseph Jewitt (Sydney LHD)

Take care.

See you.

1:10:31.770 --> 1:10:32.250

Peter Katelaris (Sydney LHD)

Thanks Winston.

1:10:34.330 --> 1:10:34.790

Belinda Hokin (Sydney LHD)

Thanks Winston.

Close of meeting 17:58