South Eastern Sydney Local Health District



TSH Staff Consultative Committee - Minutes T24/14304

Date: 28 February 2024 Time: 1pm

Location: TSH Executive Meeting Room

ITEM	DESCR	IPTION	NSQHS			
	Welcome & Acknowledgement to Country					
	lands d	d like to acknowledge the Traditional Custodians on whose land we stand today; the of the Dharawal people. I would also like to pay my respects to the Elders past, present ose of the future."	1.02			
1.	Meeting Opening					
1.1	Attendance and apologies (attached)					
1.2	Declar	ation of conflict of interest – Nil declared	<u>1.01</u>			
2. N	linutes					
2.1	Minute	s of the previous meeting				
	The mi	inutes of the meeting held on 20 December 2023 were approved.	<u>1.01</u>			
3. N	latters A	Arising				
3.1	Action	Table (attached)	<u>1.01</u>			
	3.1.1	Recruitment and rosters for Operations Assistants				
		R Millington has been advised by a delegate that his roster is not compliant with the award i.e. he worked 8 shifts, followed by 1 rostered day off and an ADO. R Millington stated he is considering filing this breach with the Commission. Despite discussions with management regarding the preparation of the roster, HSU requests have been disregarded. VW received an update from Operating Theatre management that confirmed all recruitment is underway for the new positions and the roster is working well. VW to discuss further with A Hazelgrove and S Hogan. VW will also verify recruitment to the AO After Hours position is underway. Night duty activity is being monitored as this is a new process for TSH.				
	3.1.2	Venue for Meal Breaks for Wardspersons				
		R Millington advised that, with the cessation of COVID funding, the number of Wardspersons has decreased and the problem has escalated. Wardspersons continue to be paged during their breaks, as there are insufficient Wardspersons to cover breaks. R Millington will meet with the Wardspersons next week. VW stated that meal breaks are included on the roster and that pages should be handed over to another member of the team during breaks. The number of Wardspersons has been reassessed and the number of staff is adequate. VW suggested that further discussion regarding handing over of pages needs to be undertaken. VW welcomes feedback following the meeting next week.				

	3.1.3	CSSD Staffing Levels to Cover Annual & Other Leave	
		VW advised that additional positions were provided to CSSD as part of the redevelopment. VW to follow-up with Cindy Jedrzejczyk, CSSD Manager.	
4.	Standi	ng Items	
4.1	Genera	l Manager's Update (Vicki Weeden)	1.01
	Desp willTSH morePrecented	Operating Theatre redevelopment has concluded and has been handed over. Dite activity being high during January 2024, many staff were able to take leave. Staff be encouraged to take leave at Easter to further reduce our EAL balance. Strategy Planning Day 2024: The direction of the organization during the next 12 of this was discussed. Stationary testing of the mulch in the new undercroft area was carried out and all as returned a negative result. Fencing has been removed and staff can once again by this new area.	
4.2	Nursing	& Midwifery Update (Joanne Newbury)	<u>1.01</u>
	Dire The Mar Grad cons Safe prep duri The 18 F	nursing and midwifery restructure has been implemented and the new Deputy ctor of Nursing & Midwifery, Leanne Horvat, commenced on 15 January 2024. February cohort of the 2024 new graduates commenced on 5 February 2024. The ch cohort will commence on 16 March 2024. They are supported by the New duate CNEs 12 hours/day, 7 days/week and the ward CNEs. This year's new graduates sist of 99 RNs and 2 RMs. Staffing will be implemented and the workload tool for ED is currently being bared. GA advised that the NSWMNA will be available to provide ongoing supporting the ED ratio roll-out. nursing vacancy rate has decreased significantly from 80 FTE (as at August 2023) to TE now. The retention rate of the 2023 new graduates was very good. advised the NSWNMA visited the new graduates during orientation and thanked JN her ongoing support.	
4.3	People 8	& Culture Update (Aleksandra Milenkovski)	1.01
	The selectionThe comThe 7 Ms will ther	pation procedures have been updated and are available on the intranet. secondment policy has been updated to reflect the changes to the recruitment and ction policy and is available on the intranet. disability inclusion and belonging strategy has been approved. The CE will provide munication in due course. Workforce Mobility Project for non-clinical positions is commencing on arch 2024. Affected and excess staff members will be registered on the database and be matched to vacant positions in government. Following appointment to a role, e will be a trial period. Ads will be frozen for 5 days whilst matching occurs. The ntion of this project is to retain talent, facilitate mobility and reduce redundancies.	
4.4	Allied H	ealth Update (Brielle Gosch)	<u>1.01</u>
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- There are currently two vacant positions. Interviews for a position in the Outpatient
 Department have been scheduled. A position in the ED will be filled from an eligibility list.
- Excessive annual leave reduced significantly during the Christmas/New Year period. There are 9 staff in the ED with EAL.
- Administrative Services Review: A review of administrative roles in the facility is underway. The purpose of the review will be to centralise administrative services and promote career progression opportunities. A report listing recommendations has been prepared and is awaiting approval.
- *Outpatients*: The Engage Outpatients Program will be implemented and will allow for electronic referrals.
- Wellbeing: Kathy Joseph, Allied Health Assistant, has been appointed to the role of TSH Wellbeing Ambassador. She will work in the role 1 day/week (Wednesdays) and is currently assisting with preparations for International Women's Day and Pride month.
- WH&S: The WHS Audit is scheduled for September 2024 and preparations are underway. The revamped TSH Health & Safety Committee now meets regularly.
- R Millington queried that ED Clerks Administrative Officers Level 3) are logging into a
 program that should only be accessed by staff who are Level 5 and above. The program
 relates to making appointments. R Melan advised that all Level 3 staff including those in
 outpatients can access this program. VW advised that access is granted once eMR and
 iPM training is complete.

5. New Business

5.1 Work Health & Safety Issues in Information Management Services

R Millington raised concern re:

- 1) Staff continued to work in the department after the air conditioning ceased working on Boxing Day;
- 2) A staff member was almost hit with a falling light fitting and several lights are not functional;
- 3) Water damage is present throughout the ceiling; and
- 4) There is sewerage on some of the medical records from a broken sewer pipe in one of the storerooms.

The HSU served a 117 notice requesting an IIMS report and copies of the work orders, however they have not received these documents. JN stated that she received the notice during VW's leave. Unfortunately, page 2 of the 117 notice was overlooked and the reports will be provided if still required. JN also stated that she was not asked to provide laptops for the staff so they could work elsewhere.

Air conditioning: R Millington stated that ineffective temporary air conditioning units were provided. R Melan advised that the defect was not escalated to the Maintenance Manager until 15 January 2024 who immediately organized the temporary units. The defective parts have now been replaced. R Melan is seeking advice from the IMS Manager as to why there was such a long delay before the matter was escalated. VW stated that, had the manager escalated the issue immediately to the Executive team, a solution would have been provided to relieve the distress of the workers and that staff are not expected to work in an unsafe environment.

Lighting: R Melan clarified that it was the light cover than fell, not the actual light fitting. An LED Project to replace all fittings commences on 2 March 2024. This will also brighten the area.

	Sewerage: R Melan stated that it was her understanding that this had been fixed. A Disaster Recovery Plan for medical records is in place and covers this issue. R Melan will follow-up with the IMS Manager.		
	Ceiling Tiles: VW stated that the ceiling tiles will be replaced as part of an ongoing maintenance project.		
5.2	Staff Acting in Funded Positions for Extended Periods		
	R Millington noted that several positions have been frozen pending the outcome of the Allied Health Review and staff have been seconded to positions for up to three years. The HSU requested that these positions be filled. BG advised that we now have the ability to place staff into a role if they meet the requirements of the role. BG has been working with one staff member who will be placed into the position in which she has been acting.		
	VW requested that R Millington provide specific examples for investigation. BG stated that maternity leave relief requires secondments for up to 5 years.		
6. D	ocuments for Noting		
6.1	The minutes of the SESLHD Joint Consultative Committee on 23 November 2023 were noted.	<u>1.01</u>	
7. Business without notice			
	Nil		
8. Next meeting			
24 April 2024 at 2.30pm in the Executive Meeting Room.			

ACTIONS – OUTSTANDING

Mtg Date	Action	Responsible	
16/8/23	Recruitment and rosters for Operations Assistants		
	R Millington alleged that illegal rostering practices continue e.g. a delegate		
	worked 8 shifts, followed by 1 rostered day off and an ADO. This is contrary to		
	the update from OT management. VW to discuss further with A Hazelgrove and		
	S Hogan. VW will also verify recruitment to the AO After Hours position is underway.		
18/10/23	Inspection of New Operating Theatre Complex	R Millington	
	R Millington is preparing a report of findings following the HSU walkthrough.		
18/10/23	Line Roster and Meal Breaks for Wardspersons	R Millington	
	Wardspersons continue to receive pages whilst on breaks. R Millington will meet		
	with them next week and will provide feedback.		
18/10/23	CSSD Staffing Levels to Cover Annual & Other Leave	VW	
	VW advised that additional positions were provided to CSSD as part of the		
	redevelopment. VW to follow-up with Cindy Jedrzejczyk, CSSD Manager.		
28/2/24	WHS Issues in Information Management Services	R Melan	
	Copies of the IIMS report and work orders are to be forwarded to R Millington.		
	R Melan to ascertain what caused the delay in escalation of the defect. R Melan		
	to follow-up sewerage issue with the IMS Manager.		
28/2/24	Staff Acting in Funded Positions for Extended Periods	R Millington	
	VW requested that R Millington provide specific examples for investigation.		

ACTIONS – CLOSED

Mtg Date	Action
18/10/23	Sonographer On-Call Roster/Rostering of Radiographers – Urgent USCC to be scheduled
	R Millington confirmed that this issue has been resolved.

Attendance 2023

Key: P Present, A Apologies, N Non attendance, R Representative

TITLE	ATTENDEE	28 February	24 April	26 June	28 August	23 October	December
General Manager TSH / Garrawarra (Chair)	Vicki Weeden	Р					
Director of Nursing & Midwifery	Joanne Newbury	Р					
Director of Operations	Renata Melan	Р					
Director of Shared Clinical Services	Brielle Gosch	Р					
Nurse Manager, Clinical Workforce Services	Wendy Howard	A, R (Amanda Jackson)					
Lead HR Business Partner	Aleksandra Milenkovski	Р					
Allied Health Representative	Mickson Yam	А					
NSWNMA TSH Branch Representative	Elizabeth Turner	А					
NSWNMA Representative	Georgia Armstrong	Р					
HSU Representative	Randall Millington	Р					
Secretariat	Jennifer Joyce	р					
Co-opted attendee:						<u>'</u>	

KEY TO NATIONAL SAFETY and QUALITY HEALTH SERVICE STANDARDS (NSQHS)			
National Standard 1	<u>Clinical Governance</u>		
National Standard 2	Partnering with Consumers		
National Standard 3	Preventing and Controlling Infections		
National Standard 4	Medication Safety		
National Standard 5	Comprehensive Care		
National Standard 6	Communicating for Safety		
National Standard 7	Blood Management		
National Standard 8	Recognising and Responding to Acute Deterioration		

CERTIFIED A CORRECT RECORD

Minutes confirmed by Committee resolution at meeting held on xx/xx/xxxx