



Meeting: POWH/SSEH Community Advisory Committee
Date: Monday 8th February 2016

Chair: Mr George Constantin (chair)
Minutes: Ms K Smith (EA to DON)

1. Attendance / Apologies

NAME	AREA	status	NAME	AREA	status
Jon Roberts	DO	present	Sharnelle Magee	consumer	apology present
Heather Walker	DON POWH	present	Susan Nicholson	consumer	present
Caroline Smith	A/DON SSEH	present	Joanne Matthews	consumer	apology
Belinda Rabet	NIM POWH	Apology	Erica Van Aalst	Consumer	present
George Constantin	Consumer/Chair	present	Jan Titterton	consumer	present
Andros Eleftheriou	Consumer	present	Nava Turner	Consumer/deputy chair	present
Tanya Kent	Consumer	present	Jodie West	consumer	present
John Malouf	Consumer	Apology			

2. Minutes

2.1	Confirmation of minutes	Confirmation of December meeting minutes
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3. Actions/ Plans arising from previous minutes

Issue	Discussion	Action Required	Who	Due
3.1	Hours of work medical staff – rostering	<p>Jon Roberts: Currently aware of safe working hours for medical staff – broken down into 3 areas, JMOs, SMOs and VMOs</p> <ul style="list-style-type: none"> JMOs – Rosters are reviewed by the Director of Clinical Services (Medical) Patrick Bolton for POW and Pauline Rumma for SSEH to make sure that staff are being rostered in accordance with the award. Any overtime taken is reviewed and approved by the 	Noting only	

		<p>JMO's head of Department.</p> <ul style="list-style-type: none"> SMOs – there are some risk areas due to the need of 24 hour work coverage due to on call hours. There are currently processes in place to make sure that any overtime a SMO will provide is monitored within the safe working hour's policy. VMOs - A range of VMO's either work at other hospitals or in their own practices. There are currently process in place that shows / reviews all secondary employment to monitor the hours that the VMO's are working. 			
3.2	Mandatory training dates 2016 – handout	Discussion was had over training dates that are available. Heather Walker also stated that if the committee would like to do their mandatory training prior to a CAC meeting that can be arranged.	Arrange a mandatory training session	B Rabet	March 2016
3.3	Format of meeting - group	Discussion was had at the December meeting over the format. Agreement that every quarter there will be 2 presentation and a tour.			

4. Standing Items

Issue	Discussion	Action Required	Who	Due
4.1 POWH/SSEH update by Hospital Executive –	<p>Jon Roberts - SSEH:</p> <ul style="list-style-type: none"> Work progressing well with the refurbishment of the Hand Clinic and will be completed on schedule. Continue to work with and review the ED amalgamation. Currently proceeding well with the upskilling of triage staff to ensure the ED staff are upskilled in specialist areas. A core area for improvement at SSEH in 2016 is focusing on outpatient access, currently the waitlist is 3 years, looking at bringing the wait times down to under 12months. <p>Caroline Smith – SSEH:</p> <ul style="list-style-type: none"> 'your say survey' results – the staff forum working group will be leading the action plan. Had a 70% response rate in the Nurse Engagement survey provided from the local health district. <p>Jon Roberts - POWH:</p> <ul style="list-style-type: none"> Currently achieving 99.5% of surgery patients receiving their surgery on time. 2 specialities – cardiac and Nero surgery have had some wait times occur. A comprehensive plan has been put in place across cardiac surgery, unfortunately ended up having more 			

		<p>cases coming through ED, working with cardiac surgeons to address this issue. The other area is Nero surgery which is currently investigating the schedule of cases, have seen an increase in the paediatric workload which is being a higher priority in workload.</p> <ul style="list-style-type: none"> • Continue to work well in terms of elective surgery in ENT. Looking at upgrading a procedure room in the theatre suite into another theatre room. • Construction is still ongoing in the hybrid theatre and looking at being completed in March 2016. • Regrouped and planning on how to improve management of winter activity. Currently working with the district and getting support from a group called 'Lightfoot' to help and support winter strategy. 			
4.2	Community Advisory Committee members questions	<ul style="list-style-type: none"> • Jan Titterton enquired about the High st entrance access when the light rail construction starts. Jon Roberts informed committee there is an understanding with transport around the issues required of the 24 hours access and are working with the hospital to meet the requirements. • Ericka Van Aalst enquired around the increase in complaints for December against previous years. • Susan Nicholson enquired informed consent interpreters being done in the waiting room of Medical Imaging and wonder if that breached privacy rights. • Jan Titterton commented on the refurbishment of the High st entrance and how good the new enquiries section looks. 	Further investigation	H Walker	March 2016
4.3	Community Advisory Members Committee Reports	<p>Andros Eleftheriou:</p> <ul style="list-style-type: none"> • Infection Control presented a demonstration on the new wipes that are located on the walls throughout the hospital, and trying not to have an alcohol base due to homeless people around the area. • Provided reports on incidents in the theatre room and looking at better ways to educate staff to minimise staff incidents. <p>Jodie West :</p> <ul style="list-style-type: none"> • The project of 'final care of hospitalised older people meeting' has 			

		<p>been concluded and will provide feedback at the next meeting.</p> <p>Jan Titterton:</p> <ul style="list-style-type: none"> • Integrated Care – we need better ideas on how we can manage gaps in service such as using more nurses in GP practices or GPs getting better funding to get involved in integrated Care. • There have been some discussion regarding establishment of community centres provided health day care throughout the area, maybe through public housing. • Discussion was had on an idea to create incentives for the GPs – to do the projects they don't want to do. • Jan also stated that if anyone has any ideas to help with this issue she will be happy to take it back to the committee. • Gestational diabetic project at Royal Hospital for Women where they are using eHealth in the mornings to check there blood. <p>Susan Nicholson:</p> <ul style="list-style-type: none"> • Clinical Handover is receiving any record analysis that involves clinical handover to be further investigated. Sarah Lyons is working closely with Carolyn Coleman to monitor the recommendations about handover in any record analysis that has been implemented. • Patient safety provided a presentation on satellite records – where patient records are only stored in the department records and not in the general records, which is a safety issue. Now asking that all satellite records are being scanned. Discussion was had over changing patient's medication over eMR – as this can only be done in person. • Discussion was had over theatres doing a special clean out over the down period at Christmas. • There was also a presentation with Infection Control stating that there flu vaccine will now cover 4 strains to previous years which was 3 strains. • Quality and accreditation provided a presentation on non-english patients and the hospital service for Interpreters. • Discussion was had on the ED patient survey and the patient experience symposium which will be held in May 2016. 			
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