

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

**Thursday 14<sup>th</sup> December 2023**

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**Location:**

Microsoft Teams videoconferencing

**Present:**

Winston Cheung (Chair), Atheer Zaraga, Robert Loneragan, Rosalba Cross, Atul Wagh, Ilona Cunningham, Belinda Hokin, Natasha Spalding, Peter Katelaris, Raoul Pope, John Quoyale, Joseph Jewitt, Stewart Condon, Louise Waite, John McDonald (ProActive ReSolutions), Kim Hill, Elizabeth Giugni, Dipti Mittal, Rakesh Rai, Susan Udall, Thomas Gottlieb, Fergus Davidson, Andrew Hallahan, Markus Seibel, Timothy Gray, Rachel Choit, James Burrell, Bernie Zicat, Elizabeth Veitch, Joseph Trieu, Michael Chan, Sandhya Limaye, Tejas Kanhere, Robert Russo, Stephen Reddel, Guillermo Becerril, Daniel Sumpton, Liwei Ren, Alice Cottee, Cameron Korb-Wells, Lawrence Trieu, Pamela Howson, Aviv Pudipeddi, Steve Merten, Vasikaran Naganathan, Genevieve Mckew, Prunella Blinman, Jessica Yang, Charles Chan, Laurence Gluch, Hao Xiang, Ben Freedman, Judith Trotman, Katrina Morris, Angus Ritchie.

**Minutes:**

Transcript mode started at 16:51

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

0:9:33.150 --> 0:9:33.730

Winston Cheung (Sydney LHD)

Hi Everybody.

Hi John.

0:9:38.230 --> 0:9:39.340

John McDonald

Winston. How you going mate?

0:9:38.700 --> 0:9:40.100

Winston Cheung (Sydney LHD)

Good thanks.

0:9:40.580 --> 0:9:40.990

john quoyale

Hi Winston.

0:9:42.510 --> 0:9:43.140  
Joseph Jewitt (Sydney LHD)  
Hi Everybody.

0:9:42.470 --> 0:9:43.340  
Winston Cheung (Sydney LHD)  
Hi Joseph.

0:9:43.670 --> 0:9:44.230  
Winston Cheung (Sydney LHD)  
Hi Everybody.  
We've got some people in the lobby.  
I'm just going to try and let people in.

0:11:25.920 --> 0:11:27.10  
Rosalba Cross (Sydney LHD)  
Winston, your muted.

0:11:30.880 --> 0:11:31.100  
Winston Cheung (Sydney LHD)  
Sorry about that.  
We're having a few problems admitting some people as guests who don't have @health email addresses, so I apologise in advance, but we'll try to admit everyone as they as they log on.  
Welcome Everybody to the MSC meeting with Executives.  
The last one for the year, 14th of December.  
I'd like to welcome any First Nations colleagues with us today.  
We acknowledge the Wangal people, who are the traditional owners of the land on which Concord resides, and we pay our respects to Elders, past, present, and emerging.

0:12:13.430 --> 0:12:14.380  
Winston Cheung (Sydney LHD)  
We've got a quorum.  
So I think we will proceed.  
There'll be more people turning up as we go.  
I sent the minutes from the 9th of November earlier on.  
Does anyone have any problems with the minutes or notice any major errors?

0:12:32.410 --> 0:12:35.880  
Winston Cheung (Sydney LHD)  
If anyone does notice any errors, please email me or let us know.  
I might start with updates from the Executives.

0:12:41.900 --> 0:12:42.500  
Joseph Jewitt (Sydney LHD)  
Thanks Winston.

0:12:40.470 --> 0:12:42.860  
Winston Cheung (Sydney LHD)  
Joseph, are you OK to give us an update?

0:12:43.530 --> 0:12:44.480

Joseph Jewitt (Sydney LHD)

Yes, absolutely.

0:12:45.100 --> 0:12:51.120

Joseph Jewitt (Sydney LHD)

In terms of Radiology, the work to address the backlog continues.

The last report I had earlier this week, there were 21,351 plain film X ray studies that have been reported in the GE system.

Obviously the escalation process is still in place for any concerns people have in the need to get a particular image reported, and to do that throughput ...

0:13:18.830 --> 0:13:27.580

Joseph Jewitt (Sydney LHD)

The district has completed the integration work with a vendor to outsource the ongoing overnight work in Sectra.

So we're hopeful that that will be resolved, so that we can start that reporting very soon.

0:13:34.340 --> 0:13:39.480

Joseph Jewitt (Sydney LHD)

The recruitment for the Diagnostic Radiologists continues.

There have been candidates that will commence in the department at the start of the next clinical year.

That's 1.5 FTE and there's also a VMO position that is currently being advertised for Diagnostic Radiology as well. So we're looking for both staff specialists and VMOs to fill the workforce.

0:14:3.130 --> 0:14:29.700

Joseph Jewitt (Sydney LHD)

The Interventional Radiology team are working well and Dr Jared Spencer and new VMO Interventional Radiologists will commence two days a week from February next year. And we are currently advertising to recruit to two additional VMO positions. These appointments will mean that we've got full after-hours roster then. So that will help further support the interventional work that's done here.

0:14:30.200 --> 0:14:50.390

Joseph Jewitt (Sydney LHD)

The second CT scanner is in place and installed, which is great and it's the interventional scanner.

And, again, I just want to take this opportunity to thank everyone who was involved in getting us to that point, particularly the Radiology Department, because we knew that there was a difficult time for them to be working off 1 scanner for that period of work that needed to be done.

0:14:51.730 --> 0:14:55.390

Joseph Jewitt (Sydney LHD)

The capital works for the CT scanner in ED are well and truly underway and we are expecting that that will be finalised at the end of February next year. Just been a few supply problems with the lead lining that are beyond our control, but that shouldn't be too much of a delay.

0:15:11.300 --> 0:15:28.110

Joseph Jewitt (Sydney LHD)

The Canterbury scanner will be operational from next week and that impacts on us because we, along with our ... have had to take transfer of patients from Canterbury who needed CT. And that's

obviously being an additional load.  
So from next week we won't need to do that.

0:15:31.220 --> 0:15:45.420

Joseph Jewitt (Sydney LHD)

That will get us back to status quo in terms of the two operational CT scanners fully available for Concord, which is great, and a brand new CT scanner at Canterbury supporting them.

0:15:48.180 --> 0:15:51.640

Joseph Jewitt (Sydney LHD)

The procurement for the second MR continues.

We're still working through the planning process. The first procurement evaluation meeting was held yesterday.

There were plans for the vendor presentations to occur next week. That's all moving forward as well.

0:16:11.240 --> 0:16:14.410

Joseph Jewitt (Sydney LHD)

I'm from a hospital finance point of view.

I've reported previously that the service agreements have been ... at district and the budget has now been uploaded in the system. Teresa was out at Concord yesterday and did her budget roadshow at the Medical Education Centre.

A number of staff attended in person and also a video recording of the event occurred as well.

The comms team are going to upload that up on the intranet, so that will be available to everybody to view. The presentation outlined the service agreement between us and the Ministry of Health, and also the funding sources that contribute to the overall budget allocation across the district, including Concord. Teresa also detailed how the budget is allocated to each facility and service through the allocation of the NYC targets.

0:17:8.980 --> 0:17:22.550

Joseph Jewitt (Sydney LHD)

It's not exactly the most riveting information for people, but it was a really thorough, detailed overview, for people who are interested in understanding the budget and how the budget is created. It's a really useful overview and presentation. ... encourage people to look at that.

0:17:28.680 --> 0:17:31.50

Joseph Jewitt (Sydney LHD)

We're very fortunate ... Concord because the only growth money that and we have received has come to Concord Hospital. ... the growth funding that's been provided for each of the local health districts, and the government has prioritised salary and wages for frontline staff.

People would be very aware of the cap that existed previously on the wages growth.

0:17:59.970 --> 0:18:12.270

Joseph Jewitt (Sydney LHD)

So there's a 4.5% increase for our staff, and 2.5% increase for goods and services, as part of a CPI adjustment.

Concord receives 3.1 million for the opening of the new Aged Care ward in Rusty Priest. So that will allow us to open the ... unit and acute aged care beds, which will reduce the outliers that currently exist for that unit. ...

So even though it's opening a new ward, it will allow us to give capacity back to a number of services within the hospital.

0:18:44.310 --> 0:18:52.670

Joseph Jewitt (Sydney LHD)

The redevelopment or works or the capital works in the central sterilising department continue. It's we've spent 2.2 million in that upgrade so far. Which has been really important to make sure that we've actually got the capacity to properly support our operating theatres and procedural areas. To this, four new scanners that have been installed, and it's going to greatly improve the efficiency of the throughput, which I think will help us with supporting the activity that we need to do here at Concord, particularly over the next year.

0:19:23.150 --> 0:19:31.180

Joseph Jewitt (Sydney LHD)

The ACE unit, the refurbishment works have started and expected to be completed early next year. We are finalising the construction work that needs to happen in terms of the processing area attached to ACE. But in terms of the main part of the department, the procedural rooms, and the front of house stuff, those works are well and truly underway now.

0:19:52.890 --> 0:20:3.980

Joseph Jewitt (Sydney LHD)

We are also looking at getting the refurbishment of the staff cafeteria and an upgrade of the public toilet amenities and the cafeteria area. That's all being approved and signed off.

0:20:6.880 --> 0:20:30.310

Joseph Jewitt (Sydney LHD)

It's just a matter of capital works being available, with all the other things we're giving them to do, to be able to get to that project early in the New Year. Ground East refurbishment, as I reported before, has commenced and we're hopeful that that will be finished in a couple of months, and that will be the new home for OCP and pulmonary rehab gym.

0:20:31.130 --> 0:20:40.700

Joseph Jewitt (Sydney LHD)

It's great that we've now have agreement with Vascular Surgery and Vascular Sonography to move down to Ground East. So that was the remaining part of that Ground East unit. We've got a set of plans that they are very happy with. And so now we're moving forward on those works as well.

0:20:52.550 --> 0:21:16.200

Joseph Jewitt (Sydney LHD)

That will give them a new home that's purpose built, and also free up some space on Level 3 that will allow us to do the refurbishment works up there, that we need to do for the TOE room. The Surgical Skills Lab has been approved and some minor works have started in that unit, but we will be in a position to start those works properly early in the New Year.

0:21:22.690 --> 0:21:33.520

Joseph Jewitt (Sydney LHD)

The only thing that's holding that up again is the capital works team being very caught up in the other projects I've mentioned. But we're really excited about getting that Surgical Skills Lab up and running. It will certainly be a big boost to our surgical training.

0:21:37.210 --> 0:21:40.950

Joseph Jewitt (Sydney LHD)

Just thinking what else there is.

0:21:40.960 --> 0:21:48.720

Joseph Jewitt (Sydney LHD)

With parking, we've had a communication come out.

An update in terms of the multi-story construction. There were some delays early on in that project, but now that project is on track to be completed end of next year.

And it's going to significantly improve the car parking capacity on the campus and ... obviously got the ... car park in the interim.

So there's not a net loss. But having that additional parking will help, and also help in terms of recruiting people.

0:22:23.270 --> 0:22:47.780

Joseph Jewitt (Sydney LHD)

I've mentioned before the planned refurbishment works of the multi-building for the wards.

... We're working to start that process. We're still waiting on some advice from Capital Works to pull together the full scope of that project and the timelines.

But whilst they are working on that, we are going to move Orthopaedics from 6N into one of the vacant wards in the Rusty Priest Building and that will allow engineering to get in and do a proper assessment of what's needed, and the business case, and starting the process of getting that work happening.

0:23:9.660 --> 0:23:15.890

Joseph Jewitt (Sydney LHD)

I think that's going to be important in terms of getting those works program underway.

Because it's always easy to do that stuff in an empty ward than in an occupied ward.

0:23:21.490 --> 0:23:38.450

Joseph Jewitt (Sydney LHD)

And then as we move through, we will have the ability to rotate wards out of their current place, in order to get in and do similar works over a period of time in the multi building, which I think will be important while we wait for Stage Two to be signed off.

0:23:39.320 --> 0:23:42.170

Joseph Jewitt (Sydney LHD)

The co-clinical directors.

We've talked about before and you will be aware that the EOJ has gone out for those co-clinical directors. Those applications have closed, and interviews I understand are being arranged for those positions.

I'm not sure when they will be finalised or when they will occur.

0:24:3.960 --> 0:24:12.190

Joseph Jewitt (Sydney LHD)

They're going to be coordinated at a district level, but that is all moving forward, and I think that's all I have in terms of updates.

0:24:14.280 --> 0:24:14.890

Winston Cheung (Sydney LHD)

Thanks.

0:24:12.200 --> 0:24:15.700

Joseph Jewitt (Sydney LHD)

I think I've covered off any other issues.

0:24:17.500 --> 0:24:18.270

Winston Cheung (Sydney LHD)

Thanks, Joseph.

0:24:18.770 --> 0:24:20.700

Winston Cheung (Sydney LHD)

Once again I apologise. Apologies to everybody.

We're having a few problems with the waiting room, so we're just trying to get people in as quick as we can.

I forgot to mention earlier, we're using the transcript here again as previously, so we'll be recording a transcript of this meeting.

0:24:37.540 --> 0:24:38.930

Winston Cheung (Sydney LHD)

Any questions for Joseph?

0:24:40.310 --> 0:24:41.270

Winston Cheung (Sydney LHD)

I see one hand up.

I just trying to work out who that is.

0:24:44.570 --> 0:24:46.870

Prunella Blinman (Sydney LHD)

It's Prunella, is it me?

0:24:47.690 --> 0:24:48.720

Joseph Jewitt (Sydney LHD)

Yes, it's you Prunella.

0:24:49.740 --> 0:24:51.190

Prunella Blinman (Sydney LHD)

Joseph, can you just explain?

I keep hearing refurbishment of the wards in the multi, but what does that mean?

0:24:57.580 --> 0:25:1.360

Joseph Jewitt (Sydney LHD)

Yes. The 5E ward.

I don't know if you had a chance to see 5E, but 5E is our Surgical Short Stay, and it's where our ED Short Stay Unit is currently located as well.

While we do works down in the ED for the CT scanner, that was an empty ward, and we were able to get in and completely refurbish that old ward, which is more than just the flooring and painting.

We're able to update the services within the ward, so that it is not only a much nicer patient experience, but all of the services work much more efficiently and effectively.

0:25:40.710 --> 0:25:55.420

Joseph Jewitt (Sydney LHD)

We have been trying to do things such as updating the nurse call system in the multi-building over a

period of time, but it's very difficult as you would appreciate, to do that when you've got really high occupancy, and you're trying to do that when the ward is operational.

0:25:56.130 --> 0:26:15.690

Joseph Jewitt (Sydney LHD)

So we learnt from 5A, having an empty ward, even if it takes us a bit of time to go through the process of rotating wards out and back, is much more efficient and effective way of addressing some of the upgrading work that's needed.

So in terms of the extent of the work, it will depend on each ward.

Which is why I need capital team's advice on what's needed in each ward.

Because some wards have had the opportunity to have something upgraded already when there's been opportunity, and other wards less so. But it basically is going in and completely upgrading all of the infrastructure in the ward, as well as improving the aesthetic of the ward.

0:26:45.860 --> 0:26:46.660

Winston Cheung (Sydney LHD)

Thanks, Joseph.

0:26:46.720 --> 0:26:50.990

Winston Cheung (Sydney LHD)

Joseph, before we just move on for the rest of the agenda, can I quickly ask you about Radiology? The outsourcing. That's only for the images on the old system? So they won't be doing any of the backlog on the new system?

0:27:1.240 --> 0:27:9.850

Joseph Jewitt (Sydney LHD)

No. We have currently got a vendor in place who is doing the backlog in the GE old system.

But we have now completed the integration works that were needed to bring on a vendor to access the new system ... And we're hopefully that will be operational this side of Christmas.

0:27:33.450 --> 0:27:33.930

Winston Cheung (Sydney LHD)

OK. But the plan...

0:27:27.640 --> 0:27:37.840

Joseph Jewitt (Sydney LHD)

So that we will be able to then deal with the after-hours reporting in the backlog and the current system. Yes, it just took a while for the IT stuff to be worked through obviously, but yes, that's been done.

0:27:39.920 --> 0:27:48.380

Winston Cheung (Sydney LHD)

But there's a plan to outsource some of that backlog on the new system as well?

0:27:47.80 --> 0:27:48.490

Joseph Jewitt (Sydney LHD)

Yes, yes, absolutely.

0:27:49.110 --> 0:27:50.520

Winston Cheung (Sydney LHD)

OK.



Belinda.

0:27:52.640 --> 0:27:53.630

Belinda Hokin (Sydney LHD)  
Thanks, Winston.

0:27:54.320 --> 0:27:56.270

Belinda Hokin (Sydney LHD)

A comment rather than a question.

I just want to ... up because I don't think people are ... to all of this.

Consultants in the Emergency Department ... as this backlog is being reported. Any of these scans that were ordered within the Emergency Department fall back into our pool, and each and every one of them has to be reconciled against the clinical notes and presentation.

And that has caused additional strain on the non-clinical staff. I think everybody is working hard, and I just would like to acknowledge the department and all of the staff for that.

0:28:27.680 --> 0:28:29.670

Joseph Jewitt (Sydney LHD)  
Absolutely, Belinda. I fully agree.

0:28:29.680 --> 0:28:39.720

Joseph Jewitt (Sydney LHD)

And acknowledge the work, that extra work that has required, and thank everybody for working with us. As we deal with this, we will be able to move forward in a much better place than we have been.

0:28:46.200 --> 0:28:47.290

Joseph Jewitt (Sydney LHD)

And I'm grateful for all of the work that everyone's been doing to help us get to that point.

0:28:54.280 --> 0:28:54.820

Winston Cheung (Sydney LHD)

Thanks, Joseph.

0:28:55.730 --> 0:28:58.560

Winston Cheung (Sydney LHD)

I might move to John McDonald.

He's joined us today.

I've asked John from ProActive ReSolutions, for those who haven't met John, just to give us an update and a summary/dot points of the major achievements that his company has achieved since they've started here at Concord.

So thanks for coming, John.

0:29:18.510 --> 0:29:19.660

John McDonald

My pleasure, Winston.

0:29:19.670 --> 0:29:26.360

John McDonald

Just a quick point of clarification. Can you tell me the status of this of the transcript?

That is for internal use or is it made public?

0:29:30.770 --> 0:29:37.630

Winston Cheung (Sydney LHD)

The transcript is purely to ... the transcript is not distributed.

The transcript is used to write the minutes.

0:29:41.410 --> 0:29:47.820

Winston Cheung (Sydney LHD)

You've probably seen the minutes. And the minutes are really much in transcript form, but obviously it's a highly edited version of the transcripts.

We've taken out a lot of the grammar, and the colloquialisms, and that sort of thing.

0:29:54.290 --> 0:29:54.760

John McDonald

Thank you.

That's reassuring.

0:29:56.830 --> 0:30:6.610

John McDonald

So just for the participants here and the members of the Council, ... bear with me because some of this is now somewhat historical.

We've been here for a little while now, but we were engaged originally by the Ministry to see if there was any way in which we could contribute to helping improve people's experiences at Concord. And to take a restorative approach to see if that was possible.

And we've done it in a couple of phases.

0:30:27.940 --> 0:30:43.360

John McDonald

We're into phase two or stage two of the work now. But in phase one, what we did was identify incidents that had caused distress and concern to people. We tracked through those to try and identify patterns of behaviour.

We got a strong sense ... contributed to a sense of distress and frustration at the hospital, and we've listened to over 100 people individually at Concord now.

0:30:57.540 --> 0:31:20.460

John McDonald

It's been a broad range of people, and based on our internal analysis of what's important, the depth of feeling towards those with different perspectives and priorities, how they engage with each other individually and in groups.

And the key areas of dispute and conflict.

The difficulties felt by people both at Concord and also at the district. We feel as if we're in a position ... and we've done this.

0:31:30.230 --> 0:31:55.150

John McDonald

We've been at this for a little while now ... to move into the second stage, which is, what can we do to contribute towards building or rebuilding a psychologically safe landscape? One that will enable staff themselves to resolve what have been difficult and often complex differences at both the local level, and with the district, and beyond.

0:31:55.160 --> 0:31:56.560

John McDonald

So it was pretty clear to us that Concord has a very proud and impressive history. And it has had a very collegial and collaborative culture. And the point was made pretty strongly by people.

0:32:10.420 --> 0:32:17.540

John McDonald

There was a sense that that was being lost, and some of it had already been lost, which is a real shame.

We also learned that the needs and the priorities of each department varied, and they vary greatly. And what we did was then say, where, in our view, was the most, the starkest, the greatest need?

0:32:33.600 --> 0:32:47.930

John McDonald

What we saw as, or we called distressed departments. The stand out for us was Radiology. Because it's so central to the efficient, effective running of any hospital.

But we've also met with staff in other departments. Respiratory, Geriatric Medicine, ICU nursing, Emergency, Neurosurgery, Microbiology, Infectious diseases, some of them more than others.

Some of them will be doing more work within the New Year, but some we've spent quite a bit of time in. And when we met with people in those departments, they actually would suggest others that they thought we needed to speak to.

0:33:17.820 --> 0:33:36.530

John McDonald

So we've not only spoken to people currently at the hospital. We've also spoken to a couple of individuals who have no longer work at the hospital. And it's fair to say that many of those we met with reported feeling alienated. Neglected.

0:33:39.400 --> 0:33:48.340

John McDonald

Communication with previous management was considered by a lot of people, not exclusively, but by a lot of people, to be difficult.

The language that was often used came across, or was interpreted by people, as being heavy handed often.

There was a widely held sense that decision-making wasn't transparent.

0:34:3.980 --> 0:34:6.880

John McDonald

All that stuff was going on.

And you know the MSC picked up on this.

On this ongoing distress. And you know that the decisions to take various votes about no confidence in people, certainly garnered attention.

0:34:23.240 --> 0:34:31.10

John McDonald

So it was pretty hard to ignore the noise and the messages and the communication coming from the hospital.

So you know that the Council seems to have brought things to a head.

0:34:37.800 --> 0:34:56.450

John McDonald

And I have to say, at the same token, that you know a lot of people's distress was attended to through this forum then, by the actions of the Council.

And at the same time, it's fair to say others felt betrayed by the manner in which the Council meetings were held and managed, and things like that.

0:34:56.460 --> 0:35:0.230

John McDonald

So we've been really ambivalent about that.

You know, among those we interviewed, perspectives differed.

But there's no doubt that people reported that they genuinely held ... views.

They regarded as often having been ignored, and this varied.

It would seem to depend on which clinical stream people belong to.

0:35:22.940 --> 0:35:47.170

John McDonald

Others expressed dissatisfaction with the complaints processes and disciplinary processes, and insufficient attention being given to how to engage more informally with staff. And, in addition to the significant concerns raised by people around the management of the hospital and the district, as I said a minute ago, there are also significant concerns raised about the approach taken, Winston, by the Council, which people felt was also damaging to the hospital's reputation, and has caused some personal and, in our view, unresolved distress to a number of staff.

0:36:4.620 --> 0:36:10.210

John McDonald

So, you know, when people experience all of the above, what happens?

We tend to lose trust in management and also there's a lot of people who are stayed away from your professional body, which is the Council. And when both those things happen, people kind of expect little, if any, progress to their circumstances. And they become sceptical and cynical, and that things can improve.

0:36:34.70 --> 0:36:37.280

John McDonald

And really, that was how we found the landscape.

So the way in which people make sense of their experiences in Radiology, in our view was illustrative of other departments as well. But you know, it's been difficult for people both in management, and in the departments. There's no doubt about that.

0:37:0.70 --> 0:37:4.640

John McDonald

We are really reassured by what's going on.

I think things never move as quick as we would like them to.

I know that now Radiology meets weekly with Joseph and, I think, with Reuben from the district.

0:37:15.550 --> 0:37:17.410

John McDonald

You know there are two others that are in Marion, Gale and David, that are working with Joseph to push along the implementation of things that have been of concern to people for some time. And our experience is that there is a more genuine commitment to collaboration and communication to bring about these changes.

0:37:40.630 --> 0:37:49.70

John McDonald

We've also spent considerable amount of time with a small group of people in a ...

We've listened to people in Respiratory. As I said, ICU nursing, Geriatrics and a couple of other departments that we haven't had time to get back to. But we will be reengaging with them in the New Year. And we more recently engaged with Stewart as the DMS there.

0:38:5.870 --> 0:38:9.970

John McDonald

So it's a complex picture.

I'm not going to go into detail today, Winston. But somehow, somewhere along the line, everyone has different views of that, the ability to slow down and engage respectfully and constructively with each other, was well and truly lost.

0:38:25.770 --> 0:38:44.770

John McDonald

Now this is editorial, but we see the primary responsibility for that, to ensure that that takes place, represents with, sits with hospital management. And we've communicated that. And we're aware of incidents and approaches that could have been handled differently. And we've communicated that as well.

0:38:45.540 --> 0:38:50.200

John McDonald

We also recognise that circumstances can be overwhelming in any hospital situation, especially when you throw COVID into the picture.

I'm not using COVID as an excuse for anyone.

But it has coloured the picture significantly. And in doing that, in a very general sense, when we looked at Concord, we also looked further afield to see, how do other health systems make sense of these sorts of circumstances?

0:39:15.190 --> 0:39:28.520

John McDonald

Personally our eldest daughter is a consultant in the NHS, in a large hospital in London. And they've been like a lot of hospitals in health systems, struggling in lots of ways as well.

0:39:28.530 --> 0:39:30.60

John McDonald

So we did look to observations made by ... an English professor now in the states, Don Berwick. And he did ... was asked to do an overall report at the end of a very tragic series of events in in the UK at a local hospital there.

0:39:53.330 --> 0:40:1.300

John McDonald

There were lots of investigations into the circumstances and what Berwick came up with, and he made these observations, and I put them out there for what it's worth, for all of us, that when things go wrong in a hospital, staff are rarely (?really) to blame, and in the vast majority of cases. It's the systems procedures, conditions, environment, and constraints that everybody faces that lead to problems.

0:40:21.550 --> 0:40:23.980

John McDonald

So it's, by definition, complex.

0:40:23.500 --> 0:40:30.830

Winston Cheung (Sydney LHD)

Can I just clarify that wording "rarely" you're saying the word "R.A.R.E.L.Y", aren't you?

Not "really" to blame.

0:40:33.270 --> 0:40:38.230

John McDonald

I'm saying that generally we don't point the finger at staff.

0:40:39.440 --> 0:40:39.730

Winston Cheung (Sydney LHD)

Yes.

0:40:39.910 --> 0:40:41.820

John McDonald

You know, it's way more complex than that.

Berwick also said a number of other things, which are really instructive for all of us.

And one is that improvement requires a system of support.

0:40:53.170 --> 0:41:1.320

John McDonald

He also says that fear in a workplace is toxic, and it's toxic to both patient safety and improvement.

He goes on to say that we should abandon blame as a tool, and trust the goodwill, and the good intentions of staff. And we've had a lot to do with with Joseph and his team there and we've not seen any evidence ... which is reassuring to us.

0:41:24.910 --> 0:41:31.850

John McDonald

Berwick also goes on to say that we should use quantitative targets with caution.

He's not saying abandon them at all.

But he says use them with caution and recognise that transparency is essential. And expect and insist on it.

0:41:45.520 --> 0:41:50.610

John McDonald

And so you know, which it's heartening to us, Joseph.

The detail that you've gone into today, and the way in which, and I'm not p\*\*\*\*\* in your pocket on this. The way in which you've been engaging on a weekly basis with Radiology is exactly what we'd look for.

And, I guess, people in the departments look for.

0:42:7.580 --> 0:42:17.240

John McDonald

Berwick also says that we should make pride and joy in our work. ... fear ... infuse the workplace.

In terms of ... rules.

Standards, regulations and enforcement definitely have a place in the pursuit of quality in healthcare, but they pale in potential compared to the power of pervasive and constant learning.

0:42:40.330 --> 0:42:42.290

John McDonald

He also says.

And I guess this is what interests us more than anything. In the end, culture will trump rules, standards and controls every single time.

So, achieving a psychologically safe workplace, a healthy hospital, a safer hospital, will depend far more on major cultural change than on new or more regulatory regimes.

0:43:10.720 --> 0:43:49.540

John McDonald

I would say that considering the willingness of people at Concord to engage with us, the overwhelming commitment to this community, the deep sense that the best of Concord culture has been under threat, and the genuine desire to return to a psychologically safe and healthy workplace is really evident there currently. And we've been reassured by the work of Joseph and by ... intention to support our work.

0:43:49.550 --> 0:43:57.30

John McDonald

So to that end, in stage two of our work, we've run the first in a series of workshops.

Joseph asked if we would do it for the executive leadership team at the hospital.

So they could get a look at it and go through the same processes that we were suggesting to other departments.

0:44:9.270 --> 0:44:18.900

John McDonald

We've done that. We've taken on board comments. We've done the next one of those with a smaller group in ED. And we'll be repeating that for other people in ED.

We have others scheduled for January and beyond. And these workshops, they really focus on the primacy of respect for supportive relationships at all levels of engagement.

To try make Concord get it back to a workplace of choice. Which it already is for many people, and which for others, it still has a way to go.

0:44:45.470 --> 0:44:51.120

John McDonald

So you know, Winston. What's been inspiring to us throughout our time here is the way that staff have continued to deliver... The way they've engaged and the commitment of the of the hospital management and leadership to support all this and get heavily involved in it.

0:45:6.850 --> 0:45:9.700

Winston Cheung (Sydney LHD)

John. Can I just interrupt you? Can we just go back to Radiology?

0:45:9.380 --> 0:45:10.740

John McDonald

I'm finished.

You can say what you like now, Winston.

0:45:13.200 --> 0:45:13.570

Winston Cheung (Sydney LHD)

Thanks.

In terms of Radiology, can you talk on that. And what you think you've achieved there.

How much more needs to be done?

What's your feeling at this point in Radiology, given that you've spent a few months there?

0:45:30.850 --> 0:45:43.470

John McDonald

I think Radiology is illustrative, but also discreet in that there were some experiences inside Radiology which I think have left a legacy of distress and hurt with people. And they are not related to current management at all.

0:45:49.820 --> 0:45:57.500

John McDonald

We've made our comments clear on the use of some processes, and allegations made about people in Radiology. And you know, they've been worked through. I think that the needs are complex. My comment would be, overwhelmingly, that they're recognised.

0:46:20.670 --> 0:46:33.750

John McDonald

They are finding it difficult. Some still find it difficult, but the commitment, I think, in terms of most people in the department, and Joseph, and his team, is pretty genuine.

0:46:35.770 --> 0:46:37.540

Winston Cheung (Sydney LHD)

I know there's a few Radiologists here. Can I ask them to comment? ... happy, John, if you answer a few questions from them.

0:46:40.820 --> 0:46:42.230

John McDonald

Absolutely, absolutely.

0:46:43.320 --> 0:46:48.900

Winston Cheung (Sydney LHD)

Any Radiologists want to comment on what John has just said?

0:46:58.550 --> 0:46:59.230

Michael Chan (Sydney LHD)

Thanks John. Thanks, Winston. Thanks, Joseph. I think most of the comments were reasonably fair.

0:47:5.470 --> 0:47:11.260

Michael Chan (Sydney LHD)

I think it was good to have people like John come and listen to the issues, to the department. Same with Joseph. You know, having frontline staff engage the other day with Joseph, for example, was very good to put concerns forward. There's some tricky things with the MR.

0:47:27.710 --> 0:47:50.420

Michael Chan (Sydney LHD)

The second MR is being put in, where there are certain potential safety concerns that people raised, and I think, hopefully, it's going through a process of being managed. Rather than just being told that this is going to happen.



With so many people on leave at the moment, even when we do get a few more staff, I think the current staff group is going to be pretty burnt out.

0:48:0.410 --> 0:48:16.200

Michael Chan (Sydney LHD)

And you know, I have to thank all of the colleagues at Concord recently for putting up with us, in terms of being able to service meetings and do all the critical things, just keep things going on.

0:48:16.450 --> 0:48:27.990

Michael Chan (Sydney LHD)

I do apologise again if you know there are some late reports and some of the meetings are a little bit underdone from the radiology perspective, but we're still trying to do the best we can.

0:48:31.100 --> 0:48:34.850

Winston Cheung (Sydney LHD)

We know you guys are trying your hardest Michael.

You know we're all very supportive of you.

0:48:38.120 --> 0:48:43.150

Winston Cheung (Sydney LHD)

I'm having trouble seeing who's putting hands up at the moment.

Rob.

0:48:46.440 --> 0:48:47.130

Robert Loneragan (Sydney LHD)

Thanks Winston.

Thanks Michael.

0:48:48.430 --> 0:48:54.500

Robert Loneragan (Sydney LHD)

I think the department is still very much in deep water.

We have issues with regards to accreditation by our college.

Who have come down very hard on perceived deficiencies in the department. And will be coming back to see us at three monthly intervals, for the next year or so, expecting change.

And at the moment, we're going to be hard pressed to make significant change according to that timetable.

0:49:31.110 --> 0:49:50.720

Robert Loneragan (Sydney LHD)

They've said that we need 7 FTE more than we have. And in terms of recruitment,

I've done quite a few interviews over the last few months. And I've got to say it's a case of one step forward, 2 steps back.

We're bringing on people in small, fractional appointments, but other people are dropping down their fractional appointments.

0:50:6.190 --> 0:50:14.830

Robert Loneragan (Sydney LHD)

So you can't just magically create new Radiologists, unfortunately.

But we're continuing on. And we just hope that people not just listen to our concerns, but act on them. And that's been the problem for the last year. Is that we keep being told that issues have been sent upstairs somewhere, and they sort of disappear into the ether.

0:50:42.760 --> 0:50:52.170

Robert Loneragan (Sydney LHD)

So, as Michael said, everyone's getting really tired and grumpy, and I think we're all looking forward to the end of the year.

0:50:55.520 --> 0:50:56.150

Winston Cheung (Sydney LHD)

Thanks Rob.

0:50:56.400 --> 0:50:58.710

Winston Cheung (Sydney LHD)

John, Joseph. Do you want to comment on that?

The main issue from where I see it, it's not only creating a sustainable Radiology, but we've actually got to create a department where we can attract new staff.

And so the question is, how do we attract new staff when they've got so many other options?

They've got all these other hospitals they can go to.

Why would they want to come to Concord in the state that it is in? And that's what we actually need to address.

0:51:29.380 --> 0:51:41.250

Winston Cheung (Sydney LHD)

We've got to look after the health and wellbeing. And the accreditation follows on from there.

But first and foremost, it's the health and wellbeing of the staff, and it's the patients, which we need to address.

Any comments there from the two of you, especially the comments about the 7.0 FTE which are still required?

0:51:48.460 --> 0:51:53.230

Joseph Jewitt (Sydney LHD)

I think what I would say is ... all in agreement.

We need to make Concord an attractive place to come.

I think a broader comment is that Radiology services across the system in different places are also strained.

0:52:9.480 --> 0:52:22.410

Joseph Jewitt (Sydney LHD)

We've been very fortunate to have had a fantastic department for a really long time, but we are also now facing some of the pressures that a lot of other hospitals have faced.

The changing working environment and options where Radiologists can work, and money that they can earn in other settings, etcetera, that are creating added challenges for us.

So what I'm keen to do is look at the things we can do to make us as competitive as possible.

0:52:43.900 --> 0:52:54.560

Joseph Jewitt (Sydney LHD)

So we are working with the team to look at what things we can do in terms of improving working conditions and the flexibility working conditions.

Working from home, etcetera.

These are all things that we are pulling together and consulting with them on. To be able to implement. Bearing in mind we have to also make sure that we are meeting the college requirements around having our people to do the supervision, etcetera.

0:53:14.540 --> 0:53:23.290

Joseph Jewitt (Sydney LHD)

So these things are always a bit of a balancing act, with some competing priorities, and that's why we are meeting weekly.

So that, one, we can keep everyone up to date with what we're doing.

Two, we can be making sure we're consulting and getting advice from people, so that we're getting this right and getting the balance right.

0:53:34.540 --> 0:53:38.860

Joseph Jewitt (Sydney LHD)

And I think it's not going to be a quick fix.

It's going to take us some time, I think, to address some of these issues. But I think I'm feeling positive that we're getting the right engagement, the right advice, and moving forward in the right direction in terms of the work that we are doing.

So I think we will get into a better place.

0:54:1.700 --> 0:54:8.770

Joseph Jewitt (Sydney LHD)

Acknowledge that, obviously, the College, in terms of three monthly reviews and setting their own sort of timeframes. But I'm focused on making sure we get this right, and we bring people along with us as we implement these solutions.

I think that will be a more sustainable improvement doing that.

0:54:23.860 --> 0:54:24.670

Winston Cheung (Sydney LHD)

Thanks Joseph.

0:54:25.280 --> 0:54:27.710

Winston Cheung (Sydney LHD)

I'm aware that ... about 15 minutes left.

0:54:27.720 --> 0:54:34.490

Winston Cheung (Sydney LHD)

So what I might do is, John and Joseph, if you could just stay on the line, just in case there's some questions.

I'm going to talk quickly for 5 minutes about the Special Commission and Ombudsman and a couple other things.

And then in the last 10 minutes we can just have more discussion.

0:54:48.310 --> 0:54:49.720

Winston Cheung (Sydney LHD)

I know someone just put up their hand.

I'm not sure who that was.

I can't see on the screen.

0:54:51.800 --> 0:54:53.490

John McDonald

I think it was Jessica.

0:54:54.960 --> 0:54:57.200

Winston Cheung (Sydney LHD)

Jessica.

Do you want to say something?

0:54:57.740 --> 0:54:58.210

Jessica Yang (Sydney LHD)

Yes.

0:54:58.220 --> 0:54:59.170

Jessica Yang (Sydney LHD)

I just want to say something.

I'm horrified this week to hear that several of my colleagues will be reducing their fraction very soon in Radiology.

The truth is, in 2024, ... starting the year in 2024, we will have even less Radiologists than we had in 2023. So we've gone through this whole process. We've had John and ProActive involved, listening to Radiology from July. We've gone through this process in the several months.

0:55:31.530 --> 0:55:39.340

Jessica Yang (Sydney LHD)

We've had numerous meetings, etcetera. But how are we going to start 2024 with even less people than in 2023?

I think it's great to have the weekly meeting now with you, Joseph. But we need to do something really quickly, otherwise we will be in big trouble.

0:56:2.0 --> 0:56:2.830

Winston Cheung (Sydney LHD)

Thanks, Jessica.

0:56:3.100 --> 0:56:4.100

Winston Cheung (Sydney LHD)

Joseph. Quick comment to us?

0:56:5.160 --> 0:56:20.410

Joseph Jewitt (Sydney LHD)

Look, I think that's why the outsourcing of some of the workload has been an important safety net for us. Because in order to reduce some of the workload pressure on the remaining staff, we've recognised there's a need to take some of that work away from them.

We're also looking at the VMO recruitment as well, to get some VMOs on board. So that expands the options of the people that we're bringing on board to again help with that workload.

That might make it more appealing.

0:56:40.120 --> 0:56:52.460

Joseph Jewitt (Sydney LHD)

So absolutely. We're doing everything we can, to move as quickly as we can to address those workflow issues, as well as the work that we're doing internally within the department to rebuild that trust.

0:56:52.470 --> 0:57:3.500

Joseph Jewitt (Sydney LHD)

The communication, that ability to engage, to resolve these issues. I'm keen to make sure that, early

in the New Year, we can get the flexible work arrangements in place.

We've ordered the workstations for people to be able to report from home. To get those in place as well.

I fully appreciate that we've got a difficult situation, but we are moving really quickly as we can to address these issues and to support the staff, while we do it.

And so that's why we've been really keen about the getting these arrangements in place that help reduce the immediate workload on the team, as well as addressing the other issues.

0:57:35.410 --> 0:57:35.800

Winston Cheung (Sydney LHD)

Okay.

Thanks for that Joseph.

I might quickly go into a couple of the other items. Right to item 4.

0:57:44.870 --> 0:57:48.520

Winston Cheung (Sydney LHD)

The first was the Special Commission of Inquiry into Healthcare Funding.

I've had a pre-meeting with the Commission, a couple weeks ago, and they're very interested to hear from Concord Hospital.

So they have arranged a special session for Concord Hospital in January. Where they're happy to hear from whoever I bring, as the speaker list, to speak to the Special Commission.

0:58:11.980 --> 0:58:20.530

Winston Cheung (Sydney LHD)

The Special Commission was specifically known the Special Commission into Funding and Healthcare, but there's two parts to the Special Commission of Inquiry.

The first part is on funding. And that's what December has been all about.

In January, they are going to look very closely at governance.

The way NSW Health and the hospitals are actually administered.

So that's where we come in.

And they've been very interested to hear about the issues at Concord.

And want to hear more granular detail.

Now, it's interesting. The Special Commission is not like a parliamentary inquiry.

It's a very judicial process. So in a way, it's being run a lot like a Royal Commission.

It's about generating and gathering evidence.

So most of the evidence is going to be gathered at pre-hearings.

0:59:0.850 --> 0:59:16.880

Winston Cheung (Sydney LHD)

People will be asked to present, and then they'll be asked to provide further evidence in terms of documentation, or provide written statements.

The intent of the Commission is to generate most of the evidence and data through the pre-hearings.

The actual hearings will only be reserved for those people who specifically require cross examination, or where there's the sort of further evidence to give which requires greater in-depth scrutiny.

0:59:35.260 --> 0:59:46.690

Winston Cheung (Sydney LHD)

So from our perspective, from a Concord perspective, most of our evidence and most of our submissions will be given at the pre-hearings, and that will start in January.

0:59:46.880 --> 0:59:58.70

Winston Cheung (Sydney LHD)

I still haven't heard from them when.

But they've asked me to get the speaker list ready, and I've contacted many of you already. But those of you who want to speak, please let me know.

0:59:58.460 --> 1:0:16.720

Winston Cheung (Sydney LHD)

We've spoken specifically about the confidentiality issues and the conflict of interest issues.

As some of you have recognised, one of the Special Counsels on the Commission used to work in management in the Sydney Local Health District.

And that has been raised as a specific conflict of interest. The worry is that anything confidential will be leaked.

1:0:17.480 --> 1:0:39.70

Winston Cheung (Sydney LHD)

The Special Commission have noted that, and will be looking at ways to mitigate that conflict of interest.

Because this is a legal type of hearing, confidentiality cannot be guaranteed.

Because if there are specific allegations made against individuals, those individuals are entitled to procedural fairness. Therefore, the confidentiality may actually be broken, in order to give those individuals a chance to defend themselves.

So they are trying to provide confidentiality. For most of our submissions or for those who want it, they have.

1:1:8.660 --> 1:1:26.150

Winston Cheung (Sydney LHD)

There may be circumstances where confidentiality may be withheld because of procedural fairness.

In regards to the NSW Ombudsman, I haven't heard back from the Ombudsman about the issues at Concord.

Obviously they're very concerned. But this is obviously a very significant problem for them to deal with.

1:1:34.470 --> 1:1:50.440

Winston Cheung (Sydney LHD)

They are looking at how they are going to deal with this in the correct manner, in terms of the law.

And there's a lot of legislation which they have to go through before they start dealing with this, just because the issue is so big.

So they will get back to us.

1:1:51.380 --> 1:2:15.0

Winston Cheung (Sydney LHD)

Because this case not only has ramifications for the way hospitals are managed in the future, but there's also specific parliamentary ramifications, because in the previous parliamentary inquiry, the report from the inquiry actually said that the Ombudsman had full jurisdiction over these sorts of issues.

The legalities behind that still haven't been tested, so that's why there's been delays in the Ombudsman inquiry.

1:2:23.920 --> 1:2:29.490

Winston Cheung (Sydney LHD)

But hopefully we'll hear back from them relatively soon.  
I thought I'd just give you an update on those two things.

1:2:29.940 --> 1:2:35.260

Winston Cheung (Sydney LHD)

The only other things I wanted to bring up was that Cameron Korb-Wells asked for volunteers to help him with the MDAAC committee, in terms of new appointments.

1:2:44.340 --> 1:2:49.90

Winston Cheung (Sydney LHD)

There's a draft NSW Staff Specialist award which I've sent around, which is in draft stage.  
I sent that round in an email on the 17th of November.

That's being led by ASMOF.

I won't talk about that today, but if people could have a quick look at that.

And also, just to announce that the AGM ... we've set the date for next year as the 13th of June.

1:3:8.520 --> 1:3:18.10

Winston Cheung (Sydney LHD)

So those are the three main things that I wanted to bring up.

I'll leave the last 6 minutes for any questions for John McDonnell, Joseph or anything which anyone wants to bring up.

1:3:18.160 --> 1:3:19.380

Winston Cheung (Sydney LHD)

Now I'll see a hand up.

1:3:20.320 --> 1:3:20.920

Winston Cheung (Sydney LHD)

Ilona.

1:3:23.460 --> 1:3:25.450

Ilona Cunningham (Sydney LHD)

I'm back from my meeting.

And from home, Winston.

1:3:29.300 --> 1:3:40.650

Ilona Cunningham (Sydney LHD)

But wondered if we had the opportunity to have a look at the submission that was made to the Ombudsman and the Special Commission of Inquiry.

1:3:43.100 --> 1:3:48.650

Winston Cheung (Sydney LHD)

Yes. The submission to the Special Commission. They're starting to publish all the submissions.

So as they go through them, they will be published.

And the Ombudsman's letter.

I'm sure that will be released by them at some stage.

But at the moment that's with them. And I'll leave it up to them.

1:4:7.410 --> 1:4:15.820

Winston Cheung (Sydney LHD)

We know that they will be released, unless there is a decision made to keep them confidential, and that's up to them.

1:4:18.90 --> 1:4:21.590

Ilona Cunningham (Sydney LHD)

I'm assuming that the submissions were made on behalf of the entire Medical Staff Council, Winston.

1:4:36.820 --> 1:4:38.820

Winston Cheung (Sydney LHD)

That submission. I made the submission to the Ombudsman.

1:4:41.510 --> 1:4:42.830

Ilona Cunningham (Sydney LHD)

You made this personally.

1:4:42.910 --> 1:5:4.570

Winston Cheung (Sydney LHD)

I've made the submission on to the Ombudsman. And I've made a submission to the Special Commission. But also there are other people who have made submissions as well. So the people who've made submissions, their submissions will come out in due course, unless they are kept confidential.

I know that there've been many submissions made.

1:5:13.870 --> 1:5:15.540

Winston Cheung (Sydney LHD)

Any other questions from people?

1:5:17.660 --> 1:5:31.610

John McDonald

So Winston, just as a comment, one of the pieces of feedback we consistently got was the sense the ambivalence about the role of you as the Chair with the Medical Staff Council.

1:5:31.620 --> 1:5:48.200

John McDonald

So wouldn't it be a sensible thing to do, in terms of communication, to make whatever the submission has been put in on behalf of the Council to be circulated to members of the Council, either before it's put in or once it's in?

I mean, I think that was what Ilona's query was around.

1:5:54.720 --> 1:5:59.560

John McDonald

You know, if it's been put in on behalf of the Council, or is it been put in on your behalf or?

1:6:0.530 --> 1:6:10.180

Winston Cheung (Sydney LHD)

It's difficult, because the question is how much of my correspondence to people, how much are my emails to people, or that sort of stuff. How much should actually be released to people, and especially when I'm approaching the ...?



1:6:16.320 --> 1:6:19.460

John McDonald

Sorry, I'm just talking about the submission itself.

1:6:19.150 --> 1:6:33.880

Winston Cheung (Sydney LHD)

I understand fully. But I submitted it on the assumption that it would be made public. And I haven't asked that those submissions are actually made confidential.

1:6:33.930 --> 1:6:51.140

Winston Cheung (Sydney LHD)

My specific submissions haven't been made confidential. But given that it is now in the hand of the Ombudsman and the Special Commission, I think I'd be guided by them. But I understand exactly where you're coming from and saying. I understand the transparency.

1:6:47.690 --> 1:7:0.260

John McDonald

I mean, just to be clear, I mean we've been fairly forthright with management about making our sense of where we think they could lift their game.

1:7:0.270 --> 1:7:8.960

John McDonald

We haven't held back and you know the feedback from quite a number of members of Council was the lack of transparency which we talked about.

1:7:9.50 --> 1:7:11.180

John McDonald

We heard about management.

1:7:11.390 --> 1:7:25.980

John McDonald

This is an example of it. So I think it's really it's really kind of somewhat upsetting to me to hear that members of the Council, you know, didn't get access to something that was putting on behalf of the Council.

1:7:26.370 --> 1:7:29.10

John McDonald

I mean, can you see procedurally why I'm struggling with that?

1:7:30.580 --> 1:7:31.110

Winston Cheung (Sydney LHD)

Yes.

If we want to talk about procedures, if you're unhappy about things, we're pretty unhappy about things that we've raised, pretty transparently, and they haven't been actioned.

We could talk a long time, and you know my view of your company is that you're not here to defend the organisation. You're here to try to ... here.

1:7:58.250 --> 1:7:59.260

John McDonald

And listen.

I'm just registering, my concern around that, that principle. That's all.

1:8:5.10 --> 1:8:13.620

Winston Cheung (Sydney LHD)

No. I absolutely agree.

The issue is I can't release every piece of correspondence that I have with people.

Every letter and every email that I write to people. Because a lot of that is confidential.

1:8:17.820 --> 1:8:18.770

John McDonald

There's another hand.

1:8:18.780 --> 1:8:19.750

John McDonald

Sorry mate, I don't want.

Sorry, I don't want to drag this down a rabbit hole so I can ...

1:8:25.350 --> 1:8:26.310

Winston Cheung (Sydney LHD)

Judith.

1:8:27.150 --> 1:8:28.140

Judith Trotman (Sydney LHD)

Sorry. Can I just clarify this submission that you made?

Was it a personal submission or a submission on behalf of Concord Medical Staff Council?

1:8:38.610 --> 1:8:48.410

Winston Cheung (Sydney LHD)

It was a submission that I made, signed by me. But in the submission it was made very clear my position.

My position is that of the Chair. So it will signed as me in my position. As an Intensivist. As a staff specialist. And as the Chair of the Medical Staff Council.

1:9:6.270 --> 1:9:7.690

Judith Trotman (Sydney LHD)

OK, noted.

1:9:6.190 --> 1:9:8.860

Winston Cheung (Sydney LHD)

I did not sign it removing my name as Chair of the Medical Staff Council.

And I made personal observations.

1:9:14.630 --> 1:9:18.730

Judith Trotman (Sydney LHD)

But was the wording on behalf of the Medical Staff Council.

1:9:19.560 --> 1:9:21.360

Winston Cheung (Sydney LHD)

I made personal observations.

The letter contained personal observations that I had made during my term as Medical Staff Council Chair. And detailed the concerns that I had as Medical Staff Council Chair.

Likewise, everyone else who has made submissions would have detailed their own personal concerns.

But it was signed by me. And I put my position after I signed the letters.

1:9:52.560 --> 1:9:57.100

Ilona Cunningham (Sydney LHD)

Winston, I have another question, and this is to John, if I may.

1:9:58.10 --> 1:10:5.230

Ilona Cunningham (Sydney LHD)

The sort of work you've done, John, with other departments, other than cancer departments. Is that opportunity available to cancer for instance?

1:10:12.420 --> 1:10:13.620

John McDonald

Yes, Ilona.

1:10:13.150 --> 1:10:23.220

Ilona Cunningham (Sydney LHD)

Because I'm sure we have lots to learn from everyone else's experience, and we always ... to improve our culture for sure.

So we'd just love the opportunity also to learn from you and from other people's experiences.

1:10:31.790 --> 1:10:33.660

John McDonald

I apologise, because we've been focused in particular areas.

1:10:38.610 --> 1:10:54.120

John McDonald

I have come to appreciate the complexities of the challenges in somewhere like Radiology. It goes way beyond the hospital, and also how exhausted people are there you know.

And so that's ongoing.

1:10:57.50 --> 1:11:5.430

John McDonald

Obviously it's a work very much still in progress, but what we, in the New Year, we're meeting again with Joseph. And we'll be delighted to do that Ilona. And we'll make the invitation more broadly as well.

1:11:11.270 --> 1:11:12.220

Ilona Cunningham (Sydney LHD)

Fantastic.

Thank you.

1:11:14.650 --> 1:11:20.120

Winston Cheung (Sydney LHD)

We might start to wind it up.

John. Can you tell us how long will you'll actually be here for?

When are you actually contracted to?

Is that contract going to be extended?

How much more work have you got?

How many more departments have you got to see?

That sort of thing.  
Just in a couple of minutes.

1:11:32.320 --> 1:11:36.20

John McDonald

I'm not sure if this is the simple answer. I don't know.  
We've still got work that was within our contract that we haven't been able to get to yet.

1:11:44.580 --> 1:11:47.30

John McDonald

The intention is not to be here permanently.  
So I imagine February, March.  
The idea is for people in the departments to be picking up on the ideas and working them through themselves.  
And I'm pretty confident around that.

1:12:1.960 --> 1:12:2.28

Winston Cheung (Sydney LHD)

Okay.

Thanks John.

1:12:3.490 --> 1:12:3.930

John McDonald

Pleasure mate.

1:12:5.790 --> 1:12:7.480

Winston Cheung (Sydney LHD)

Well, thank you everybody.

I might wind the meeting up.

I know there's a lot of stuff which we haven't gone through. But I know everyone wants to get home and have dinner, so I'll wind the meeting up.

1:12:15.810 --> 1:12:18.160

Winston Cheung (Sydney LHD)

Thanks to everyone in the MSC.

Thanks to everyone for engaging.

Thanks to everyone for helping each other and looking out for each other.

1:12:25.800 --> 1:12:35.910

Winston Cheung (Sydney LHD)

Thanks John for helping us, and to Joseph and the rest of the executive, for trying to pick up the pieces of what's happened over the last couple of years.

1:12:35.920 --> 1:12:46.10

Winston Cheung (Sydney LHD)

I wish you all a very Merry Christmas and a safe New Years.

I intend to have the next meeting in February.

I haven't put down the date, but it'll be middle of February of next year.

1:12:56.450 --> 1:12:56.940

John McDonald

Cheers mate.

1:12:57.100 --> 1:12:57.770

Judith Trotman (Sydney LHD)

Thanks all.

1:12:57.800 --> 1:12:58.540

Joseph Jewitt (Sydney LHD)

Take care.

Merry Christmas, everybody.