Winston Cheung (Sydney LHD)

From: Juliette Rex (Sydney LHD)
Sent: Wednesday, 3 January 2024 4:40 PM
To: Winston Cheung (Sydney LHD)
Subject: Re: Confidential correspondence to Dr Winston Cheung - Request to attend meeting on Friday, 5 January 2024
Attachments: 20240103_Ltr to Dr Winston Cheung.pdf; PD2016_046 Resolving Workplace Grievances.pdf; Appendix A - CRGH Medical Staff Council Meeting with Executives Minutes 12 October 2023.pdf; Appendix B - SLHD Medical Staff Executive Council 4 August 2023.pdf

Dear Dr Cheung

I acknowledge receipt of your letter dated 21 December 2023.

Please find **attached** correspondence dated 3 January 2024.

Please contact me with any queries.

Regards

Juliette Rex
Employee Relations Manager
Sydney Local Health District
Hospital Road, Concord NSW 2139
Mob [redacted] | Email [redacted]
www.health.nsw.gov.au

I would like to acknowledge the traditional owners, the Gadigal People of the great Eora Nation on which I live and work, and pay my respect to the Elders both past, present and emerging.

NSW GOVERNMENT Health
Sydney
Local Health District

Health
Sydney
Local Health District

PRIVATE AND CONFIDENTIAL

Dr Winston Cheung
Senior Staff Specialist
Intensive Care Unit
Concord Repatriation General Hospital
Hospital Road
Concord NSW 2139

By Email: [redacted]

Dear Dr Cheung

Re: Request to attend meeting – Opportunity to respond to concerns raised

I refer to your correspondence dated 21 December 2023 in response to my letter of 10 November 2023 regarding the above matter.

I respond as follows in relation to the matters you have raised.

1. The allegations as set out in my letter to you dated 10 November 2023, are being reviewed pursuant to the NSW Health Policy Directive (PD2016_046) *Resolving Workplace Grievances* (**Policy**). A copy of this Policy is ***attached*** for your reference.

2. A review of the concerns raised will also refer to minutes of the following meetings:

   a) Concord Repatriation General Hospital Medical Staff Council Meeting with the Executives on 12 October 2023; and

   b) Sydney Local Health District Medical Staff Executive Council Meeting on 4 August 2023.

   I understand you are in receipt of copies of minutes of the abovementioned meetings. As requested, and to assist further, copies of these minutes I have been provided with are ***attached*** as **Appendix A** and **Appendix B** to this correspondence. I intend to refer to and rely on these minutes in their entirety.

3. All discussions with you and correspondence exchanged with you in relation to this matter is confidential. I refer you to sections 4.1.1 and 4.2 of the Policy.

4. Your assertion to being subjected to an unfair process and denial of natural justice in this matter is inaccurate. As per my letter to you dated 10 November 2023, I maintain my advice that the purpose of the meeting previously scheduled with you was to obtain information from you that will assist in conducting a review of the concerns, and no conclusions have been reached on the concerns being reviewed.

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Sydney Local Health District
ABN 17 520 269 052
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5. You have asserted that the allegations made against you are imprecise and subjective. Please be advised that the allegations provided to you contain sufficient information for you to be able to adequately respond to the matters raised. This is consistent with section 4.2 of the Policy.

Accordingly, and as previously outlined in my letter to you dated 10 November 2023, concerns were raised regarding your behaviour during the Concord Repatriation General Hospital (CRGH) Medical Staff Council (MSC) meeting with the Executives via zoom on 12 October 2023.

The allegations raised are as follows:

On 12 October 2023, during the CRGH Medical Staff Council meeting with the Executives and in your role as the Chair of this MSC meeting, you:

a) Interrupted Dr Andrew Hallahan, Executive Director Medical Services, Clinical Governance & Risk of SLHD, in an aggressive manner;

b) Appeared angry when you indicated that Executive were not interested in anything other than "band aid" solutions;

c) Did not provide Dr Hallahan an opportunity to answer;

d) Produced a document you said was published by SLHD related to the implementation of CORE values which you read from in a raised and angry voice;

e) Raised this document to the camera, shaking this document and also denigrated Dr Hallahan's association as a member of the Executive;

f) Behaved disrespectfully towards Dr Hallahan, including in a manner that was aggressive, angry and rude at this meeting.

Additional allegations have also been raised as follows:

On 4 August 2023, during the SLHD Medical Staff Executive Council meeting, you:

g) Interrupted Dr Hallahan when he provided a verbal report regarding Agenda Item 4/5 Health/Wellbeing/Support of JMOs;

h) Stated to Dr Hallahan that he "should stop making excuses" and that "more JMOs need to be hired" in an abrupt, rude and disrespectful manner. This was in response to Dr Hallahan's advice of the challenge across NSW, and the efforts to continuing to actively recruit to Concord positions and all shifts are covered safely;

i) Appeared disrespectful through a rude and abrupt manner, including towards the Chair, Dr Alicja Smiech and the Chief Executive of SLHD, Dr Teresa Anderson AM when you expressed your disappointment and strong disagreement when Dr Smiech stated it would not be appropriate to discuss the vote of no confidence in the Chief Executive made by the relevant attendees at the CRGH MSC meeting when there is an Independent Intervention Review Process currently happening into that matter.

In order to appropriately review these concerns, you are required to attend a preliminary meeting with me discuss this matter. Please be advised that no conclusions have been reached on the concerns being reviewed. The purpose of this meeting is to obtain information from you that will assist in conducting a review of the concerns.

This correspondence is to schedule a meeting with you as follows:

Time: 9:30am
Date: Friday, 5 January 2024
Venue: CRGH Conference Meeting Room, Building 68, Level 1

Please be advised that this meeting can be conducted via Microsoft Teams if that is more suitable to you.

You may bring a support person to this meeting. The role of the support person is as an observer only and not to represent you or advocate or make representations on your behalf. The support person is to be impartial. Please let me know in advance if you would like to bring a support person so that we can ensure they have access to the meeting details.

In the event you are unavailable to meet, you can supply a written response by **1pm Friday, 5 January 2024.**

Please note you have been in receipt of these allegations since 10 November 2023. Please also be advised that in the absence of any response by this proposed timeframe, the initial assessment will be finalised on the available information.

I would like to take this opportunity to remind you that this matter is confidential, and you should not discuss this with any other person other than your support person, your treating practitioner, union or legal representative or myself.

I recognise this may be a difficult time for you, and I take the opportunity to remind you of the staff counselling services available through the Employee Assistance Program (EAP). This is a free, professional, and strictly confidential counselling and support service for all SLHD staff. EAP may be contacted on 9767 7053.

Yours sincerely

Juliette Rex
Employee Relations Manager

Date: 3 January 2024

Concord Repatriation General Hospital
Medical Staff Council
Meeting with the Executives

Thursday 12th October 2023

Location:

Zoom videoconferencing

Present:

Muh Geot Wong, Catherine Sengupta, Rakesh Rai, Raoul Pope, Anthony Linton, James Van Gelder, Riana van der Linde, Lawrence Trieu, Kathy Woo, Robert Russo, Atul Wagh, Rachel Choit, Natasha Spalding, Tam Bui, Ibrahim Tohidi-Esfahani, Steve Merten, Alice Cottee, Winnie Hong, Hao Xiang, Avi Suryawanshi, Joseph Trieu, James Burrell, Pam Howson, Robyn McCarthy, Prunella Blinman, Rosalba Cross, Philip Visser, Laurence Gluch, Asim Shah, Payam Yahyavi, Belinda Hokin, Ilona Cunningham, Judith Trotman, Jessica Yang, Winston Cheung, Ana Ananda, Andrew Hallahan, Kim Hill, Joseph Jewitt, Fergus Davidson, Gen McKew, Michael Chan, Amanda Wang, Elizabeth Giugni, David Rowe, Lewis Chan, David Joseph, Dan Sumpton, Hany Abed, Irene Tan, Elaine Cheong

Minutes:

[Winston Cheung] 17:03:32

I think we'll make a start. Welcome everybody to the MSC meeting with the Executives.

Twelfth of October 2023. I've got the auto transcript on, and recording a transcript of this meeting.

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

Concord Hospital is on Wangal land. We acknowledge the Wangal people as a traditional owners of the land, and we pay our respects to Elders past present and emerging.

Apologies for the latest minutes going out late.

I think we sent them out earlier today. I hope you all got them.

We're still working on the minutes from the meeting before.

There're 3 things I want to focus on this meeting and I want to try to keep it short, within the hour if we can.

[Winston Cheung] 17:04:27

The 3 things I really want to talk about today if possible, is the vote of no confidence, the proposed ombudsman's investigation, and also the special commission of inquiry.

I want to focus on those 3 things today and I want to try and see if we can wrap this up within an hour. But obviously I also want everyone to have their say, and to speak to those items.

So might first start with just an updates from the executives.

[Winston Cheung] 17:04:56

Joseph, I see you're there. Do you want to give us a quick update?

[Joseph] 17:05:01

Obviously it's been a fortnight since we last met, so there's not as much that I can update. But recruitment of diagnostic radiologists continues.

I think I had said last time that we were onboarding, new specialists next month.

And some in the new clinical year. Interviews for remaining vacant positions occurred this week. And we're hopeful that there will be further appointments coming out of those interviews, which will help with staffing.

We've also have had approved 10 hour days for diagnostic radiologists.

And this will make Concord a more attractive place to work. So I think that will help with our recruitment.

In terms of the capital works in Radiology, the replacement CT scanner has arrived.

It arrived on Monday, and is in the process of being installed. So that project is currently on track.

So fingers crossed that will continue to be the case and we will have that fully operational at the end of this month.

The capital works for the installation of the additional third scanner in the Emergency Department have also commenced.

And the work has been undertaken to move into, from the Emergency Department, up to 5 east.

... so that's been completed and Fast Track has moved into the ED ... space. So at the moment it's early days, but that project is also on track.

That will mean that we'll have a third CT scanner operational by the end of January in the Emergency Department. Obviously there will be, and I've said previously, ongoing capital works in the Emergency Department after that, just to reinstate the clinical space that is lost with the installation of the CT scanner. And so the overall project is going to take 10 months.

[Joseph] 17:07:06

Planning is also underway for the capital works required for the space for the new MRI scanner.

Hopefully have those plans signed off soon. So that we can actually begin the capital works for that in the Radiology Department as well.

[Joseph] 17:07:25

The Ministry of Health have issued the service agreement to the District and District Finance will have completed the loading of the new budget into the reporting system at the end of this month.

So that will be available for future. Monthly reports on finances.

And I think that's it in terms of new things since the last fortnight.

[Winston Cheung] 17:08:10

Joseph. So the ED scanner is due to be operational end of January, is that correct?

[Joseph] 17:08:17

Yeah, that's where it fits within the program.

[Winston Cheung] 17:08:20

Right. And what about the staffing for the scanner? What's the work done on that?

[Joseph] 17:08:24

There's the business case for all of this. The additional scanner had staff being attached to it as well, and we would need to be starting the process of recruiting for those staff as we get closer to the project.

[Winston Cheung] 17:08:43

Right. And do you know exactly what numbers of staff the business case said that we need for the scanner?

[Joseph] 17:08:50

I don't have that immediately on me, but I can come back to you.

[Winston Cheung] 17:08:58

It's just that you're looking 3 months you're going to have to start recruiting pretty much now. If you're going to get staff to actually staff the scanner.

[Joseph] 17:09:14

As the project has started, we'll be able to do that. So obviously in the planning stages we will need to make sure that the project's actually up and running and on track, but yes we'll be able to do that.

To start that onboarding process. The new staff.

[Winston Cheung] 17:09:33

Jessica.

[Jessica Yang] 17:09:36

Joseph. Some of the announcements that you made are news to me.

I was not aware of those, because at the moment we don't get communication for those things. So if I could just ask you the details about those, because there are quite a number of radiologists here.

[Jessica Yang] 17:09:53

And I think some of us are hearing this for the first time from you. So you mentioned that onboarding, there are a couple of new radiologists that you hope to onboard next month.

Is that confirmed and how many do we have onboarding next month?

[Joseph] 17:10:08

Reuben would have the data on that, but there's been ongoing recruitment for diagnostic radiology positions and so, we've got an open ad at the moment. That's basically it. Enough to continually recruit.

And so as we've been able to find successful people. We being onboarding those so Ruben would have that, to know in terms of exactly who's coming on when, etc.

[Winston Cheung] 17:10:36

So let's confirm we've got new people coming on. And are they staff specialists or VMOs?

[Joseph] 17:10:43

No. They'll be coming on a staff specialists. The recruitment currently, that is staff specialist positions that we recruiting to.

We're also looking to increase the VMO pool as well, but the recruitment that is currently happening is for staff specialists.

[Winston Cheung] 17:10:58

Because what I heard was there was 2 people apply for the staff specialist positions.

[Winston Cheung] 17:11:04

They were offered it 2 months ago, but they haven't actually said yes. So those people have now said yes? Is that correct?

[Joseph] 17:11:12

Look, that's the understanding, yes. But I can pick up that and come back to you.

But that's what I've understood.

[Jessica Yang] 17:11:19

Yeah, that would be great to confirm, Joseph. Because we haven't heard anything about that in Radiology.

[Winston Cheung] 17:11:27

Wasn't there a meeting today with Reuben from you guys?

[Michael Chan] 17:11:31

It's Michael Chan, also from Radiology here. What I heard was one of the 2 hasn't accepted and has declined. And will be returning to his job at Westmead, unfortunately. And the other one. This was with our meeting with Reuben today, hasn't clearly committed. We hope that he comes 2 days a week, but he only wants to come one day a week.

[Michael Chan] 17:12:04

So, I understand both of you guys are juggling many balls at the same time.

But, from my understanding, it's still being negotiated, but we're talking about either somewhere between 0.2 and 0.4 FTE.

Not confirmed, still in discussion...

[Winston Cheung] 17:12:27

But is that confirmed yet, Michael?

[Michael Chan] 17:12:42

We encourage every radiologist... to see if they want to come back. Or come here, but unfortunately I think they were still in discussions, but that was just a preliminary point that was made in our meeting with Reuben today.

[Jessica Yang] 17:13:01

I know you mentioned the second scanner business case. And I wasn't sure if there is going to be any radiologist involvement for this second scanner.

Because I think we're still waiting on that as well. And I haven't heard anything.

Because there are local needs that we have at Concord Hospital, for our referrals here at Concord. And I'm I just want to make sure that will be considered.

[Joseph] 17:13:36

So, another meeting was being set up with members of the department to develop the specifications for the second MR.

Which Reuben was leading. If not, I thought it was this week.

So those specifications will be used by procurement in order to determine which scanner in terms of this value and all the other criteria that we met. But, my understanding is that meeting have either just happened or is scheduled to happen very soon.

[Jessica Yang] 17:14:14

I see. Because if you wouldn't mind checking on that too. Because I have not heard anything about that.

[Joseph] 17:14:25

Okay.

[Jessica Yang] 17:14:25

And then the other thing you talked about the 10 hour day. You said that that's being approved.

That's also news to me as well.

[Joseph] 17:14:31

That's just been approved today. So that's come through today and so now we can go through a process of implementing that.

[Jessica Yang] 17:14:38

Right, and when do you think that will be implemented?

[Joseph] 17:14:43

Well, it would be, the department will have to lead that process. So obviously it will be for those who want to take that up. They'll need to change. Go through a HR process to change their hours in the system. And also they will need to do that for the next roster. Because obviously they'll need to adjust the roster to complete the 10 hour days now. One thing being able to do that. They should be able to implement that.

I don't think it will take very long. But there will be some work that they'll need to do in order to implement that whatever your roster cycle normally is.

Hopefully that will be able to be enacted by the next roster.

[Jessica Yang] 17:15:30

Right, okay, thank you.

[Judith Trotman] 17:15:34

Winston. Can I just make a sort of a request and I hope I don't sound pedantic and asking, but this is getting down to some pretty micro granular detail. And it's also discussed without the person who I understand is the head of department present in the meeting.

I prefer that we just kept more high level. Discussions at this meeting, particularly mindful that the last meeting we had 2 weeks ago went well over the 2 h period.

Just the preference, personal preference and others may disagree with that.

[Winston Cheung] 17:16:16

Thanks Judith.

[Judith Trotman] 17:16:18

But very important and you know lovely to hear that things are progressing.

[Winston Cheung] 17:16:26

Any other questions for Joseph?

[Winston Cheung] 17:16:29

Andrew, do you have anything to say?

[Andrew Hallahan] 17:16:34

I don't have any further updates from 2 weeks ago.

[Winston Cheung] 17:16:40

Okay, thanks. Well, I might move on to the items.

The first thing I want to speak to is the New South Wales Ombudsman investigation.

This investigation, which I'm currently drafting a letter for. We'll get the lawyers to look at before we send it off.

It's going to focus specifically on the bullying harassment issues. Which are not going to be addressed by the Cultural Review.

[Winston Cheung] 17:17:09

It's going to look specifically at intimidation, bullying, harassment. It'll look at the allegations of maladministration and look at some of the allegations of fraud.

And in terms of the actual types of issues that the Ombudsman can actually look at, the list is essentially, number one, dishonest unfair, unreasonable behaviour. Number 2, lack of transparency with decision-making.

Number 3, unfair, flawed policies or procedures. Unreasonable delays. Failure to act on complaints.

Finally, failure to reply to correspondence and failure to manage conflicts of interest.

So those are the issues which the Ombudsman can deal with and I've started drafting the letter, but will be finishing that soon.

[Winston Cheung] 17:18:05

Then we will make a submission to the Ombudsman, and that will be a general submission from me.

The detail will come from those who actually want to speak directly with the Ombudsman.

So just to say that's all under way.

Any questions from anybody?

[Winston Cheung] 17:18:23

Now this won't detract from what John McDonald's doing. This is going to tackle all the issues that John is not going to deal with. Which is primarily the intimidation, bullying and harassment.

That's the primary reason for this, but there's also those other issues which we'll look at as well.

[Winston Cheung] 17:18:43

The next one is the special commission. You've all seen the terms of reference for that, which I've sent around.

Again, I'm drafting a submission for this. This is a different type of submission.

This is looking how we actually fix governance. It's looking specifically at problems with governance and oversight at both the district level, hospital level, but also the greater oversight in New South Wales health.

So, the submissions to this close on the 31st October. All people are welcome to make a submissions and I've sent all the details.

I've had a few people contact me, but if anyone wants to make, or if you want me to help you with a submission, I'm very happy to do that.

[Winston Cheung] 17:19:32

People are welcome to make their own submissions. And I'm also happy to make submissions on other people's behalf as well.

So if there's anything you want to talk about or any questions feel free to contact me.

[Winston Cheung] 17:19:47

Any questions?

[Winston Cheung] 17:19:50

The third important matter that I want to get through was the proposed vote no confidence in the Board and also in the New South Wales Leadership. We had quite a bit of discussion last week.

I want to see if there's been any updates or any significant movement in the issues at Concord over the last 2 weeks.

So I'm interested in hearing from the parties that have been involved.

But I'll also throw the discussion open to the floor.

Ilona, you've got your hand up.

[ilona] 17:20:32

Winston, I may have missed it, but I just love to hear item C. Any kind of updates from the Proactive solution?

[Winston Cheung] 17:20:45

We'll hear some of that actually now. We can hear all that as part of this as well, because that's all tied in.

To see what people think of the process and how people were going with the process. And what's actually being progressed.

[Winston Cheung] 17:21:04

Belinda. You've got your hand up.

[Belinda Hokin] 17:21:10

Thanks, Winston. I want to keep it pretty brief. Because we really don't want to detract from the devastating situation in Radiology at the moment.

Max has started talking to ED

[Winston Cheung] 17:21:21

Belinda, can you just turn the volume up slightly? Just a little bit soft.

[Winston Cheung] 17:21:36

It's about the same, but that's okay.

[Belinda Hokin] 17:21:38

I'll just speak a little bit louder. Okay, so I'll start again.

[Belinda Hokin] 17:21:42

Look, I don't want to take too much time here. Max has started talking to ED staff this week.

And I think he's planning a similar process to Radiology. And yesterday he was talking not only about the interpersonal stuff between medical and nursing, but also some of the more logistical stuff in relation to bed block and other challenges in the ED at the moment.

But just more generally, in the last meeting I was asked my thoughts on the problems in the ED. And clearly there are differences in opinion and experience in this regard. And I think it's important that these are all respected.

But many of the problems are the aftermath of a devastating period in the history of the ED.

And when I set out on this journey, I had never intended to be involved in the ongoing repair process in this way.

I hadn't really been an integral part of the process prior to this. I think Proactive can help with this process.

[Belinda Hokin] 17:22:39

But I also have limited influence in process within the ED. And their involvement with the Proactive team is realistically for discussion between Phil and John.

My initial motivation to speak out was in relation to the past. Predominantly as a stand against workplace bullying. And I want to see Concord reach its potential, and to also be a safe workplace for all.

As it has not been for me. It's now over 3 years since the ... started for me and for the first time I'm in a position to return to work. And focus on the future and put the past behind me.

And going forward, I want to try and help address deficiencies in the institutional response to bullying. And how policies have been implemented. And I have already had some discussion with both John and Winston in this regard, but it has been difficult while on leave.

[Belinda Hokin] 17:23:22

There's also another issue that I wish to look at, that is, because of the past, but not directly about the past, that I want to address as well, in relation to the Proactive process. I'm unsure whether there's been any work done with Workforce.

Who we also know are complicit in the problems at Concord. I still believe that although the process has been positive and they've been able to help me personally, it is unable to reconcile the past in ED for me.

Or the underlying bigger picture that expands across the campus, and beyond the walls of the Concord Hospital.

I also believe it's not possible to fully address the past without truly unpacking how we got to this position, and investigating the allegations. Without this I struggle to see any ability for true accountability, or true trust in the system to be restored.

[Belinda Hokin] 17:24:10

The meetings so far do not seem to have resulted in actual reconciliation.

I'm also speaking out as a part of what is now a small group. As the staff have left and unlike radiology I feel isolated, for the above reasons as well as some others. It is also now necessary to move on as I return to work and I need to disengage from this process.

And I'm no longer sure that it's appropriate for me to continue to be the spokesperson for ED going forward. Thanks.

[Winston Cheung] 17:24:43

Thanks.

Phil.

[Philip Visser's iPhone] 17:24:48

Winston, thank you. I think I agree with what Belinda is saying and that we are entering this stage where the ED will be next in terms of the process.

And my dealings and interaction with Proactive has been helpful in this point in time. I just I think we need to remember that the process hasn't really started.

[Philip Visser's iPhone] 17:25:20

The process hasn't really started at all and I think we need to go into the process with open minds and work with it. And try and resolve the issues as much as we can.

I think it's not fair to anyone to go into a process that I think might be painful for some, thinking that it's not going to be successful or not achieve anything. I don't think if we go in with that attitude then we're not giving it fair justice. I think we need to work with it, and see where it takes us.

Because, like Belinda said, things that happened in the past influence not only the present, but also the future. So, I am keen to work with Max and John on the team, in the ED.

And try to address some of the issues in the past that we can address, and also look at what we can address here and now, so that we've got a better future ahead of us.

[Winston Cheung] 17:26:29

Thanks. So can you, you may not be able to answer this question, but in terms of the Proactive's involvement in ED at the moment. Richard's original complaint letter. There were 10 people who signed it, of which 6 people have left.

Do you know, has he been reaching out to the 6 people? Any discussions with them?

Have Proactive involved and interviewed them at all.

[Philip Visser's iPhone] 17:27:03

Winston, I don't know what the discussions have been. I think Richard and Belinda spoke with Proactive when the process started.

And I'm not sure what's been done in that, since we've been dealing with them with a few other matters.

And so the ED process hasn't started. They haven't spoken to others this week.

[Philip Visser's iPhone] 17:27:33

We were told that Radiology was going to be the first department that go through the process.

And I'm not sure if there was anyone else in between, but ours is, we're in the lead up to that.

So they will start talking with people. I don't think that there's been lots of people. That's why I'm saying before we say the process is not going to work, we haven't even started yet... We haven't done anything yet. Still early days.

[Winston Cheung] 17:28:23

I've been contacted by one ED person who was, you probably don't know much about this, put on the Blacklist.

And since we've started this process at Concord, his name has now been removed from the Blacklist. Which is he's very happy with. Because he can now work in New South Wales. Has he been contacted specifically from Proactive? But I guess, if they have only just started, we'll wait to hear what happens.

[Philip Visser's iPhone] 17:28:56

That was my understanding, Winston. Is that, because there's a number of departments that the process needs to occur, that they will go to each department in turn. So I was also surprised when I spoke to them last week that they haven't spoken to anyone else in the ED and asking why that is.

They're only starting and they're doing individual departments as they go. So I think for there'd be some other departments that could or they might not have started with that process.

That's kind of, the method today that they outlined.

[Winston Cheung] 17:29:39

Thanks. Are there any other ED people who what to say anything?

[Winston Cheung] 17:29:49

If not, I might move to Radiology. There's a few people here from Radiology.

Do you guys want to give us an update?

[Winston Cheung] 17:30:02

Michael, can I ask you to give us an update?

[Michael Chan] 17:30:06

Thanks, Winston. We've had to deal with Proactive. I didn't mind speaking with John. Seems somewhat reasonable in some of the potential outcomes that can occur from this.

But you know, we're sort of in the middle of that 6 week process after the initial meeting, which I was not able to be part of because someone had to staff the department at that time.

[Michael Chan] 17:30:40

Just last few weeks have been pretty ordinary workload. Being at breaking point. There's some days where it's just between 2 and 3 people, 2 or 3 radiologists on the ground, when previously it's been identified that 10 to 12 FTE are needed.

So last couple of weeks when staff have been on their entitled leave, we have 3 radiologists covering Concord and Canterbury. And the workload has just increased.

A lot of staff have left. So people like Graham, Katerina, Winnie, Yang-Yi, Dana. The last ones that left, all with many years and decades of experience, which are very hard to replace. And this has led to a significant increase in meetings for the staff that have been left here.

[Michael Chan] 17:31:34

So I usually have 3 to 5 meetings a day. But no administration time or resources given. And so it's like, for my medical and surgical colleagues, like having a clinic where you for years see 10 patients, and then each year you get 2 added on each year, and then after a while you're seeing 20 patients in an afternoon.

And one of your colleagues leaves and leaves you with many more patients.

We're just trying to get a lot of things like technology and software, and all these things that we're trying to do, to make us more efficient. It's just been a really long process to try and get this all sorted out. No typist to dictate, or people to chase up films. Sort of feel like you've lost control and it's quite demoralizing coming to work.

[Michael Chan] 17:32:27

And being given 3 days' worth of work in 8 hours. We're not seeing any of our registrars permanently reapplying.

There's no real light at the end of the tunnel.

[Michael Chan] 17:32:50

It was a bit disappointing to see that someone who was offered a job ... not come through.

I understand a lot of our colleagues can be a bit frustrated with the slow turnover, and sometimes that frustration boils over. And I've had to speak to some of our non-medical staff, administrators and radiographers, who often cop a lot of things on the phone.

And often this comes out due to frustration... of resources ..., but it's also another issue that comes to us as Radiologists. To try and having to smooth things out, which comes from an issue with staffing and resources.

[Michael Chan] 17:33:43

I dread the next school holidays. Where you know the staffing will go down as well.

And I can only hope that things get better soon. Our Registrars are also at breaking point.

Typically their nights are more than twice of what has been the acceptable published benchmarks for how much they report overnight.

And many of the Registrars have had car crashes on the way home.

Including my wife.

[Michael Chan] 17:34:15

So this is at breaking point. And I can't keep doing this. And already I'm afraid that if enough of us have had enough, we don't know where our limit is.

And if we leave, we're going to end up in the situation like other certain large, teaching hospitals, where they're close to or if not already, could be deaccredited with their training program.

We're dangerously close to not having enough FTE to maintain the amount of Registrars that we have here.

[Michael Chan] 17:34:56

So, I can only hope that in the next few weeks things turn around and that we really sort out the issues here.

Things have to be changed around to make it all viable. I don't know if we have to cut meetings to deal with the work, or whether or not other things to make work more efficient have to occur.

But, all the referrals for patients, in this difficult time... I just think that things can't keep going on the way that they are. We're just at breaking point.

[Winston Cheung] 17:35:44

Thanks, Michael.

[Winston Cheung] 17:35:49

Michael and Jessica and whoever else is there. I don't know if you can answer this question, but how many colleagues are looking at leaving. Now and in the near future.

[Michael Chan] 17:36:04

I'm not.

[Winston Cheung] 17:36:04

How close are we to that, and what are the consequences? I know some are cutting back their fractions, which is very similar to actually people leaving, but what are the consequences?

Say we lose another radiologist. Another 1.0 FT. What are the consequences?

[Michael Chan] 17:36:24

If we lose 1.0 FTE then we're below the threshold. The minimum threshold to maintain the registrars.

And we've just gone through reaccreditation where essentially if there's no radiologists we can't have a registrar at Canterbury. And I think that's very reasonable.

The registrars need to be supported. They're still training.

They will make mistakes, but we have to be there for our registrars to help them get through that. And help them learn and develop and become radiologists at the end of the day.

[Michael Chan] 17:37:14

But we can't constantly keep flogging them. On evenings and nights.

I often come on additional evenings, when I'm not rostered on, or some weekends, to help out the registrar.

Because it's terrible seeing them being flogged. And them copping it from people saying that they're not reporting fast enough. But you know when things are being spat out very quickly and they're

getting more than twice of what the published benchmarks are for what is a reasonable workload for registrar. It's quite difficult to just leave them there to suffer.

[Winston Cheung] 17:37:57

Payam. You've got your hand up.

[Payam Yahyavi] 17:38:02

Yes. Something that I find really heartbreaking with what ... was saying and I'm sorry that the ... is the feeling of putting yourself in their shoes. Doing so much of hard work. Already being overburdened. Already working as Michael was saying ... Receiving negative feedback from our colleagues ...

Feedback, I can relate to that feeling. And I want to say to Michael and the rest of the radiology colleagues that I'm really sorry that you guys are going through that. I think having representatives from so many departments in this meeting. I think the least we can do for our Radiology colleagues is to understand their situation.

In those moments of frustration waiting for that CT report, just noticing that it's not because somebody's not doing their job right.

Understanding that they are already under a lot of pressure. Making sure that you're not going to give them a call and give ... negative feedback. Making them feel like they are not even being appreciated for their hard job that they are doing.

[Payam Yahyavi] 17:39:41

I think it's very important for them to understand that we do appreciate their hard job and we do understand that if there is any delay, it's not anybody's fault.

It's just they are doing the best they can when they're already overworked.

[Winston Cheung] 17:39:59

So can I ask the radiologists ... We've lost at least 5 or 6 radiologists.

We didn't have this problem, several years ago. I imagine 5 years ago we didn't have a backlog. I don't know when the backlog started.

What has happened? What has happened to cause this? We know we've taken action in the last few months. But obviously this was going on before that. What has happened to actually cause all this?

Why have all these people left? Why have our colleagues left and why are we in this mess?

Does anyone want to answer that?

[Michael Chan] 17:40:47

I think some of the colleagues have left. Sorry, it's Michael again. I think some of our colleagues have left because they were working about a hundred, 150% to 200% of the KPI benchmark of what published guidelines recommend how much a radiologist should report.

And, they unfortunately received those letters, which were, I don't know if it was ICAC or something like that. I did not personally receive one. But to them it would be quite demoralizing.

And we haven't lost them to the private.

We've lost them to other public hospitals. To other large teaching hospitals.

And a lot of our registrars, when they've finished their fellowship, they haven't returned. They've gone to other large teaching hospitals.

[Michael Chan] 17:41:46

John Hunter and Royal North Shore. So it's not like there's a big ... and they've gone to a land of milk and honey, and lots of gold.

They're just going to places where they've got the balance right in terms of the resourcing and the staffing.

[Michael Chan] 17:42:08

I understand that work is being done towards all of that.

But it can't come so and soon enough.

It's really demoralizing coming to work and having to try and burn candles at both ends to try and get through a good 70 or so cross-sectional studies, which are complex studies with more than a thousand images each.

And we're spending effectively, if you divide them equally, sometimes 8 on 9 min for a study that should take 15 to 18 min to interpret.

So, they see the burnout. You know it's a small world and they see how burnt out we are.

And they look at themselves. And they go, oh, we don't want that. Go somewhere else.

[Winston Cheung] 17:43:02

So can I ask, you and the others, Michael... We've had this process going on since essentially October. Last October I wrote the first letter... the clinical council and the Board representatives.

And then we've had further meetings since then. And we've heard these announcements and all of these promises to get things done. We hear a lot of promises. The MRI was promised in 2016 and we still don't have the MRI.

So my question to you is has enough been done? Has enough been done to stop people leaving right now? Are there people planning on leaving in the next couple of months?

Before Christmas. Has enough been done? By whoever. The hospital. John. Whoever.

Has enough been done to stop one more person from leaving?

Because if we lose one person, then we'll lose a second, and a third, and a fourth, and it will just keep going.

And then we'll lose our registrars. And then the hospital is stuffed. So my question to you is, have we done enough to this point to stop people from leaving? And I'd like to hear from all the radiologists here.

I think everyone here would like to hear. If they want to give an opinion.

[Winston Cheung] 17:44:50

What're everyone's thoughts?

[Jessica Yang] 17:44:52

Jessica here. To answer your question, Winston. No. I don't think so.

[Jessica Yang] 17:44:59

There have been a lot of promises. Yes. But implementation has been very slow. And as I asked Joseph earlier on, today at this meeting is the first time I've heard that 10 hour days has being approved.

But. You know, we'll see when that actually gets implemented. So I do really worry.

[Jessica Yang] 17:45:23

I know many of my colleagues are considering alternatives. They are considering leaving Concord Hospital.

So, no. I don't think enough has to be done so far. To stop that.

And certainly on the horizon, I don't know of any of my colleagues that actually are seriously thinking about applying for a job here.

I just don't. So, I really don't know in terms of workforce, in terms of staffing.

[Jessica Yang] 17:46:02

I'm looking at this ED CT that's going to be operational from next January.

I don't know who's going to be here to report them. I really do worry.

[Winston Cheung] 17:46:16

So Jessica, can I just put this into context. If you were to leave, and go to the private?

Just say that people did leave. How much better off would they be?

Leaving here to go to do the same work in the private.

[Jessica Yang] 17:46:34

I think that's a difficult question, because everyone wants different things from their career.

But I think for us, one of the things you asked is, how do we get to this day, right?

We were a department that was efficient. We reported all the studies on the same day. How did we get to here?

How do you ... radiology? Is now down on its knees. How did we get here?

And I would say yes, from 2016 we've been talking about the second MR, and it's just frustration after frustration.

We talked about this. We've said we need a second MR, because there's demand. The clinicians need it. Their patients needed. There's money in the radiology equipment trust fund. We can buy it. There's no issue there. But we just kept being told no.

[Jessica Yang] 17:47:30

So I, I really didn't understand why. And we are just talking about the same issue over and over and over.

You know, things are on agenda for the radiology. Just the same issues as in 2019.

[Jessica Yang] 17:47:42

So first, the frustration of just simply not progressing. And I know a lot of my colleagues left because and they said to me, they asked me, oh Jessica. How's it going at Concord? Are you, has anything changed?

Are you still talking about the same things? And I think, yeah. We're still pretty much talking about the same things.

[Winston Cheung] 17:48:04

Thanks, Jessica.

Laurence.

[Laurence Gluch] 17:48:06

Yes. I think the radiologists have had a lot of air time, so I'm going to try and raise another case to illustrate the same point.

I've noticed that Lewis is on ESA. He may care to join in if he wants, but gynaecology is another case.

There's probably not a gynaecologist on Zoom with us today, because they're probably pretty busy.

[Laurence Gluch] 17:48:24

But a few years ago we had the opportunity, a unique opportunity, because we were given 4 gynaecologists in one hit. That almost never happens, and all they asked for was the appropriate support. You know. Registrar support, so that they could build and maintain and offer a service that is essential and critical. It's not like we have a choice.

It's something we have to have as part of our hospital. And they never got what was promised to them.

And then it's no surprise, a few years down the line, they're threatening or have actually left.

And the problem is, the money gets addressed when it's irreversible.

[Winston Cheung] 17:48:59

Now, I've heard that they've actually all left. Is that correct, Joseph?

[Laurence Gluch] 17:49:02

I think 2 of the 4 have left. And I think 2 of the other 2, I don't know what conditions that they're able to do. The on call. But certainly 2 out of 4. And what we know... is that's already destined to lead to an extinct species again.

[Joseph] 17:49:29

Look, I'll take that on notice. I don't know exactly the status.

I know that there have been some additional resignations, but we're also looking at onboarding a locum so that we can maintain service until we're able to work through the issues with that service.

[Laurence Gluch] 17:49:48

We don't want service. We want departments. If you want to build the culture. Locums don't fulfil that objective.

[Joseph] 17:49:58

No, but they just help us with the workload until we can.

[Laurence Gluch] 17:49:59

I say it's not about service. It's about a teaching hospital. It's community. It needs, it needs a spirit.

Spirit, you know. That's ultimately what we have to build. There's going to be a cost, but it comes down more to culture than cost.

[lewis chan] 17:50:18

I think, Laurence, I can comment on this partly, because we were involved in helping to accommodate gynaecology when ... retired and ... being so committed, couldn't really provide the same level of service that he gave to us.

And, we really felt at the beginning of the ... ... and colleagues who were committed to a contract, was a very good thing. And, as a department, we had negotiated that space.

[lewis chan] 17:51:04

We had support of the colleagues to have a regular clinic. And it is very disappointing that the issue about registrar support hadn't really been addressed over the 5 years. I think we are in the situation where the consultants were basically first on call.

Many have had appointments elsewhere, you know. Prince Alfred for instance. Canterbury for instance. So therefore unfortunately we are the casualty for it.

[lewis chan] 17:51:40

And even the positions that were recruited for. 2 unaccredited registrars.

We just don't have the interest in the applicants to come.

I mean, I think that there are quite long standing issues and complex political administrative issues that are beyond Concord itself.

But ultimately, yes. It is a service that we can't continue without significant involvement of the district and the stream.

And I know there's work going on in the background. But on the other hand, at the moment, we know that the 4 incumbents are not going to reapply for the Quinquennium.

[lewis chan] 17:52:32

So that's where we are.

[Winston Cheung] 17:52:36

Thanks, Lewis.

Fergus.

[Fergus Davidson] 17:52:41

Thanks. Look, a little while ago Judith suggested we keep this fairly high level. We've been hearing a lot of granularity. But unfortunately all that does is reinforce the concerns and grievances that we've had. And a lot of these issues have been under the auspices of the Board and the CE.

They have been, to an extent, in control. And we're hearing again the same story about erosion of support for Concord. One of the questions that we're pondering today is our level of confidence in the Board.

[Fergus Davidson] 17:53:20

And, it really is distressing to hear a lot of these things. We're supposed to be progressing towards a ... hospital. Towards a more substantial hospital with maternity, women's health and paediatrics. And all of these things are just eroding that direction.

And I just don't know why there hasn't been more acknowledgement of the concerns that we've had for many years, in so many areas.

[Fergus Davidson] 17:53:49

The only other point. Judith wrote in the chat, that we should be reducing our acute radiology services.

Something which seems may be necessary, I guess, in a workload sense.

But that's a terrible point to come to.

Finally, I just wondered what the district response is in terms of radiology across the district. Should we be putting work over to them for example? And should we be sharing it sometimes with RPA?

Okay. When their beds overflow, we get some of their workload. Should we be sending some of the workload the other way?

Because this is almost becoming a Safe Work New South Wales matter. About ... health and safety.

[Winston Cheung] 17:54:33

Joseph, do you want to comment on that? I know it's maybe higher level.

[Joseph] 17:54:39

Look, one of the things we are doing is an IT interface issue. And it's an IT interface issue we're working through. We've got a contractor on board now who started to do the reporting of the backlog.

And we're looking at sorting out the IT interface system, plus ... which is obviously our current system. So that they can then be able to do the after-hours reporting as well. So we're working through that. It's obviously not a straightforward process to have that ... systems connect. But we have started with outsourcing reporting. So that has commenced and that is happening and we're getting that work done.

So that's the thing we're doing to try and immediately assist with the workload issues, because we do acknowledge that there is a workload demand. That there's needs to be resourced.

And obviously we've been trying to recruit vacant positions and haven't been able to get the level of response needed to get us back to the staffing level that we need to be at.

[Joseph] 17:55:49

So that's certainly something that we are doing now. And we are working with the department to look at what are those things that we can do. Such as the 10 hour shifts, all days. And there are a number of other things that we're working with the department on. Such as remote reporting as well. And working through how that will be set up. And getting approval to and the required resources to be able to set that up.

[Joseph] 17:56:19

So we are working on that, and I take on board people's frustration. And I can appreciate and understand that frustration.

And we are trying to get these things in place as quickly as possible. We note that the department is also very keen to make sure, as we do all those things, there is significant consultation with everybody. And we also make sure that we do that as well.

[Joseph] 17:56:40

So we're trying to balance moving quickly, and making sure that we are consulting with everyone to make sure that we do this right, and we're doing it in a way that brings everyone on board.

So I'm certainly happy to take the comments from tonight and look at what we can do for some of those other things. To expedite those processes. For things that are within my control, to be able to do. Absolutely.

[Winston Cheung] 17:57:06

Joseph, with the remote reporting, what I've heard is they've only done 1500 reports. Or they're doing about 750 reports a week at the moment. And the current backlog is 49000.

Is that so?

[Joseph] 17:57:26

I'll take that on notice. I don't know what the current figures are, but we have started to do that.

And it's only just started. But it will be able to take an enormous amount of the reporting pressure off the department.

Particularly when we get to the point where we're able to help with the after-hours reporting. That will also help the department significantly.

[Winston Cheung] 17:57:49

Ilona.

[Ilona Cunningham] 17:57:55

The situation is complex. And it seems to me a multi-pronged approach is really necessary, but I'm not sure whether we're cognizant of all the things that are happening in the background.

What I do find distressing is a staff member close to tears or in tears, in a meeting like this, because it does reflect an unsafe workplace.

From many points of view. And obviously, very keen to hear some progress, or hear what's happening in the background.

And that includes, the, it's distressing for all of us to hear, work from the RPA stream director, the clinical manager, etc.

[Winston Cheung] 17:58:58

We've been hearing about this since February. I mean, what's distressing about this?

[Ilona Cunningham] 17:59:02

I know, I know.

[Winston Cheung] 17:59:05

It's been distressing since February. And all I hear is promises. I don't see a lot of tangible improvements. We were promised the MR back in 2016. We still don't have it.

[Winston Cheung] 17:59:21

We haven't had a radiology meeting in our department for 3 years. Through lack of staff. Do you guys have radiology meetings?

[Ilona Cunningham] 17:59:32

We do, yes.

[Winston Cheung] 17:59:35

Why is it that some departments get radiology meetings and other departments don't?

[Ilona Cunningham] 17:59:40

Well, I think it sounds to me like it would be really interesting to hear from the clinical director and the clinical manager to see what are the processes in place to provide equity and a safe workplace?

[Winston Cheung] 17:59:56

So I heard the clinical director met today. And then the last time they met with the clinical director was in July, is that correct?

Or was it the operations manager? You've had 2 meetings in 3 months.

[Ilona Cunningham] 18:00:15

Well, in some ways the other problem is that the head of department is not here, or acting head of department is not present.

And has not been present to support his staff, who are here giving evidence.

[Winston Cheung] 18:00:33

I invited the department head to come and speak today, because I thought it was important. But he can't come on Thursday afternoons, unfortunately.

[Ilona Cunningham] 18:00:48

Because, as much as Joseph would be cognizant of, some of the things that are happening in the background to improve the situation, in the end, it's the responsibility of the head of department and the clinical director and manager to make sure that something is happening.

[Winston Cheung] 18:01:08

And it doesn't sound like there's a lot happening. The big question is not what is happening.

The big question is, is what is happening enough to stop the radiologists from leaving?

That's the question.

[Winston Cheung] 18:01:26

It's not whether there's incremental improvement. It's whether improvement is enough to keep people here.

And that's what really concerns me. And what I'm hearing. From the other radiologists who actually aren't here today, is that it's not. And nothing tangible has really improved. And we heard it last week as well.

[Winston Cheung] 18:01:48

So my issue now is how do we deal with this?

How do we deal with this?

[Winston Cheung] 18:01:57

So we wait until they leave and then we take action? Is that what we do? We wait for one more? Because if we lose one more, the rest will go.

I hope everyone understands that.

Because we're not going to be able to recruit.

You're not going to be able to recruit. And the locum costs at the moment are approximately 6 times the cost per image. So to actually get locums to cover would cost the hospital around about 5 to 6 times per image.

[Judith Trotman] 18:02:37

Sorry. I think it is very important that the people who are here acknowledge we have a limited capacity to address the situation. Unlike the hospital executive, the head of department and the clinical directors. Now my suggestion and the chat, is something that I find very difficult to write and to suggest.

It is made purely as a suggestion to start. I think we really should be starting to think what temporary measures can we put in place to support our colleagues right now?

[Judith Trotman] 18:03:25

What have I, as a head of department, referring department, have in my capacity to help reduce the burden of workload, so that they don't get in, continue in, this vicious spiral?

Because safe quality reporting I believe is under challenge.

[Winston Cheung] 18:03:45

But is this not the plan? Is this not the overall plan?

[Judith Trotman] 18:03:50

Yeah, it is the overall plan. But I'm simply saying I cannot, as part of the overall plan, contribute. I have limited capacity.

[Winston Cheung] 18:04:00

No, I'm not meaning that. I mean, Genevieve made it very clear.

When she was the GM here. That she considered radiology to be for inpatients. And for ED.

And it was very clear that when she was here that she wanted to reduce radiology services. And she wanted to reduce the stature of the hospital.

[Winston Cheung] 18:04:23

This wasn't about the growth of the hospital, and making it bigger and better. This is about reducing services, to what I consider to be the level of a district hospital.

That's what this is about. This is about reduction of services. To reduce costs at Concord Hospital.

To shift more money to elsewhere. That's the way I see this.

And we're going to have to cut services? And cut what we do in order to accommodate the deficiencies?

[Winston Cheung] 18:04:58

That has occurred in radiology. So what are we going to do? We're going to cut all our outpatient scans?

We're going to reduce the MRIs? Is that what we have to do to fix this?

[Judith Trotman] 18:05:11

Well, I'm suggesting as a fix. Suggesting we need to maybe need to think of some temporary.

Meaning that we are empowered to be able to make small little changes, to make their work life a bit more manageable.

[lewis chan] 18:05:30

I support what Judith has said actually, Winston. I think we at the MSC, knew imaging has been under stress for quite a while. And I think the previous chairs of the MSC, we knew it's been discussed, we knew there's been an issue. And I think the bottom line really is that, no matter what is happening at a higher level, and I really hope that ... helping you ... put structures in place to make things better.

We still have quite clearly ... the problem at hand, and I think as clinicians we do have some control over the external referrals.

And I saw Tim's comment about Oncology. There's a lot of advantage of having your scan done in-house. But certainly as a department, Urology has changed our referral patterns, so that we really try and make sure that the workload for our colleagues, who we see every day, and we've had a lot of dealings with our radiology colleagues, and they're excellent colleagues, we do our best that we can to help things in the short term. But I think all of us here would really like to see some of those structural changes happening.

And quickly enough in the sense that we really do need to support more the department. But as an external person to that department, all we can do is just do our very best.

[lewis chan] 18:07:09

And I think that would be what our colleagues would appreciate as well. I think the other thing that we should also try and keep a close eye on is our trainees. Because I think we all know that there is a ... in terms of imaging. And we need to do an awful lot not let the staff get away. With just ordering scans at the drop of a hat.

[Winston Cheung] 18:07:38

Jessica, I might talk to you next. One of the issues is these are band-aid solutions. But that's all we're seeing.

I know the radiology department have gone to John. They've gone to Reuben.

They've gone up the line with a list of minimum requirements that need to be fixed.

Now I know, Judith, you don't want to hear about the details.

I won't talk to you about the details. But there's a list of minimum things which need to be done.

And really none of those have been addressed.

We've got a new CT scanner, but we have no business case outlining the number of staff needed. It's supposed to start in 3 months' time and we haven't even recruited.

[Winston Cheung] 18:08:25

You know, all I hear is promises at the moment. And all I hear is band-aid solutions.

I hear no real long-term solutions to this. And I hear no acknowledgement of the problems which caused all this in the first place.

[Winston Cheung] 18:08:41

Okay, so Jessica, I'm talking to you.

[Jessica Yang] 18:08:45

Thank you, Judith and Lewis. It actually breaks my heart. To hear that you don't want ... I understand where you're coming from.

In that you are aware of the pressure that we are under, and I thank you for that. But I have to agree that this is only a band-aid solution.

[Jessica Yang] 18:09:09

I work at Concord Hospital because I want to be an academic radiologist. I want to do research.

I want to see complex scans. I want to do MDTs. I want to discuss with you those complex cases.

If I'm reduced to just reporting x-rays and simple ultrasounds, why would I work at Concord Hospital?

[Jessica Yang] 18:09:29

I work here because I want to do all those things. So it really breaks my heart. To hear that we're going to be reduced to doing simple outpatient things. That's not what I'm here for.

[Judith Trotman] 18:09:46

Oh, no, no. What I'm suggesting, Jess, is that we try and start triaging, and getting some of the outpatient stuff done ... just as a temporary measure to help protect you. Huge disappointment to even be suggesting this.

[Judith Trotman] 18:10:04

And very challenging for quality of care, for comparison, patient follow-up. It'll be an absolute nightmare for us.

[Jessica Yang] 18:10:13

Yes, I agree. And the MDTs you know, they're of tremendous value, I think, to everybody and particularly to the patients.

And I love, I really love doing my MDTs. And I haven't cut my meetings, but given our shortage of staff, it may have to come to that. And that would be detrimental to everybody involved.

But you know that's a band-aid solution.

We need more staff.

[Jessica Yang] 18:10:44

We need the place to attract people. We need more radiologists. And there are things that can be done very quickly by management to help that. We don't want, we don't want outsourcing, and we ideally want to do everything in-house.

We should have a big department, and we ideally want to do everything in-house.

We should have a big department. We should have an academic department. We should have a department that does research. But now, what's happening at the moment. It really breaks my heart.

[Winston Cheung] 18:11:14

Hao.

[Hao Xiang] 18:11:20

So, I'll just say something about my diagnostic colleagues from the IR side.

So just one sentence. The history of the problem from our point of view in IR, was that diagnostic guys were like fundamentally understaffed.

It wasn't very ... it became apparent just before COVID. Then COVID masked ... because activity went down. Then COVID ended and activity went up and they didn't have enough staff.

And then when they tried to deal with it, with management, they basically got bullied and were told they weren't working hard enough.

[Hao Xiang] 18:11:51

So those 2 things ... ultimately ... underlying things that caused all the problems. And with regards to their bullying and so on, the conditions got bad and morale ... low ... people left.

And so ... just want to give you guys some examples of the sort of things everyone's saying... How can we fix it?

[Hao Xiang] 18:12:08

These are just some of the things that have been floated, that may help.

One is the pay structure at Concord is actually in such a way that these guys are getting paid less than the colleagues in other public hospitals.

We don't talk too much about pay, but that's one major problem.

Basically, they come here, work twice as hard and get paid less.

That's something the admin can fix. Because if they don't want to spend the money now, they can spend 6 times more later, when everyone leaves.

[Hao Xiang] 18:12:35

That's number 1 and 2. If they won't fix the pay, they need to improve the actual working conditions when people are here day to day.

That's why we've been pushing for 10 hour days for so long. So if you're here 2 days a week, you go from a point 4 to point 5.

That's nice.

Another one we're trying to fix is flexible hours and work from home. We've been pushing this since COVID.

And Sydney LHD is probably the worst LHD in terms of work from home. In Liverpool, before COVID, we had full work from home set up.

And the current SLHD solution that I've sort of trialled, with one of the radiologists, is not fit for purpose.

[Hao Xiang] 18:13:11

It's not the same as our setups in other places. It's through a virtual desktop.

It's not proper... So work needs to be done there. But there are some sweeteners that might increase the satisfaction of the people that come here every day.

[Hao Xiang] 18:13:21

Then another thing is the workload is excessive. Some things just need to be cut.

So when they hit, I don't know, 40 CTs a day, there needs to be some mechanism for the diagnostic guys to say, beyond here, this stuff needs to be sent to some unspecified radiologists TBD list.

So that they don't just keep getting piled nonstop CTs...

Like they'll never get through it ... go somewhere else. And then long term, the department has to be saved by our registrars, really. Because no external people are going to come here at this point.

... any hope is that our registrars finish and come back. So we have to support the registrars really hard.

So this is why outsourcing, rather than focusing on this backlog, really needs to shift to the midnight to 8 am...

Because if we stop doing registrar nights, that's plus 2 registrars on the floor already.

[Hao Xiang] 18:14:15

There's a pre and post nights reg, and a night reg. So that can be sorted ASAP. That's plus 2 regs on the floor.

We can't increase registrars because of various college reasons and accreditation. But we can increase SRMOs.

[Hao Xiang] 18:14:28

Last time we advertised for SRMOs, there were a hundred 40 applicants.

At the meeting with Teresa, we asked for more SRMOs. Because that can be increased.

And we were told maybe you can get one more. But what the department really wants is 4 or 5.

One can hold IR pager and help the registrars work ... stopping. One can hold the CT page.

One can help the registrar in the evening, because half the evening registrar's problem is answering 50 pages per hour while trying to report 40 scans.

[Hao Xiang] 18:14:54

So these are the immediate things that the district need to sort out to keep these guys here.

[Winston Cheung] 18:15:01

And these are the issues that have been brought up for months. These are the background issues ... that have been brought up for months.

But have not been acted upon. Multiple, multiple requests.

Ilona.

[Ilona Cunningham] 18:15:16

Andrew Hallahan just had his hand up. Just wrote. He had some useful comments.

[Andrew Hallahan] 18:15:28

I'm not sure that I've got much more than what Joseph has already outlined to you.

And I haven't been directly involved in the discussions. I can assure you that it's been taken seriously.

[Andrew Hallahan] 18:15:42

There is an executive working party which Teresa chairs, which is currently meeting 3 times a week.

To work through a detailed action plan that is actually looking at many of these things that have been mentioned.

[Winston Cheung] 18:15:59

Sorry. Andrew. A detailed action plan. You're meeting 3 times a week. And what's the action plan?

[Andrew Hallahan] 18:16:03

Correct.

[Winston Cheung] 18:16:08

What's, these questions they've been...

[Andrew Hallahan] 18:16:09

The planning is very... Winston. It deals with staffing. With recruitment. With conditions. With capital works.

[Winston Cheung] 18:16:26

These have been requested for a long, long time, Andrew.

Where's the progress?

[Andrew Hallahan] 18:16:34

Well, Winston, it's as Joseph has said. That we are doing our very best to address this and address this in a timely fashion.

There's a significant number of complex underlying things here. And I can hear and feel the pain and we're working on

[Winston Cheung] 18:16:54

What complex underlying things, Andrew? Tell us what's complex. What's complex about it?

What are the complex underlying things?

[Andrew Hallahan] 18:17:02

Can I. Look. Okay. First of all, Winston. I'm currently feeling like you're speaking in a way which is frankly bullying itself.

And I would request that we actually have a respectful dialogue.

[Andrew Hallahan] 18:17:19

Okay, otherwise I'm not going to continue this. I will log off. Okay. I really think that the approach that is being taken here is not helpful to a constructive dialogue and is actually not consistent with what I expect of a professional meeting.

I'm trying to outline to you and to the group that we are listening and we are taking it seriously.

And that there is actually, you know, a high level group which has, is working through this. The Chief Executive met with the radiologists or with the radiology department. A few weeks ago that was a 4 hour meeting.

[Andrew Hallahan] 18:18:08

Joseph was there. I was not. And there are a lot of actions. Which have come out of that.

And, as Joseph has outlined, we are doing everything we can to recruit.

[Andrew Hallahan] 18:18:24

We have had no reduction in approved radiology FTE. We recognize that there's a significant gap which has been addressed to the very best of our abilities at this point in time. It is difficult. I agree with the comment that Hao made that we really need to work on retaining our registrars and attracting them to stay in consultant positions.

We are seeking to improve conditions with the 10 hour days and with working from home arrangements. And we have instituted outsourcing to actually address some of the issues with workload.

And those things are all in place as well as the very significant capital works and I hear you. I hear that you know that these are issues which feel like they're overdue.

I can assure you that they are being taken seriously and that we are working as a district to address them to the very best of our ability.

[Winston Cheung] 18:19:33

I'm going to read something out to you, Andrew.

This is from the SLHD CORE values and behaviour. Workforce Factsheet, Sydney, it's your local health district.

As you're aware, we've got our CORE values and there is what people call the above the line behaviours. And there is what's called the below the line behaviours, which we're not supposed to do.

[Winston Cheung] 18:19:59

So on the district factsheet, it says a below the line behaviour is to complain about resource limitations and constraints rather than striving to work creatively within available resources and looking for innovative solutions.

So a below the line behaviour is to complain about resource limitations and constraints. Rather than finding a way to work around it.

This is your district CORE values.

This, this is your district CORE values.

[Winston Cheung] 18:20:41

Andrew?

[Andrew Hallahan] 18:20:42

And your point is.

[Winston Cheung] 18:20:44

My point is that's your values.

[Andrew Hallahan] 18:20:51

Okay.

[Winston Cheung] 18:20:53

You guys. The district have had months and months and months. To manage this. And we are in the worst situation from radiology that they've ever been.

[Andrew Hallahan] 18:21:08

Winston. We're doing, Winston. We're not seeking to put in band-aid solutions.

[Winston Cheung] 18:21:08

And we've got band-aid solutions. But the actual.

[Andrew Hallahan] 18:21:15

I'm sorry, the capital works that should have been done are not band-aids.

Okay. The working from home is not a band-aid. 10 hour days are not a band-aid.

They said real and substantive actions. I hear what you're saying. I hear the distress and I'm really sorry for the thing.

[Winston Cheung] 18:21:33

What they want, Andrew, what they want.

[Andrew Hallahan] 18:21:36

And we're seeing, Winston, can you let me finish please? It is incredibly disrespectful for you to interrupt me while I'm trying to make a point.

That what you have just done is. It's not okay. I'm trying to actually make a reasonable point to you.

And to the group.

Do you understand that?

[Winston Cheung] 18:22:04

I'm listening, Andrew, I'm listening.

[Andrew Hallahan] 18:22:06

So we all working hard to address these things. I just wanted to say I'm really sorry that we're in this situation.

Okay, you know, I'm really sorry for the distress which has been expressed. And Joseph and I and others are working hard to see to address this.

[Andrew Hallahan] 18:22:31

I think at this point in time, I'm actually going to, I've got to be somewhere else.

I'm really sorry, I'm going to have to leave this meeting. I would ask you to reflect a little bit on how these meetings are run.

Because it's getting to the point where frankly. You know, I'm not sure what we're achieving here.

[Andrew Hallahan] 18:22:57

And I would ask you to consider the conduct of these meetings and the conduct of yourselves as a medical staff council.

[Andrew Hallahan] 18:23:09

I do think it has to be considered seriously. I'm sorry that I can't say stay.

I do have a personal commitment.

[Winston Cheung] 18:23:17

Just one thing before you go, and one thing before you go. So, the question of

[Andrew Hallahan] 18:23:22

Winston, I'm actually leaving. And I will, I'm happy, to take personal calls, but I'm sorry I'm going to leave now.

[Winston Cheung] 18:23:30

Thank you, Andrew.

[Winston Cheung] 18:23:33

Well, are there any other comments from the floor?

[Winston Cheung] 18:23:43

Well. I'm not happy. I'm not happy.

[Payam Yahyavi] 18:23:47

Winston. Yeah, I'm not happy either. The thing is, to be honest, it's really heartbreaking.

It's really heartbreaking to see ... Michael going into all those tears. It's heartbreaking to see them.

How everyone is under so much pressure. And it's heart breaking to also see Michael and Andrew going almost into ...

[Payam Yahyavi] 18:24:15

I think we're tearing each other apart here.

I think we were just tearing each other apart here and I'm not happy with it at all.

I don't know what's the solution. I know everyone is under the stress. I know there are some things that can be done, which can be done.

And I think. Actually, what John and Max are doing, with some sort of respectful, meaningful discussions, and listening, and trying to find solutions.

It's actually I found it reasonably good. And I think we all can use a bit of that, because to be honest, I should agree with them that we are under a lot of pressure.

... under a lot of pressure. Radiology is under a lot of pressure. It doesn't necessarily mean that we need to start ... each other.

And I think you're doing that. I know you have good intentions. I'm not saying that you don't have good intentions.

But probably people with good intentions are doing things that probably are not, in the right way.

I don't know what's the right way, or how we can do it. But I don't think it's the right way.

[Winston Cheung] 18:25:54

Thanks ... We've talked a lot about our staff distress. But we've got to remember that 49000 people haven't had their radiology reported.

49000 people. 49000 patients. With who knows what is on those scans.

[Judith Trotman] 18:26:13

Yeah, but Winston, you're not actually responding to what Payam and Andrew had brought up, and I can only echo that I not convinced that these forums are being constructive in moving things forward, and helping our colleagues within departments who are really, really struggling. Helping them constructively.

I continue to join these meetings despite the fact that I have a difference of opinion in style and approach, because I want to be constructive and supportive.

But I'm finding that the way the meetings are conducted with this heckling style is not constructive.

[Winston Cheung] 18:27:03

So what's the suggestion?

[Winston Cheung] 18:27:07

What do we do?

[Judith Trotman] 18:27:09

No, no, no. I'm asking you to answer the concerns that have been raised about the style of which these meetings have been raised. About the style of which these meetings have been conducted and continue to conduct.

Because it has been a long time. I am hearing some suggestions of constructive change coming from the district executive. But I would like you to respond to the concerns that have been raised by 3 of us now about the style in which these meetings are held.

[Payam Yahyavi] 18:27:44

Can I make something very clear? I don't want Winston to feel like I'm attacking him either to be honest.

[Judith Trotman] 18:27:50

Not likewise. Yes.

[Payam Yahyavi] 18:27:52

To be honest. I truly believe Winston has good ... He's identified the issues with the radiology department, with lack of resources. With, as he mentioned, the services that we need to provide and, I think, probably the intention is right. The bravery is.

But I think we are doing something not in the right way.

But, with good intentions probably, but definitely not in the right way. People shouldn't get into tears in a meeting. I think tearing each other part is not going to end in any good meaningful outcome.

[Payam Yahyavi] 18:28:40

You're saying, what's the suggestion? To be honest, I don't know.

But one suggestion that comes to my mind is that having had somebody like John and Max. In them sitting in the middle, and trying to guide the discussion in a more constructive way has been useful so far, between some members with different opinions, different clashing priorities or ideas. I've

seen that it's effective. Probably that can be one possible solution. To have somebody with a bit of expertise.

How we can get on the same page. Have some sort of a bit more constructive discussion on the floor. Try to facilitate the discussion between us. We can have them in this meeting, facilitate our discussion with the executive.

That can be one possible solution. This way I don't think it's going to work.

[Winston Cheung] 18:29:38

Thanks Payam.

Laurence.

[Laurence Gluch] 18:29:40

I respectfully, I disagree. It's good cop, bad cop. I observed for 20 years the good cop approach and it got us nowhere. So maybe it is time to take on the bad cop approach.

[Laurence Gluch] 18:29:49

The power is all in the hands of the Board and Teresa. And I just don't think we're making any headway in getting any of the power that we deserve.

[Ilona Cunningham] 18:30:02

My additional comment and I have to say that we really feel for our colleagues.

It is indeed, the meetings are distressing, but also this ... distressing because they're not going anywhere.

And I have a feeling that there is so much is happening that we are not cognizant of, Winston.

Hao, we don't have all the information in our hands to be able to constructively assist you or the radiology department and just to me, being confrontational possibly destroys some of that work.

[Ilona Cunningham] 18:31:05

Is it possible that, as I think some of us have pointed out, we're going about this the wrong way. That there might well have been a number of things that have already happened or happening in the background that we don't know of. And asking for a detailed account of all the actions and what is the timeframe of those actions may be much more constructive than being confrontational and asking for votes of no confidence.

[Winston Cheung] 18:31:46

I just asked Andrew to tell us what's happening. He didn't tell us. ... 3 meetings a week.

[Ilona Cunningham] 18:31:52

Thank you. This may not be the right forum to get all the details. But even an invitation specifically to focus on radiology. And an invitation to hear all the actions that are happening may well be a good idea.

[Winston Cheung] 18:32:14

Prunella.

[Prunella Blinman] 18:32:17

Thanks, Winston. Just reflecting on how much, how we can get maximum use out of the meetings.

I agree. I feel like, I absolutely support all my colleagues at Concord. And I'm really want to get behind them and support them and I want to see progress like everyone else.

But I just feel these meetings sometime, frequently, not sometimes. There's a lot of repetition that we've all heard before.

And so I wonder if we could just maybe stick to pertinent updates. Since the last meeting, rather than revisiting some of the problems and stories that we've heard prior. Just to make the meetings more efficient.

That might be one strategy. Anyway, just proposing that.

[Winston Cheung] 18:33:02

Okay, thanks. Well, it's 6.30 and should wrap this up.

I'm going to go ahead and propose the vote of no confidence in the SLHD Board.

And so I'm going to propose this because I have no confidence in the Board.

I have no confidence in what is happening. I feel despondent, in terms of despite all the work that we have done. All the complaints. All the submissions. That this is still happening to our radiology department.

When this could have been fixed many, many months ago.

[Winston Cheung] 18:33:44

I feel despondent for them. I feel despondent for them. So I'm going move the vote of no confidence. I'm going to propose this.

I move the vote of no confidence in the Board. And then I propose that we have a vote in 2 weeks' time.

A vote of no confidence in just the board the SLHD board, in 2 weeks' time. I'm not going to move a most vote of no confidence in New South Wales Health.

[Winston Cheung] 18:34:09

I think the Board and the executive have had more than enough chance to fix this problem for radiology.

They've dragged their feet. I take the view that they're not going to fix the problem.

[Winston Cheung] 18:34:22

I take the view that they want to run us down. And reduce our services. And this is just part of it.

But that view may be wrong, but that's the view that I have. That's certainly the way they're acting.

[Winston Cheung] 18:34:34

You know, we've had problems in radiology for years. As all the MSC chairs have attested to.

There's been no significant action. And we've lost 5 radiologists. And if we lose one more. We lose one more, we are in big trouble.

And I'm not planning on losing any more radiologists. And I'm not going to sit around and do nothing.

[Winston Cheung] 18:34:59

So today, I'm going to propose this vote. And I'd like everyone to put their hands down.

Because ... look like you're seconding it.

[Ilona Cunningham] 18:35:08

I was going to say though that don't you need at least another person to support your vote of no confident? Your move to propose a vote of no confidence.

In the end you are representing us. It's not a personal view that you hold. You hold the view collectively of the medical staff council.

[Winston Cheung] 18:35:32

I'm going ask for someone to second it, but obviously because there's hands up, I want everyone's hands to be put down first. And then I'll ask for a seconder.

So Phil, can you? I think it's a legacy hand. Can you put that down please?

[Winston Cheung] 18:35:51

Okay, Phil is not online. So I will ask for a seconder, but I won't count Phil's hand.

[Winston Cheung] 18:36:00

So can someone please second the motion?

So we've got 2 seconding.

[Winston Cheung] 18:36:05

Any more want to second? We've got 3.

[Winston Cheung] 18:36:09

I'll leave it up for a little bit longer.

[Winston Cheung] 18:36:14

We've got 4.

(Hands were raised by Asim Shah, Laurence Gluch, Jessica Yang and Belinda Hokin)

[Winston Cheung] 18:36:21

Okay, so the motion is seconded. So I'll propose that we will run the vote exactly the same way that we have in the past.

Using electronic voting under secret ballot on the 26th of October, which will be 2 weeks' time.

We will get information out. I'll arrange the usual independent panel. And also arrange that panel to liaise with the voting organization to arrange that. And in the meantime, I hope everyone can discuss this with everyone else.

Fergus. You had your hand up. Was that for a seconder, or was that just a request?

[Fergus Davidson] 18:36:59

Just ... comment. I think that the way we're running these meetings needs to soften. I think even what I detected from Andrew Halloran is that things are beyond his control as well.

I think there's a role for band-aid solutions, as well as longer term solutions. But I have no hesitation in proposing that there's no accountability at a more senior level, for what has brewed for a very long time.

[Fergus Davidson] 18:37:34

And. That's the

[Winston Cheung] 18:37:36

That's the fundamental problem that we have with dealing with executive here, is that no one here actually has the authority to actually make decisions.

[Fergus Davidson] 18:37:44

Yeah.

[Winston Cheung] 18:37:45

Everyone has the authority, Andrew and Joseph have the authority, to block decisions, but no one at this meeting from the executive has the authority to authorize anything.

[Fergus Davidson] 18:37:48

Yeah.

[Winston Cheung] 18:37:59

That's the problem.

[Fergus Davidson] 18:37:59

Yeah. But I think that Andrew makes a point of the style and I think it needs to be as respectful as possible. And if someone doesn't want to engage in a very robust discussion and they don't have to be dragged into that.

So I think we need to be very careful of that.

[Winston Cheung] 18:38:18

Yep, I hear you Fergus. I hear you Fergus.

[Winston Cheung] 18:38:23

Okay, well, I think with that, we will close the meeting. And so we'll send some emails around in the next 2 days, but thank you all for joining us today. And we'll see you again. Until next time.

[Winston Cheung] 18:38:37

Thank you.

Policy Directive

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Resolving Workplace Grievances

Document Number PD2016_046

Publication date 18-Oct-2016

Functional Sub group Personnel/Workforce - Conditions of employment
Personnel/Workforce - Industrial and Employee Relations

Summary This Policy Directive ensures that NSW Health has an effective system in place to resolve workplace grievances in a prompt, fair and confidential manner.

Replaces Doc. No. Grievance - Effective Workplace Resolution [PD2010_007]

Author Branch Workplace Relations

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Applies to Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, Government Medical Officers, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals

Audience All staff and managers / supervisors

Distributed to Public Health System, Government Medical Officers, Health Associations Unions, NSW Ambulance Service, Ministry of Health, Tertiary Education Institutes

Review date 18-Oct-2021

Policy Manual Not applicable

File No. 16/1426

Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

NSW GOVERNMENT Health
POLICY STATEMENT

RESOLVING WORKPLACE GRIEVANCES

PURPOSE

The purpose of this Policy Directive is to ensure that NSW Health has systems in place to resolve workplace grievances. This policy encourages early intervention, collaboration and a focus on solutions.

MANDATORY REQUIREMENTS

The objective of this policy is to ensure that all workplace grievances are managed in a fair, timely and appropriate manner. The policy:

- Adopts a common sense approach, with a focus on resolution and fairness
- Provides for matters to be assessed initially to determine the most appropriate pathway for resolution
- Does **not** apply where issues are raised such as discrimination, bullying, harassment or misconduct which need to be managed in accordance with other NSW Health policy.
- Sets expectations for all staff to contribute to a positive workplace
- Identifies what everyone can expect from the process, and their responsibilities
- Encourages self-resolution by those directly involved where appropriate
- Emphasises the need for confidentiality and documenting issues and actions taken
- Requires those managing workplace grievances are competent to do so.

Any local processes must be consistent with this policy.

IMPLEMENTATION

Chief Executives are required to:

- Model and promote NSW Health CORE values (Collaboration; Openness; Respect and Empowerment) and the Code of Conduct to create a positive and productive workplace
- Ensure that this policy directive is communicated to all managers and staff.

Directors of Workforce are required to:

- Model and promote NSW Health CORE values and the Code of Conduct to create a positive and productive workplace
- Identify emerging problems and issues within business units
- Provide instruction, information and training to support the effective resolution of grievances, with a particular focus on building the people management skills and capability of managers.
- Monitor compliance with mandatory standards.

All managers are required to:

- Model and promote NSW Health CORE values and the Code of Conduct to create a positive and productive workplace
- Identify and address inappropriate behaviour within their team as soon as they become aware of it
- Undertake any required development to manage and resolve workplace issues
- Manage issues in confidence, ensuring that only those directly involved are provided with information necessary for resolution
- Document, secure and retain appropriate records.

All staff are required to:

- Commit to and demonstrate NSW Health CORE values and the Code of Conduct to create a positive and productive workplace
- Be aware of how their behaviour may be perceived by and impact on others at work
- Attempt to resolve any issues directly with those involved in the first instance, where appropriate
- Raise workplace issues or concerns early and actively participate in the resolution process
- Make themselves available to participate in any discussions and/or meetings during the resolution process
- Be honest and sensitive in raising or responding to a grievance
- Provide all relevant information in a timely manner and, where appropriate, keep records of relevant information
- Participate in the resolution of grievances in which they are involved in good faith
- Not release information relating to a grievance to any third party who has not legitimate involved in the process.

REVISION HISTORY

Version	Approved by	Amendment notes
October 2016 (PD2016_046)	Deputy Secretary Governance, Workforce and Corporate	Reviewed and simplified policy and provided additional resources for managers and staff.
January 2010 (PD2010_007)	Director General, Health NSW	Reviewed policy; provided examples of grievance resolution methods
May 2005 [PD2005_584]	Director General, Health NSW	New Policy

ATTACHMENTS

1. Resolving Workplace Grievances: Procedures

Resolving Workplace Grievances

NSW GOVERNMENT Health
PROCEDURES

Issue date: October-2016
PD2016_046

CONTENTS

1 BACKGROUND

1.1 About this document

Effective grievance management and resolution contributes to positive working relationships, and can prevent minor issues escalating into more serious matters.

A **workplace grievance** means a problem, concern, issue or incident raised by a staff member who believes he / she is the subject of unreasonable treatment from the organisation or another person(s) in the workplace. Examples may include, but are not limited to, interpersonal conflict between colleagues, the way work is allocated or managed, the physical workplace environment, application of management policies or perceived unfairness in the workplace.

The intent of this policy is not to prescribe a set procedure on how workplace grievances are managed as the process adopted needs to be appropriate to the particular situation. Issues vary, and grievances can involve a range of circumstances, with varying levels of complexity or seriousness.

The policy focuses on restoring effective working relationships by ensuring that each issue is considered individually as it arises, and is managed in the most appropriate way for the circumstances. The policy encourages early intervention, collaboration and a focus on solutions.

The manner in which grievances are managed locally must be consistent with this policy directive.

2 RESOLVING WORKPLACE GRIEVANCES

All staff have an important role in contributing to a positive culture by working in a professional and productive manner.

Managers have a responsibility to create a positive culture within their teams, identify, respond to and promptly address issues when they arise.

Managers may deal with a range of workplace issues which are not raised as a grievance, but have some of the same features. The manager may choose to use some of all of the techniques suggested for workplace grievances to resolve those issues.

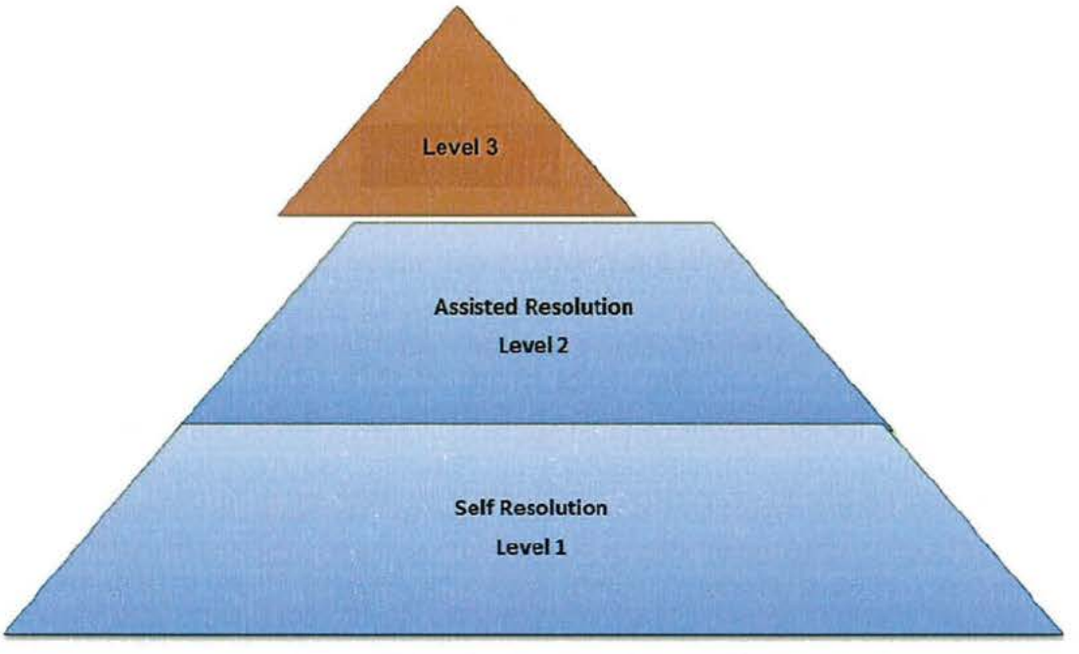
However, when a matter is raised with the manager as a workplace grievance, and the staff member seeks for it to be dealt with under this policy, then the manager must follow the steps set out in this policy, noting that the initial assessment may identify that the matter should be dealt with under another policy directive.

2.1 Options for resolution

The nature and seriousness of a workplace grievance and the appropriate options for resolution can be determined by categorising the grievance into one of three levels as per the diagram below.

For the purposes of the policy, **Level 3** relates to serious matters that do not fit the definition of a workplace grievance, such as bullying, harassment, misconduct or

performance management matters. Refer to Appendix 1 which lists various policies that deal with these matters.



Workplace Grievance Resolution Model

2.2 Self-Resolution – (Level 1) workplace grievances

Grievances categorised as Level 1 can generally be resolved quickly, locally and directly by the staff member who experienced or observed the issue. Features of these grievances may include:

- One-off or irregular occurrence
- Not serious in nature
- A few low level minor events
- Able to be resolved quickly and easily without requiring the manager's involvement.

It is expected that staff members will promptly address and resolve such matters early and directly with the person they are experiencing the issue with, rather than ignore the concern. This provides the best opportunity for a positive resolution, as it focuses on maintaining and/or improving working relationships, minimises the likelihood that a minor issue will escalate into a serious one, and lessens the impact of the grievance on the operation of the team and its work.

Where the staff member does not feel comfortable or able to resolve the matter personally, they should seek assistance from their manager. Where the grievance relates to their manager, they should discuss the matter with a more senior manager who is in a

position to provide advice to them, including determining the best way of resolving the grievance themselves in a low-key manner.

Options for self-resolution of grievances by a staff member include:

- Take no immediate action, but monitor the situation
- Seek support and advice from someone they feel comfortable with
- Seek support from the Employee Assistance Program (EAP) provider
- Seek personal development (e.g. training in resilience, having difficult conversations)
- Have a direct conversation with the individual with whom they are experiencing the issue of concern
- Have a discussion with their manager about the matter (or if the grievance involves a direct manager, a more senior manager).

The desired outcome is for the grievance to be successfully resolved by the staff member in a constructive manner. While documentation is not required, keeping some notes about the matter may be helpful should the situation not be resolved or recurs.

Generally, these types of grievances should be resolved as quickly as possible. If the issue is not resolved, assisted resolution (Level 2) options may need to be considered.

Further information and resources is provided in the Raising Workplace Grievances Guideline for Staff and the Receiving and Responding to Workplace Grievances Guideline for Managers

2.3 Assisted Resolution (Level 2) workplace grievances

Level 2 grievances require the involvement of the manager in resolving the matter(s) raised.

The features of these types of grievances may include where:

- The issue is complex
- There are disputed views
- There is a pattern of ongoing behaviour or concern
- Self-resolution options have already been attempted without success or would not be appropriate in the circumstances.

2.3.1 Notification of the Grievance

At Level 2, the staff member should meet with their manager and advise him/her that their assistance is required to resolve a grievance. Where the immediate manager is the subject of the grievance, they should notify a more senior manager.

The relevant manager should be notified as close as possible to the issue having occurred, or within a reasonable timeframe following failure to resolve the grievance at Level 1. The employee should provide information relating to the grievance, including:

- The nature of the issue, concentrating on the facts of the situation
- Any evidence or names of witnesses where relevant
- Any attempts to resolve the grievance at Level 1 and the outcomes of those attempts
- The outcome / resolution the staff member is seeking

Level 2 grievances must be documented in writing by either the person raising the grievance or the manager responsible for resolving it. The purpose of documentation is to clearly describe the circumstances and severity of the grievance, and to describe the rationale for actions taken, or not taken in the circumstances.

2.3.2 Initial assessment

When a manager receives notification of a level 2 grievance, they must undertake an initial assessment to determine the nature and severity of the concern raised, and whether the issue should be managed according to this policy or others (See Attachment 1).

For example, it could be unclear whether the grievance equates to inappropriate behaviour (such as potential bullying, harassment or discrimination), a potential breach of workplace policy or a potential performance issue. Considering the following will help to determine the degree of severity of the matter and whether it should therefore be managed by other policies or procedures:

- What is the nature and severity of the grievance?
- How often has the behaviour / issue occurred?
- How long has the behaviour / issue been going on?
- How long has it been since the alleged incident(s) took place?
- How many people are involved?
- What are the roles, responsibilities and relationships of those involved?
- How is the behaviour / issue impacting on those involved?
- Has the same matter been raised before?
- What action, if any, has already been taken?
- What are the expectations of the person raising the grievance?
- What are the potential consequences of the matter?

The manager should also carefully consider whether they are the appropriate person to manage the grievance. For example, if they consider they are unable to be objective or impartial, or may be perceived as such, they should seek advice from their manager or HR unit on who should assess the grievance and manage its resolution. It is acknowledged that it is appropriate for a staff member to be assisted in the resolution of their grievance by a manager who does not hold a conflict of interest.

The initial assessment may reveal the matter or level of behaviour to be very minor in nature, which should be managed as a Level 1 grievance, or where it is considered that

no action is required. The staff member must be advised accordingly, and may choose to explore Level 1 resolution options or to withdraw the grievance. It should be noted that a staff member may withdraw their grievance at any stage of the process.

Where it is determined that the matter is to be managed by other processes, the manager must advise the staff member (and other party to the issue) in writing of the alternative procedures that will be followed and advising that no further action will be taken under this policy.

Where a matter is to be dealt with as a Level 2 grievance, then the process set out below will apply.

Further information and resources is provided in the Raising Workplace Grievances Guideline for Staff and the Receiving and Responding to Workplace Grievances Guideline for Managers.

2.3.3 Issue analysis and information gathering

Once the initial assessment has determined that it is appropriate to manage the matter as a Level 2 grievance, the details of the matter need to be determined as far as possible. The *Issue Analysis* (see Attachment 2) provides guidance on what information should be sought to determine the most appropriate options for speedy resolution.

Information gathering must:

- Be undertaken fairly and impartially by the relevant manager, or some person authorised by the manager or organisation who is competent to do so
- Maintain confidentiality
- Ensure that the parties are given the opportunity to have their say
- Include speaking to those identified by either party as having information relevant to the issue as considered necessary to form a view
- Include appropriate documentation and records
- Ensure appropriate security of any related documentation.

2.3.4 Issue resolution

The focus of resolution should be to repair any negative impact caused by the issue or behaviour through communication, openness to others' views, cooperation and reasonableness. The aim is to repair the professional working relationship. The manager should attempt to resolve the issue within 20 working days.

Techniques used may include:

- Facilitated discussion
- Mediation
- Observation and feedback
- Team communication and development
- Coaching

- Mentoring
- Relevant training
- Team values or charters
- Other appropriate management action.

The manager must confirm with the staff member (and other party to the issue) the decision in relation to resolution of the grievance. This confirmation shall be in writing.

The desired outcome is that the grievance is successfully resolved with no further action required, or resolved with ongoing monitoring to ensure the resolution is effective and sustainable.

Where there is no resolution, the issue should be re-assessed to determine if other management responses are more appropriate in the circumstances.

2.3.5 Request for Review

The parties directly involved in a grievance will be informed as to what actions are being taken, or not taken, and when the matter is regarded as being resolved.

A review of an outcome can only be requested where there are grounds to do so. For example, where new information has become available that may change the outcome, or where there is an explicit deficiency in the process followed. Dissatisfaction with an outcome is not on its own a ground for a review.

Where a review is appropriate, it will be undertaken by a senior member of management or an external party who was not involved in the original decision. This person will consider the issues raised, along with all relevant records regarding the matter. The parties directly involved in the grievance will be advised in writing when the review is to occur and of the review outcome.

3 RESTORING PRODUCTIVE WORKPLACE RELATIONS

Following the resolution of a grievance, the work environment, productivity and relationships may still be negatively affected. This can impact the parties involved, and may also affect others in the team. It is therefore essential that action is taken to restore relationships and to promote a positive work environment.

The manager should:

- Follow up with the parties involved and encourage respectful and professional interaction
- Set and model expected standards of workplace behaviour, in accordance with NSW Health CORE values and the Code of Conduct
- Monitor the work environment, and identify / address potential issues
- Remain open to comments and feedback from others on ways the workplace can be improved
- Consider lessons learned from workplace grievances.

Staff members should:

- Follow expected standards of workplace behaviour in accordance with NSW Health CORE values and the Code of Conduct
- Take responsibility for ensuring respectful and professional behaviour within the workplace
- Actively contribute to positive problem solving and conflict resolution.

4 OTHER PROVISIONS

4.1 Expectations and Responsibilities

4.1.1 Staff

Throughout all stages of the grievance resolution process, staff can expect:

- To be treated with respect
- To receive advice and support from management
- To identify desired outcomes that can be discussed with management
- To have their grievance treated seriously and managed in a fair, impartial and appropriately confidential manner
- To be provided with information on the progress of their grievance and on any decisions made that may affect them
- To have a support person present at any meetings they attend relating to the grievance
- To have access to relevant records taken at meetings they attend to enable them to agree that they are accurate and true
- To be protected against victimisation or harassment because they have raised a grievance
- To be able to withdraw a grievance at any stage of the process
- To be able to request a review of a decision or action in relation to their grievance.

Staff are responsible for:

- Recognising their role in contributing to a positive workplace environment
- Understanding their own behaviour and considering how it may be perceived by, and impact upon, others at work
- Raising matters of concern at an early stage and actively participating in the resolution process in good faith
- Making themselves available to participate in relevant discussions and meetings to resolve the grievance
- Not raising malicious, vexatious or frivolous issues

- Maintaining appropriate confidentiality
- Accepting that the resolution of the grievance may not always result in the outcome they sought.

4.1.2 Managers

At all stages of the grievance resolution process, managers can expect:

- To be treated with respect by all parties involved in the grievance
- To receive support and assistance from senior management and HR as necessary
- To be protected against victimisation or harassment for being involved in the management and/or resolution of the grievance.

Key responsibilities include:

- Ensuring that the grievance resolution process progresses as quickly as possible
- Providing parties with relevant information about the process as it occurs
- Providing appropriate support to the parties throughout the process
- Protecting staff members from victimisation, harassment or discrimination
- Basing any resolution, decision or action on the best available, relevant information
- Documenting the process undertaken.

4.2 Confidentiality

Parties to a workplace grievance may need to discuss their concern(s) with someone they trust, such as a family member and / or colleague not directly involved in the matter, to receive advice and/or support. Wherever possible, these discussions should be conducted in private and preferably away from other staff.

It is important that information relating to the grievance only be provided on a 'need to know' basis and not provided to people in the workplace who have no legitimate involvement in the process. This includes confidentiality of the identity of those involved, as well as the subject matter.

Inappropriate release of confidential information in relation to a workplace grievance can complicate the resolution process and violate the parties' rights to privacy and procedural fairness. Breaches of confidentiality in relation to workplace grievances will be dealt with in accordance with NSW Health PD2014_042: *Managing Misconduct.*

Where a staff member has had a grievance raised against them, they must be provided with sufficient information to be able to adequately respond to the matters raised.

4.3 Role of local HR units in workplace issues

It is usually the role of the immediate manager to take the lead in dealing with workplace issues raised by their staff. To support this approach, local HR units are available to provide advice and guidance to managers on the resolution process.

HR units should:

- Identify and address emerging issues, including patterns and trends within business units. They are well placed to assess how units are functioning and where issues are occurring or recurring.
- Support managers to build people management capabilities
- Provide policy advice and support to managers, but usually will not be directly involved in resolving the grievance
- Provide information to staff on the Resolving Workplace Grievances policy and their options in using it.

4.4 Role of a support person

During any stage of the resolution process, employees may request the support of another person (a support person) to assist them. A support person may be a friend, work colleague or union representative who can accompany the person to meetings to provide emotional support.

The role of the support person is to provide support to the employee concerned. The support person acts as a witness to the process but may not direct the process, nor answer questions on behalf of or act as an advocate for the employee.

5 LIST OF ATTACHMENTS

1. Initial Assessment
2. Issue Analysis

Attachment 1: Initial assessment

Initial Policy Review - Depending on the nature and complexity of the matter raised, more than one policy may be relevant to the management of the grievance, and different pathways may be followed for resolution.

Nature of Issue/Complaint	Relevant NSW Health Policy Directives/Guidelines
Breach of expected behaviour or conduct standards	• PD2014_042 Managing Misconduct • PD2015_01049 NSW Health Code of Conduct
Bullying, harassment, threatening or discriminatory behaviour	• PD2011_018 Bullying – Prevention and Management of Workplace Bullying in NSW Health
Allegation, charge or conviction of a child protection nature (ie where it involves a person currently engaged/employed and there is an alleged victim under the age of 18 years of age. Note this includes non-work related or historical matters and alleged child pornography offences).	• PD2014_042 Managing Misconduct • PD2006_025 Child Related Allegations, Charges and Convictions Against Employees • PD2009_076 Communications - Use & Management of Misuse of NSW Health Communications Systems • PD2013_007 Child Wellbeing and Child Protection Policies and Procedures for NSW Health
Clinical performance, practice or outcomes related to a health practitioner or other health service provider (as defined under the Health Practitioner Regulation National Law (NSW))	• PD2006_007 Complaint or Concern About a Clinician – Principles for Action • GL2006_002 Complaint or Concern About a Clinician – Management Guidelines
Communication systems - inappropriate use (eg internet etc)	• PD2014_042 Managing Misconduct • PD2009_076 Use & Management of Misuse of NSW Health Communications Systems • PD2006_025 Child Related Allegations, Charges and Convictions Against Employee • PD2011_070 Reporting Possible Corrupt Conduct to the Independent Commission Against Corruption
Corrupt conduct - the dishonest or partial use of power or position resulting in one person being advantaged over another	• PD2014_042 Managing Misconduct • PD2011_070 Reporting Possible Corrupt Conduct to the Independent Commission Against Corruption • PD2010_010 Conflicts of Interest and Gifts and Benefits • PD2011_061 Public Interest Disclosures
Criminal allegation, charge or conviction (that does not involve a child under the age of 18 years of age as an alleged victim)	• PD2014_042 Managing Misconduct
Government information contravention – failure to properly fulfil functions under the Government Information (Public Access) Act 2009	• PD2014_042 Managing Misconduct • PD2011_061 Public Interest Disclosures

Nature of Issue/Complaint	Relevant NSW Health Policy Directives/Guidelines
Grievance - problem, concern, issue or incident raised by a staff member who believes he/she is the subject of unreasonable treatment from the organisation or another person(s).	• *Resolving Workplace Grievances*
Maladministration - action or inaction of a serious nature that is contrary to law; unreasonable, unjust, oppressive or improperly discriminatory; or based wholly or partly on improper motives	• *PD2014_042 Managing Misconduct* • *PD2011_061 Public Interest Disclosures*
Work health and safety concern	• *PD2013_005 Workplace Health and Safety: Better Practice Procedures* • *PD2013_006 Injury Management and Return to Work*
Performance issue – unsatisfactory performance	• *PD2013_034 Managing for Performance*
Research misconduct (eg fabrication or falsification of results, plagiarism, risking the safety of participants or the wellbeing of animals or the environment etc)	• *PD2014_042 Managing Misconduct* • *GL2011_001 Research Governance in NSW Public Health Organisations*
Sick leave absences - frequent and/or unauthorised	• *PD2014_029 Leave Matters for the NSW Health Service*
Waste – serious and substantial - uneconomical, inefficient or ineffective use of resources, which results in significant loss/wastage of public funds/resources	• *PD2014_042 Managing Misconduct* • *PD2011_061 Public Interest Disclosures*

Other policies that may need to be considered in addition to the above include:

- *PD2006_073 Complaint Management Policy*
- *GL2006_023 Complaint Management Guidelines*
- *PD2011_040 Employee Assistance Programs*
- *PD2008_071 Medical Practitioners - Compliance with Registration Conditions*
- *PD2014_028 Open Disclosure Policy*
- *PD2013_036 Service Check Register for NSW Health*

Attachment 2: Issue Analysis

The Issue Analysis – information that may be collected for the purpose of confirming resolution pathway options and outcomes:

- Name of person who raised the grievance
- Their position and area
- Their contact details
- Date of initial discussion
- Name of person(s) with whom the workplace issue is being experienced.

Background:

- What happened?
- Who was involved? (individual and/or witnesses)
- When and where did the issue occur (date, time and location)
- What factors do you think caused this to occur?
- What action, if any, has been taken?
- Is there any other information about the issue or incident?

Frequency and Severity:

- How often has the matter occurred? If more than once, list dates, describe incidents, how the person dealt with it and any additional information.
- How serious is the behaviour / incident
- If this continues, and is unresolved, will it get worse?
- Is there more than one person involved?

Impact

How do you rate the impact of the matter on:

- The person experiencing the issue
- The other person(s)
- Working relationship between the people concerned
- Wider team dynamics

- Business and task outcomes.

Additional information

- Is there a risk to health and safety of those involved or others? If yes, why?
- Does information gathered suggest more serious issues (such as misconduct, or criminal conduct)?
- Are you missing any further information?

Options for Resolution

What are the expectations of the person raising the grievance and what outcome do they want? Is this the best option?

Have you consulted with anyone (e.g. your local HR unit)? If yes, what did you discuss?

At what level can the grievance be addressed?

- Level 1 (self-resolution by staff members involved)
- Level 2 (resolved with assistance of manager using remedial resolution techniques)
- Level 3 (further investigation and other pathways – e.g. Misconduct, WHS, performance management)

Are there appropriate Level 1 or 2 options available to address the issue in an informal way? If yes, briefly describe.

Recommended outcome and follow up

- Briefly describe what the recommended outcomes and options are.
- What support will you as a manager provide?
- Is the person who raised the issue satisfied with the outcome?
- How will the issue be monitored?
- Will you meet with the person who raised the grievance again? When?

Additional Comments

Minutes

Sydney Local Health District

Medical Staff Executive Council

Date: Friday 4 August 2023

Time: 7.30am

Location: Teams Meeting

Chair: Dr Alicja Smiech

Acknowledgement of Country - Dr Smiech

Dr Smiech welcomed members and guests to the meeting, in particular the new members, Dr Sean Lubbe, Chair, Mental Health Medical Staff Council and Dr Mona Marabani, Chair, Canterbury Medical Staff Council. All members introduced themselves individually.

1. Present and apologies

Present

Dr Alicja Smiech, Representative, Sydney Dental Hospital
Dr Teresa Anderson, Chief Executive, SLHD
Dr Paul Hosie, Board Member
Mr Rob Furolo, Board Member
Dr Andrew Hallahan, Executive Director Medical Services (Departed 8.35am)
Professor David Sullivan, Medical Board, RPAH and NSW Health Pathology
Dr Sean Lubbe, Chair, Mental Health Medical Staff Council
Dr Mona Marabani, Chair, Canterbury Medical Staff Council.
Dr Kim Hill, Executive Clinical Advisor, SLHD
Dr Winston Cheung, Chair, Medical Staff Council, Concord Hospital

Apologies

Dr George Szonyi, Chair, Medical Board, RPAH, Chair
Dr Samuel Baumgart, President, CRGHA
Dr Elaine Cheng, President Concord RMOA
Dr Mary Hatem, Representative, Junior Dental Officer
Dr Bethan Richards, Chief Medical Wellness Officer, Director WellMD Centre, SLHD
Dr Niyaz Mostafa, President, RMOA
Dr Melissa Cullen, JMO Representative
Dr Charlotte Kench, RMO Representative

Also in Attendance:

Ms Nerida Bransby, Minutes

Minutes

2. Confirmation of Minutes of the Previous Meeting

The minutes of the meeting held on Friday 5 May 2023 were confirmed as a true and accurate record of the meeting.

Presentations

1. 2028 Quinquennium Status Report

Dr Kim Hill resented on the 2028 Quinquennium Status Report including:

- Acknowledgement of Country
- For today
- Status Report as at 31 July 2023
- Outstanding Applications
- End Date of Quinquennium
- Timeline Review
- End date of Quinquennium
- Implications and challenges of end of year change
- Thank you
- Discussion

Following the presentation: the Council discussed:

- Challenges arising for the Quinquennium ending 31 December 2023.
  - Clinical handover
  - Retiring and new VMOs
  - JMO turnover is February of each year
  - All in agreement for the 5.5 years appointment
  - Need to flag the 5.5 years appointment ending in 30 June 2029 with the Australian Medical Association.
- VMOs should not work without a contract.
- Clinical Educators follow the same process as the HVMO. No need to have updated performance reviews.

The Council supported this approach and thanked Kim and her team for all the hard work on this.

3. Action List

The items listed on the action sheet are still pending.

4. Business Arising

4.1 Performance and Strategic Initiatives

The Council discussed:

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- Innovation Symposium Week

  - Great networking event
  - Well received
  - Caring for yourself before others
  - 3,500 people in attendance
  - Live stream went well with 15,000 joining
  - Dr Hallahan and Ms Innes led the Patient Family Experience Day which navigated the health system from paediatrics to adult services. The ideas from this will be presented to the Young People Steering Committee.

- Recruitment is improving:

  - The overseas recruitment drive for nurses with over five years of experience have commence arriving
  - Increase in nursing graduates and educators to support these.

- The District remains on performance level 0 which is the highest achievable level.

4.2 Clinical Stream Leadership

Dr Andrew McDonald has been appointed as the Clinical Director for Mental Health. The State Psychiatrist has commented on our wonderful Mental Health Medical, Nursing and Allied Health teams.

4.3 NSW Health Pathology (NSWHP)

The Chief Executive of NSWHP Ms Vanessa Jamieson has been appointed. Mr Kevin Stanley has been appointed as the Workplace and Culture officer.

4.4 eCredential Implementation and State Scopes of Practice / Quinquennium

There is still a lot to do but things are progressing.

4.5 Health / Wellbeing / Support of JMOs

- Work is continuing on the barriers with relation to access to education and training.
- Medical Workforce teams are working on planned rostering to alleviate overtime and to include ADOs.
- There are some challenges with rostering the surgical areas that are being worked through.

Dr Cheung commented that there needs to be more JMOs at Concord to cover night shift sick leave.

The Committee discussed that this is a state-wide problem including:

- National issues concerning the accreditation process
- Number of accreditation trainees working
- Training survey
- Look at MDOK committee and other committees

Minutes

Dr Sullivan appreciated the efforts being made. JMOs are unable to send representative to meetings. Emerging from COVID we need to build different bridges to continue. This is a work in progress.

4.6 Staff Safety

The Chief Executive advised the Council on the roll out of the Behavioural Escalation Support Team (BEST) at RPAH. A presentation will be provided at the next meeting. NSW Health have released a Safer Worker Safer Care Program.

4.7 SLHD Strategic Plan 2024 - 2029

Dr Anderson acknowledged Dr Pam Garrett for all her work on refreshing the Strategic Plan. Consultation sessions have commenced with staff and dates have been set for all the relevant community groups.

5. Standing Items

5.1 Sydney Health Partners

The Council received, read and noted the information contained in the Chief Executive's report. Sydney Health Partners held their annual forum during our Innovation Week. It was well received and good collaboration.

5.2 Information Management and Technology

- Meetings have commenced with eHealth for the procurement of a state-wide Single Digital Patient Record. The District has set up a taskforce co-chaired by Dr Angus Ritchie and Dr Teresa Anderson. This will assist with the movement of staff and quality and safety of care for patients.
- PACs / RIS roll-out went well with positive feedback from Medical, Nursing and Allied Health Staff.

5.3 Chief Executive's Report

The Council received, read and noted the Chief Executive's report for July 2023

5.4 SLHD Capital Works Report

The Council received, read and noted this report including:

- Projects over $10M will be managed by Health Infrastructure.
- Projects under $10M will be managed internally by our Capital Infrastructure and Engineering Team. This will reduce costs being done internally.
- The Canterbury Hospital Education space is now in use.
- Planning for Canterbury Hospital stage one has commenced.
- Concord Hospital Stage 2 is on the Health Infrastructure list.
- Concord Hospital staff car park is open.
- Cancer Centre at Concord has a new PET scanner.
- The new staff hub at the Sydney Dental Hospital is complete and will be looking at clinic spaces next.

Minutes

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5.5 Clinical Council and Clinical Quality Council Meeting Minutes

The Council received, read and noted the minutes of the meetings held 24 May and 28 June 2023.

5.6 Security and Violence Prevention Minutes

The Committee received, read and noted the minutes of the meetings held on 9 May and 13 June 2023.

5.7 Medical Staff Council Reports

RPAH

Dr Sullivan reported:

- While Dr Szonyi is on extended leave, Dr Roger Garsia will act as the Chair, however, due to clinical commitments on a Friday morning Dr Sullivan will attend this meeting on his behalf.
- Due to irregular activities during COVID, it is proposed to restore the annual dinner to catch-up with those that have retired during the previous three years.
- In order to keep records / financials up to date it was proposed to interact with the Quinquennium appointments. This can be done out of session.

Concord

Dr Cheung reported:

- The vote of no confidence in the Chief Executive by the Concord Medical Staff Council. Out of 180 votes, 60% were for a vote of no confidence in the Chief Executive. This should be a red flag for this Committee.

The Chair, Medical Staff Executive Council advised that this is not appropriate due to the Independent Intervention Review process.

Dr Cheung disagreed with this approach.

Oral Health

Dr Smiech reported:

- Struggle to attract staff from the private system.
- Appointment of two new head of department,, one in Periodontics, Prosthodontics and Endodontics and the other in Oral Surgery, Oral Medicine and Dento-maxillofacial Radiology who are actively engaged.
- Staff hub opening.
- Graham Liston from the Centre of Oral Health Strategy visited the Sydney Dental Hospital on the 27 July 2023

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Canterbury Hospital

Dr Marabani reported

- Canterbury Hospital has been very busy during winter so far.
- There was an outbreak of the Norovirus that is now under control
- Planning has commenced for a dialysis unit with funds donated from a bequest.
- There are some vacancies for JMOs.
- Planning is underway for the $350M redevelopment.

Mental Health

Dr Lubbe reported:

- Has only been two days in as Chair of the Mental Health Executive Council.
- Good to have the permanent appointment of Dr Andrew McDonald as the Clinical Director to stabilise staff.

Other Business

Nil to report

7. Next Meeting

The next meeting is to be held on Friday 3 November 2023.

The Chair thanked the Committee for attending the meeting.

The meeting closed at 8.37am

Chair: **Date:**