



## AGENDA

### The Prince of Wales/Sydney/Sydney Eye Hospitals Consumer Advisory Committee

**THURSDAY 28 October 2021**

**3.30 - 5.00 pm**

**Microsoft Teams via the link sent to your Calendar**

ITEM No.													PERSON RESPONSIBLE	
1	<b>Welcome</b> <b>Acknowledgement of Country</b> “We would like to acknowledge the Traditional Owners of the land we are meeting on today, the Gadigal people of the Eora nation, and we pay our respects to their Elders past, present and all those emerging”													Chair
2	<b>Attendance/Apologies</b>													Chair
	<b>Name</b>	1	2	3	4	5	6	7	8	9	10	11		
	Jennie Barry	C a n c e l l e d	✓	A	A	✓	C a n c e l l e d	A	C a n c e l l e d	C a n c e l l e d	✓			
	Karen Tuqiri		A	✓	✓									
	Belinda Rabet		✓	✓										
	Alan Porritt		✓											
	Carolyn Smith		NA	✓										
	Barbara Daly		NA	NA	NA	✓		✓			✓			
	Jonathan Magill		NA	NA	✓	✓		✓			✓			
	Harris Mihailidis		✓	✓	✓	✓		✓			✓			
	Ajay Varshney		✓	✓	✓	✓		✓			✓			
	Kevin Hinchey		NA	✓	✓	✓		✓			✓			
	Alex Brown	M e e t i n g	X	X	X	X	M e e t i n g	X	M e e t i n g	M e e t i n g	NA	NA		
	Cheryl Purchase		✓	A	✓	✓		A			✓			
	Cliff Wherry		✓	✓	✓	✓		✓			✓			
	Gary Gridneff		X	X	X	X		X			NA	NA		
	Sue Suchy		✓	✓	✓	✓		✓			✓			
	Linda Roylance		NA	NA	NA	✓		✓			✓			
	Barbara O'Toole		NA	NA	NA	✓		A			X			
	Jacqueline Stephenson		✓	A	✓	✓		✓			✓			
	Yael Rottanburg		✓	✓	✓	✓		✓			✓			
	Susan Nardi		NA	✓	✓	A		✓			✓			
A= Apology    ✓= Attend/Dial in    X= Absent Without Notice    NA= Not Applicable														
3	Minutes													



## AGENDA

### The Prince of Wales/Sydney/Sydney Eye Hospitals Consumer Advisory Committee

ITEM No.			PERSON RESPONSIBLE
3.1	1 minute	Confirmation of previous minutes	Chair/All members
	<b>Conflict of Interest</b>		
4	<b>Actions/ Plans Arising from Previous Minutes</b>		
4.1	1 m	CAC attendance rate incorporated in ToR – for signed-off	All
4.2	1 m	Advertisement for recruiting new members	JM
5	<b>Standing Items</b>		
5.1	8 m	POWH/SSEH update by Hospital Executive – GM Consumer questions	GM/DONs
5.2	5 m	Patient Experience Matters – SSEH PEO Monthly report	GM/DONs
5.3	3 m	Care Opinion story POWH/SSEH	DONs
5.4	5 m	Diversity Health	DIV Health
5.5	10 m	Questions from CAC Members	Committee members
5.6	5 m	POWH/SSEH update by Committee Members Meetings with consumer representation <i>Members to submit feedback forms and feedback by exception only</i>	Committee members
6	<b>New Business</b>		
6.1	8 m	Eye drops leaflets for cataract patients – for comment	Consumers
6.2	5 m	Establishment of joint POWH/SSEH Standard 2 Committee	JM
6.7	2 m	Yearly Committee Evaluation	JM
7	<b>Business without notice</b>		
8	<b>Presentation</b>  <b>Consumer/ Community facing quality and safety data, CPIU Managers POWH and SSEH</b> <b>8.1</b> Consumer Framework Gap Analysis, formation of working group – for approval <b>8.2</b> Real Time Patient Experience Infographic – for noting <b>8.3</b> Quality and Safety Data for Internet Display – for input <b>8.4</b> Draft Communication Boards POW and SSEH – for input		
	<b>Date of Next Meeting: 25 November 2021</b>		



**Health**  
South Eastern Sydney  
Local Health District  
**TRIM: T21/83906**

**Meeting:** POWH/SSEH Community Advisory Committee  
**Date:** Thursday 28 October 2021  
**Venue:** Online meeting

**Chair:** Mr Harris Mihailidis  
**Minutes:** Rhiannon Young – EA to SSEH DON

## 1. Welcome Acknowledgement of Country

## 2. Attendance/Apologies

NAME	AREA	status	NAME	AREA	status
Jennie Barry (JB)	GM	Y	Cliff Wherry (CW)	Consumer	Y
Barbara Daly (BD)	A/DON POWH	Y	Sue Suchy (SS)	Consumer	Y
Jonathan Magill (JM)	DON SSEH	Y	Barbara O'Toole (BOT)	Consumer	X
Harris Mihailidis (HM)	Chair	Y	Linda Roylance (LR)	Consumer	Y
Ajay Varshney (AV)	Consumer	Y	Jacqueline Stephenson (JS)	POWH Diversity Health	Y
Kevin Hinchey (KH)	Consumer	Y	Yael Rottanburg (YR)	SSEH Diversity Health	Y
Cheryl Purchase (CP)	Consumer	Y	Rhiannon Young (RY)	EA to SSEH DON	Y
Susan Nardi (SN)	Consumer	Y	Candice Madziar (CM)	SSEH CPIU Manager	Y
Christine Conn (CC)	POW CPIU Manager	Y	Andrew Harris (AH)	Social Work Student (Guest)	Y

## 3. Minutes

3.1	Confirmation of previous minutes	The minutes from the July 2021 meeting were accepted by Sue Suchy
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## 4. Actions/ Plans arising from previous minutes

Issue		Discussion	Action Required	Who	Due
4.1	CAC Attendance rate incorporated in ToR	<ul style="list-style-type: none"><li>As highlighted on TOR</li><li>Consumers will attend 80% of meetings and not miss two meetings in a row without prior notice</li></ul>	Changes finalised	JM/RY	Prior to Nov meeting
4.2	Advertisement for recruiting new members	<ul style="list-style-type: none"><li>Plan to advertise for new members via traditional print media as well as social media and promotional materials at both hospital sites to capture a wider group of potential members</li></ul>	RY to finalise EOI and draft brief for GM approval. JM/RY	JM/RY	Prior to Nov meeting

		<ul style="list-style-type: none"> <li>• SN suggest LinkedIn as well – JM confirms, all social media with SESLHD presence will be included in advertising</li> <li>• HM also encourages word of mouth advertisement from current members</li> <li>• RY to finalise EOI and draft brief to GM for approval and then advertisement.</li> </ul>	to initiate advertisement once approved.		
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## 5. Standing Items

Issue	Discussion	Action Required	Who	Due
5.1	<p>POWH/SSEH update by Hospital Executive – GM Consumer questions</p> <p><u>GM Jennie Barry Update</u></p> <ul style="list-style-type: none"> <li>• Tight management in line with COVID – pivot from mid-June to essential business only though now seemingly coming out the other side as reflected by current changes to Public Health Orders</li> <li>• POW changed mix of patients in wards along with redeployment of staff. Have had a number of COVID positive patient across three wards at POW and up to 500 at a time being treated in community. Also accepted transfers of patients from Western Sydney and Central Sydney</li> <li>• SSEH deployed large amount of staff to POW to assist across departments and with contact tracing, and provide staffing to the District Bayside Vaccination Clinic</li> <li>• Patients still requiring negative COVID swabs prior to outpatient appointments, or use of PPE for emergency cases</li> <li>• Slower/more considered service closures planned for Christmas period this year to allow for potential COVID response as needed</li> <li>• Staff resilience tested across the district but excellent support and collegiality demonstrated by all staff</li> <li>• Apology from Jennie for possible feelings of disconnect felt by committee during the COVID response across the District</li> </ul> <p><u>POWH DON Barbara Daly</u></p> <ul style="list-style-type: none"> <li>• POWH has had a demanding few months but resilience and cooperation has been excellent.</li> <li>• Very high demand and creation of wards for COVID patients, with Educators, CNC's, SSEH staff, private hospital staff all coming together to provide staffing for COVID beds at POWH</li> <li>• Coogee Lions Club have been fundraising for nurses with vouchers and certificates which has been much appreciated</li> </ul> <p><u>SSEH DON Jon Magill</u></p> <ul style="list-style-type: none"> <li>• Contribution at SSEH has been keeping the hospital as a green site and minimising outpatient and theatre appointments to enable</li> </ul>			



		<p>redeployment of staff across the district</p> <ul style="list-style-type: none"> <li>• Now going through recovery phase and a move back to business as usual</li> </ul> <p><u>Questions/Further Discussion</u></p> <ul style="list-style-type: none"> <li>• BD suggests a presentation to the committee from staff who have been attending the daily huddle which could provide further information and insight on what the response has been like from an on the ground level.</li> <li>• HM asks how patients have found coming through the Hospital/ED during COVID times. BD describes that ED presentation numbers have dropped significantly due to community caution and compliance with public health orders. Those patients who did present and were admitted were acutely unwell – the severity of illness was much higher than usual for all patients</li> <li>• HM questions progress of redevelopment during lockdown. JB outlines that Public Health Orders prevented builders from being on site which resulted in a 6 week shut down, with a number of caveats on work processes after return. Builders have now managed to catch up after the delay, and are on track to deliver the building within the scheduled timeframe at the end of the 3 month completion window – approx. August/September 2022. Move in date for clinical services likely to be moved to early 2023 to allow clinicians to plan for models of care post COVID</li> <li>• CP asks about ED set up in redevelopment. CP has had negative experiences in the last two months in the current ED during COVID especially surrounding privacy and infection control concerns. BD and JB outline that the new ED department will be 5-6 times larger and lack of privacy will be addressed. A number of waiting rooms for different purposes will be established within the department which will also be useful for infection control and COVID management purposes.</li> <li>• CW praises recent experience at POW ED as a patient needing isolation – HM encourages submission of experience to Care Opinion from CW</li> </ul>			
5.2	Patient Experience Matters – SSEH PEO Monthly report	<ul style="list-style-type: none"> <li>• Data presented on slides</li> <li>• Data from SSEH shows no complaints in August, and while attendance was about 50% less than usual it has also been recognised over the last 12 months that the Patient Experience Officer Role does make a big difference in reducing complaints especially around communication</li> <li>• 46 compliments from the PEO survey for September</li> <li>• Increase in September to Code Black (personal threat/duress) calls,</li> </ul>	POWH hospital team to provide PEO and Care Opinion reports for inclusion in minutes and ongoing meetings	BD	Prior to Nov meeting

		<p>likely due to heightened frustration and fear around COVID environments from patients</p> <ul style="list-style-type: none"> <li>• JM notes all feedback received from the PEO Patient Survey is fed back to the teams and investigated for potential solutions</li> <li>• POW to send Care Opinion and PEO data for inclusion in minutes and meetings going forward</li> </ul>			
5.3	Care Opinion Story POWH/SSEH	<ul style="list-style-type: none"> <li>• Data presented on slides</li> </ul>			
5.4	Diversity Health	<p><u>POWH – JS</u></p> <ul style="list-style-type: none"> <li>• JS thanks consumers for feedback on infectious diseases factsheets which are currently being circulated</li> <li>• POW currently working on Aboriginal and Torres Strait Islander welcome information pack based on survey data and consultation showing requests for written and online material. Currently finalising draft and then to be sent to Aboriginal Communities for comment. Likely to be used across SSEH also.</li> <li>• Revising POWH website and Patient Health Information Database on Intranet during COVID downtime.</li> <li>• Developing a session for staff on more inclusive care for LGBTIQ+ patients and consumers in collaboration with T150 clinic at Albion Street. Trial of session planned for next week.</li> <li>• Also looking at the way gender is recorded within health databases – ongoing complex Statewide issue on EMR. Looking to put together a business rule around this issue at the moment.</li> <li>• HM questions information on the VRE factsheet – factsheet says use of shared spaces is OK if patient is well. JS will discuss with Infectious Diseases CNC regarding HM’s concerns and discuss the possibility of rewording/clarifying in line with clinical advice.</li> </ul> <p><u>SSEH - YR</u></p> <ul style="list-style-type: none"> <li>• SSEH website being updated currently – have found that current front page information on support staff is not relevant to consumers. A replacement tile (mock up) will instead link to translated documents and feedback is requested on the displayed tile</li> <li>• Consumers unanimously agree that third tile with world map is preferred. YR confirms languages will be changed on final document to reflect available resources. HM advises yellow colour text could present an issue and YR will liaise with eye CNC on appropriate colours for final version</li> </ul>			
5.5	Questions from CAC members	<p><u>SSEH Wayfinding</u></p> <ul style="list-style-type: none"> <li>• SS asks about signage for SSEH – JM confirms Wayfinding Party currently working on signage. Bindi maps app (audio direction) to be launched very soon. HM suggests a consumer not used to SSEH site</li> </ul>			

		<p>should attend to provide advice on signage. YR happy to meet with any consumers who are available to do a walkthrough – contact YR directly. JM highlights need for overhaul of pre-attendance information on website including lift/ramp access.</p> <p><u>COVID</u></p> <ul style="list-style-type: none"> <li>• AV asks about effect of mandatory vaccination on running of hospital. JB confirms all health staff must be vaccinated and that POW and SSEH are in full compliance. Notes that there were some staff across all disciplines who declined to be immunised and are therefore not working.</li> <li>• KH enquires when elective service resume to full capacity. SSEH resuming from next week in graduated fashion. POW currently at 50% of capacity, but will be slower to return to full capacity as ICU beds still required for COVID use. Over 500 elective surgery patients have been able to be treated privately at partner sites.</li> <li>• KH asks about how long COVID testing requirements prior to outpatient's appointments will be in place. JB advises this matter is reviewed weekly with an aim to remove as soon as possible in coming weeks while ensuring low risk to staff and patients. Staff are still required to wear masks and eye goggles when treating all patients. JB advises that rapid self-tests not used due to higher incidence of false positives and sometimes delayed negative results when compared to more traditional testing methods.</li> </ul>			
5.6	POWH/SSEH update by Committee Members Meetings with consumer rep. Members to submit feedback forms and feedback by exception only	<ul style="list-style-type: none"> <li>• Nil</li> </ul>			

## 6 New Business

	Issue	Discussion	Action Required	Who	Due
6.1	Eye Drop leaflets for cataract patients – for comment	<ul style="list-style-type: none"> <li>• HM asks if these eye drop leaflets are provided prior to surgery. JM advises staff talk the patients through the info sheet after surgery and ensure carer or person being discharged to is able to manage requirements.</li> </ul>			
6.2	Establishment of joint POWH/SSEH Standard 2 Committee	<ul style="list-style-type: none"> <li>• JM updates that plan is being progressed for establishment of committee and consumer representative will be sought. SN asks for time/day of week and JM advises this is yet to be decided. HM asks for EOI to be distributed once available</li> </ul>	EOI to be distributed to CAC members	RY/JM	Once committee finalise

					d
6.3	Yearly Committee Evaluation - QARS	<ul style="list-style-type: none"> <li>JM advises that this is a yearly requirement of all committees and asks that consumers complete</li> </ul>	Consumers to complete QARS committee evaluation	Consumers	Prior to Nov meeting

## 7. New Business without notice

	Issue	Discussion	Action Required	Who	Due
7.1	Access to Virtual Meetings	<ul style="list-style-type: none"> <li>AV notes significant difficulty in logging on to meeting. YR highlights that two meetings are existing in calendar – one from previous Secretariat.</li> <li>JM confirms that we do not have access to delete meeting occurrences or links sent by Kaye Wong.</li> <li>RY to send email on the day of future meetings with confirmed link to be used.</li> </ul>	RY to send email with confirmed login link on day of next meeting	RY	For Nov meeting

## 8. Presentation

	<b>Consumer/Community facing quality and safety data by POW and SSEH CPIU Managers</b>				
8.1	<u>Consumer Framework Gap Analysis, formation of working group – for approval</u> Identified gaps and from discussion with Jon, Barbara, Karen decided there is a need for a Standard 2 Committee with the aim of evaluation and improvement. EOI will be sent once finalised and plan for data and dashboard information to be presented at this meeting series to establish monitoring process and evaluation of improvements				
8.2	<u>Real Time Patient Experience Infographic – for noting</u> Developed to ensure that quality and safety information is available to the community. The infographic represents the results of survey data which is already collected. Input from JS will be sought from a health literacy perspective. The infographic has received preliminary approval from the respective Patient Safety and Quality committees. Comments from the members are that the infographics are clear, stand out and is supported by the majority of consumers				
8.3	<u>Quality and Safety Data for Internet Display – for input</u> Also to ensure that quality and safety information is available to the community with the aim of wanting to make the data more understandable and easy to read. Looking for input from Committee on what measures might be appropriate to be included. Ideas raised by Committee: <ul style="list-style-type: none"> <li>Data on COVID to help reduce hesitation in attending hospital</li> <li>Statistics showing decline in patients admitted and number of discharges, average length of stay trends, etc. with particular focus on the positives/increasing success rates</li> <li>Hand Hygiene compliance</li> <li>ED KPI's</li> </ul> Ideas raised by CC:				Results of Top 6 survey and mock up to be presented at Nov meeting

	<ul style="list-style-type: none"> <li>Falls, pressure injuries, medication, hand hygiene compliance, infections, blood clots, wrong site surgery events, blood transfusion resulting in death, complaint trends</li> </ul> <p>CC advises a survey will be put together and sent out to consumers and asks consumers to please vote on their top 6 – with results and a mock up at next meeting</p>	
8.4	<p><u>Draft Communication Boards POW and SSEH – for input</u></p> <p>Patient communication boards for use at bedside have been designed based on results from feedback on what would be helpful for care teams and patients</p> <p>These are to be trialled on wards with final copies to be presented at CAC meeting in Feb/March 2022</p> <p>Suggestions/Comments from Consumers:</p> <ul style="list-style-type: none"> <li>Suggests area to indicate visual or hearing problems (perhaps in mobility plan area of board) but otherwise well done</li> <li>Area to indicate need for help at mealtime in diet section</li> <li>A clarification to the wording 'taking medications' would be clearer on the 'I need help with board'</li> <li>'Other needs' could be better wording for sight and hearing issues rather than impairment or disability</li> </ul> <p>Consumer asks who updates the board and when – CC advises the board is updated by the patient's assigned nurse first thing in the morning and then is updated through shift as issues arise. Currently working on best location for board to be displayed.</p>	Final Copies of Communication boards to be presented early 2022 after trial

**There being no further business the meeting closed at 1707 pm**

**Accepted as a true record:** \_\_\_\_\_ **Chair:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature Chair**

# Prince of Wales Hospital and Sydney/ Sydney Eye Hospital

## Consumer Advisory Committee

28 October 2021



Please be aware that this meeting may be recorded to enable the taking of full and accurate minutes. Once minutes are approved, any recordings will be deleted.



# Welcome Acknowledgement of Country

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- “We would like to acknowledge the Traditional Owners of the land we are meeting on today, the Bidjigal and Gadigal people of the Eora nation, and we pay our respects to their Elders past, present and all those emerging”



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## 2. Attendance/Apologies

## 3. Confirmation of Previous Minutes (July 21)

2	Attendance/Apologies												Chair	
	Name	1	2	3	4	5	6	7	8	9	10	11		
	Jennie Barry	C a n c e l l e d	✓	A	A	✓	C a n c e l l e d	A	C a n c e l l e d	C a n c e l l e d	A			
	Karen Tuqiri		A	✓	✓									
	Belinda Rabet		✓	✓										
	Alan Porritt		✓											
	Carolyn Smith		NA	✓										
	Barbara Daly		NA	NA	NA	✓					✓			
	Jonathan Magill		NA	NA	✓	✓					✓			
	Harris Mihailidis		✓	✓	✓	✓					✓			
	Ajay Varshney		✓	✓	✓	✓					✓			
	Kevin Hinchey		NA	✓	✓	✓					✓			
	Alex Brown	M e e t i n g	X	X	X	X	M e e t i n g	X	M e e t i n g	M e e t i n g	NA	NA		
	Cheryl Purchase		✓	A	✓	✓		A						
	Cliff Wherry		✓	✓	✓	✓		✓						
	Gary Gridneff		X	X	X	X		X			NA	NA		
	Sue Suchy		✓	✓	✓	✓		✓						
	Linda Roylance		NA	NA	NA	✓		✓						
	Barbara O'Toole		NA	NA	NA	✓		A						
	Jacqueline Stephenson		✓	A	✓	✓		✓						
	Yael Rottanburg		✓	✓	✓	✓		✓						
	Susan Nardi		NA	✓	✓	A		✓						
A= Apology    ✓= Attend/Dial in    X= Absent Without Notice    NA= Not Applicable														



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# 4. Actions from Previous Meeting

## 4.1 CAC attendance rate incorporated in ToR – for sign off - *All*



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### TERMS OF REFERENCE

#### POWH/SSEH Consumer Advisory Committee

##### 5. RESPONSIBILITIES OF CONSUMER MEMBERS

- Attend 80% of Consumer Advisory Committee meetings
- Provide a focus for the development of strategies and mechanisms for consumer and community participation in the decision-making processes within POWH/SSEH
- Facilitate communication between consumer, carer and community groups and the health service
- Undertake orientation and other training as required
- Ensure understanding and compliance with relevant Ministry of Health and SESLHD policies and values
- Participate in Community Forums and other relevant forums
- Work constructively with other CACs, SESLHD Community Advisory Committee and POWH/SSEH management
- Participate in local committee meetings as a consumer member and provide relevant feedback to the CAC
- To regularly review and evaluate patient information materials, where needed, to ensure clarity and currency of information

Consumer members will be invited to participate on local Committees as a consumer representative through an expression of interest process. A mentor will be identified on the committee to assist the consumer through the meetings.

A member's position on a Facility CAC may be declared vacant if the member:

- Completes a two-year term and is not reappointed,
- Resigns in writing to the Chair

REVISION

Date: July 2021

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### TERMS OF REFERENCE

#### POWH/SSEH Consumer Advisory Committee

- Fails to attend more than two meetings per year without prior notice
- Acts contrary to the functions and responsibilities of the CAC and SESLHD and conciliation efforts are unsuccessful.

All CAC members will be required to read and sign the Code of Conduct and Confidentiality Agreement. Official information in any recorded form remains the property of the Ministry of Health at all times.

## 4.2 Advertisement for recruiting new members - *JM*



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## 5.1 POWH/SSEH update by Hospital Executive – GM

### Consumer questions *GM/DONS*

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UPDATE



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## 5.2 SSEH PEO Update *GM/DONS*

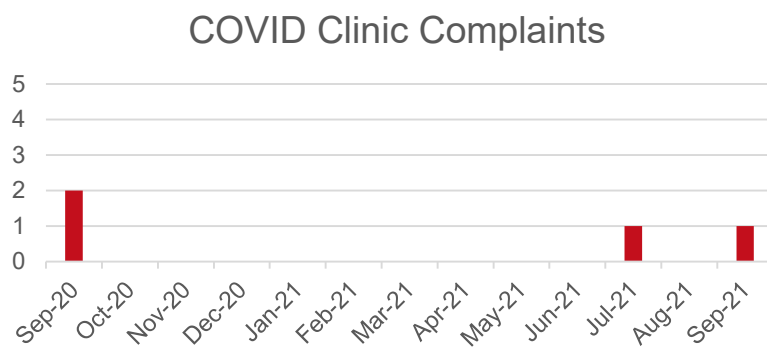
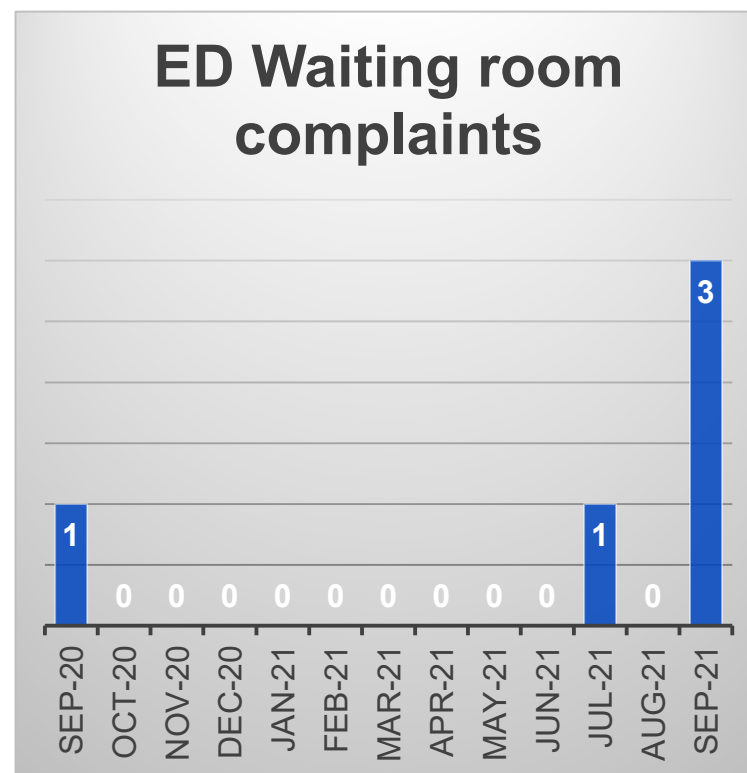
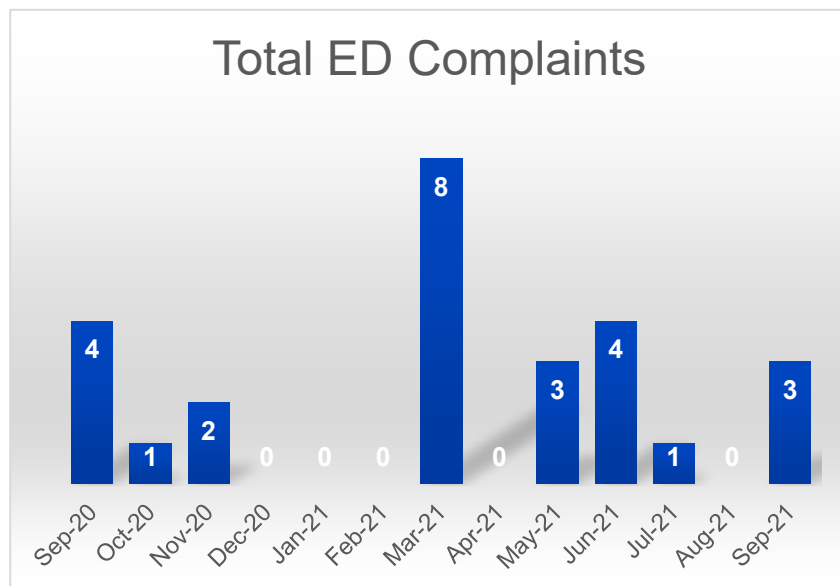
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ED Patient Experience Officer  
August/September 2021



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## Complaints- SSEH ED - Sept 20 to Sept 2021



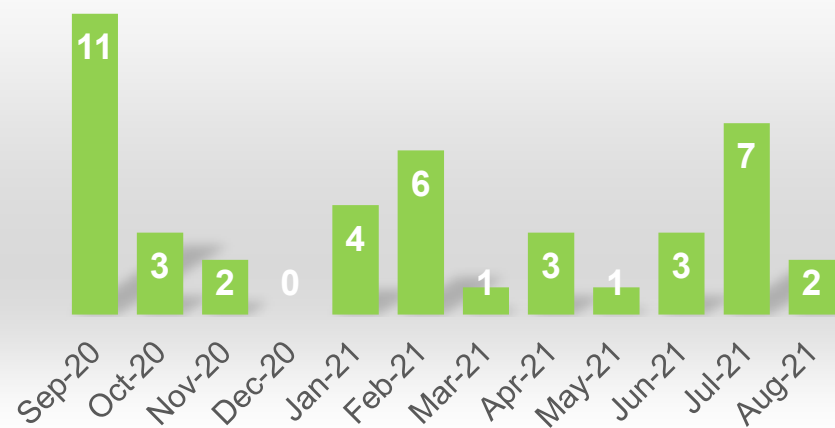
Sydney Hospital &  
Sydney Eye Hospital



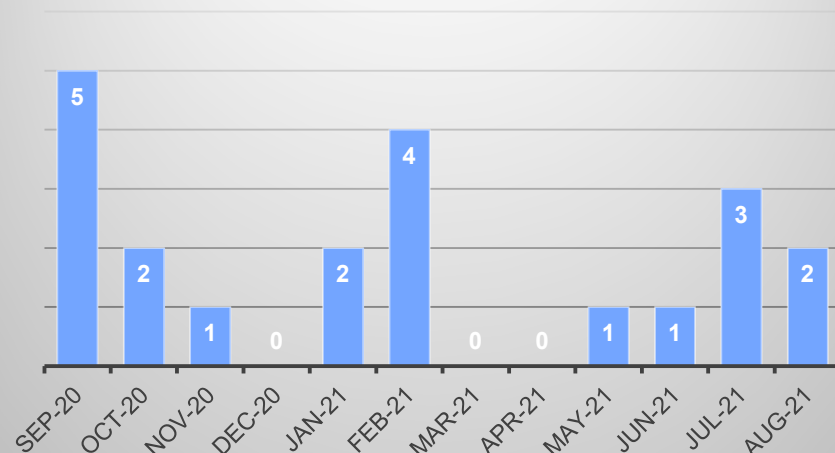
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## Formal Compliments- SSEH ED –Sept 20 to Sep 2021

Compliments ED total



ED Waiting Room compliments



None documented in Sept -  
there were 46 complimentary  
comments from the ED patient  
survey



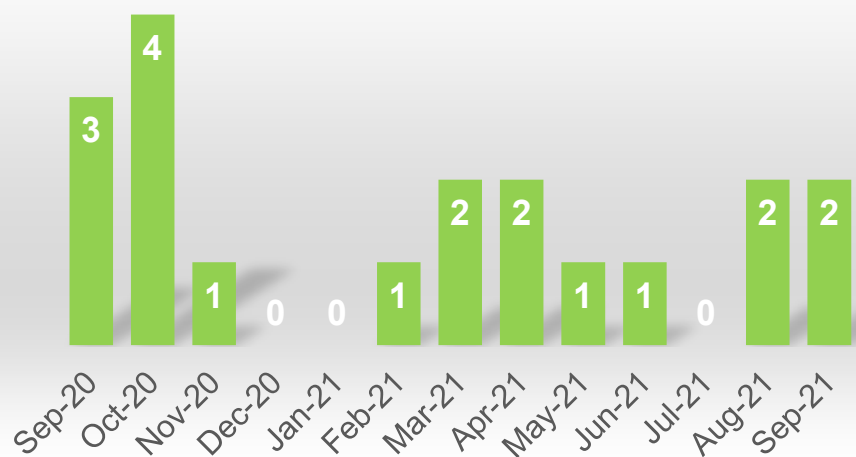
Sydney Hospital &  
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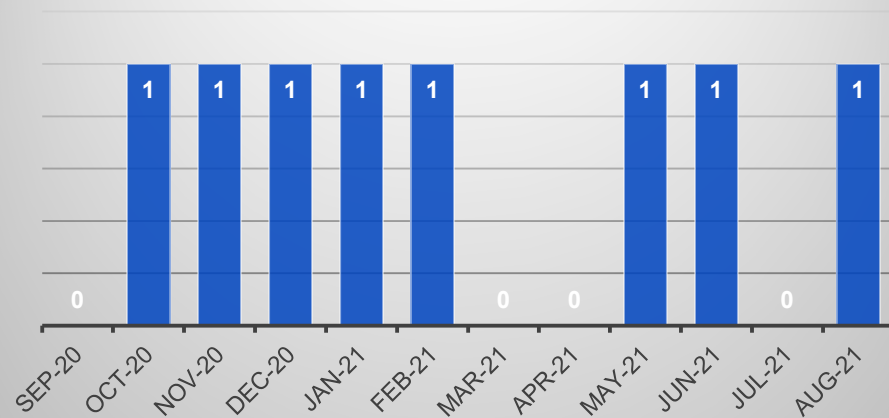
## Care Opinion- SSEH ED Sept 20 to Sept 2021

Care Opinion - positive stories



One positive story for  
COVID clinic

Care Opinion -areas for improvement



Nil for September

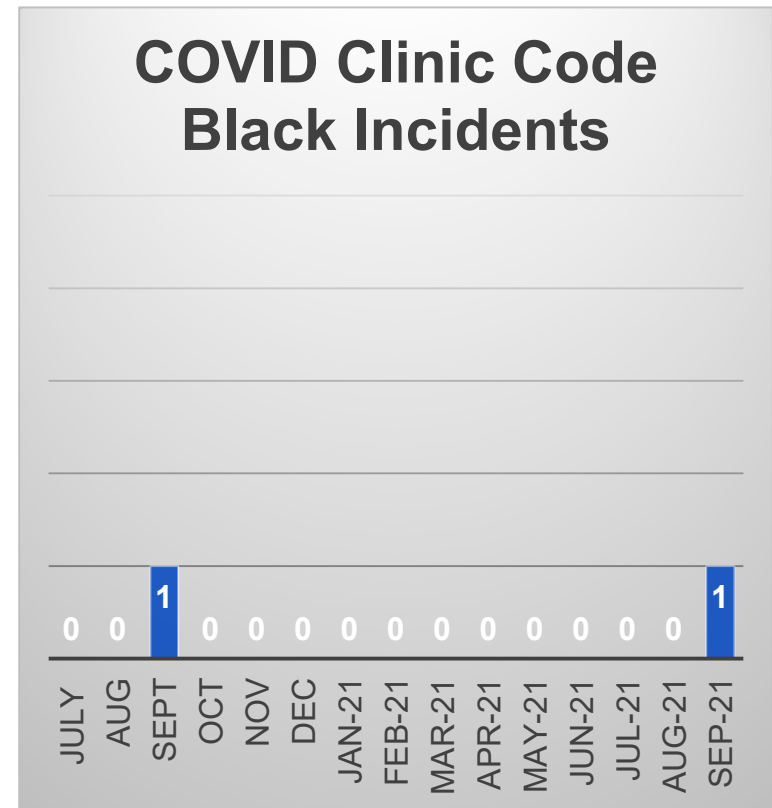
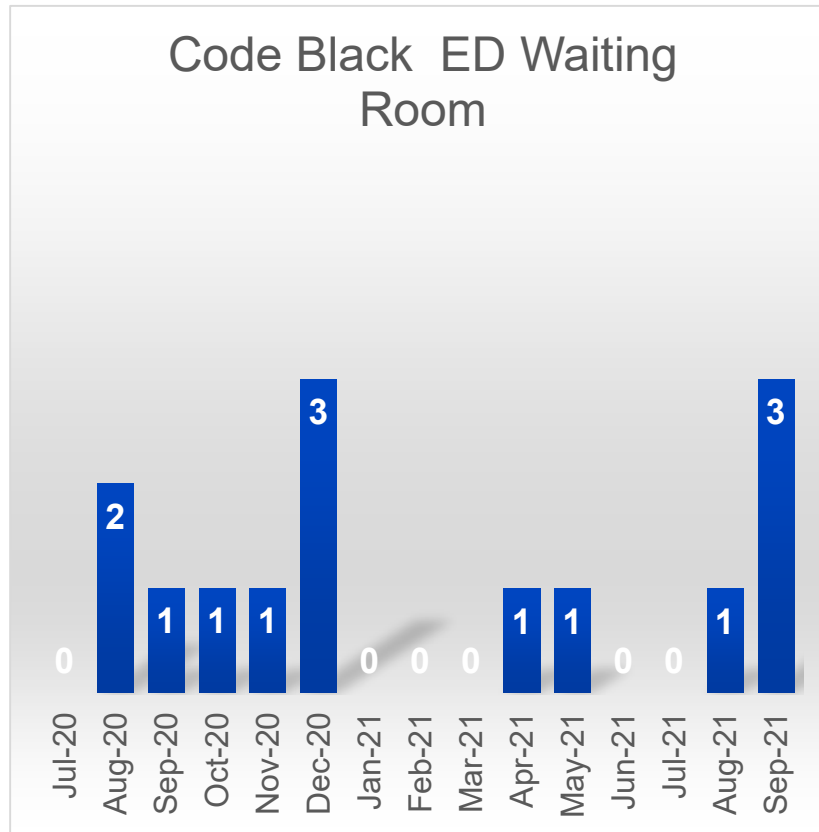


Sydney Hospital &  
Sydney Eye Hospital



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## ***SSEH Code Black Incidents –July 20 to Sept 21***



ED Wait Room Code Black  
were all outside of PEO hours



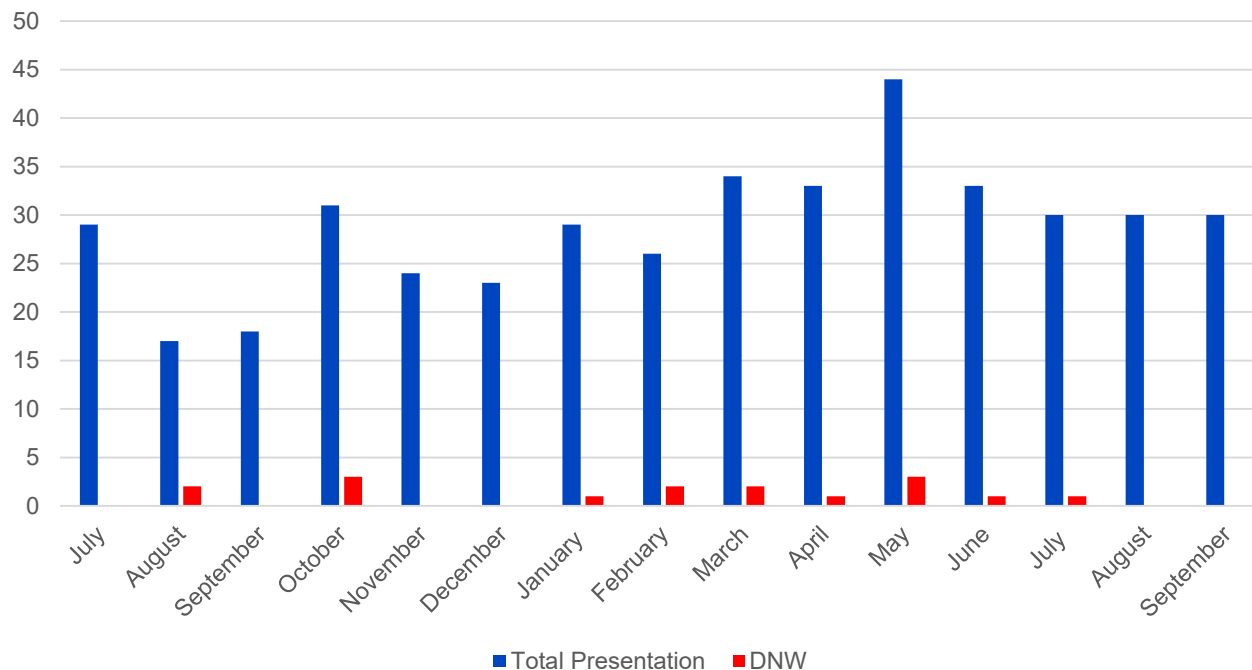
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# ***SSEH ED Did not Waits-Aboriginal & Torres Strait Islander***

ATSI Presentations and DNW Numbers July 20-Sept 21



Sydney Hospital &  
Sydney Eye Hospital



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## ***SSEH ED MoH Patient Survey- Aug/Sept 21***

**352 patient surveys completed in Aug, 380 in Sept**

It's my first visit to eye hospital and emergency there , I am so surprised and pleased with all what I experienced that day, professionalism and kindness, all what patients need when they are looking for help or advice there, huge thanks for being there for us!

The entire ED staff were amazing but particularly Dr Gabbie, nurses Shannon and Lucy and trainee nurse Debbie. Such amazing people and took care of me so well...and kept me laughing to distract from my pain.

My mum is 94 and we were there about 7pm and had a very long day without lunch etc.. I asked for some water and the lovely male nurse bought us a sandwich juice and water. This was a great help and much appreciated.



Sydney Hospital &  
Sydney Eye Hospital



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Local Health District

## ***SSEH ED MoH Patient Survey- Aug/Sept 21***

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I was waiting for 5 hours which is just too long, I asked to leave to stretch my legs and get fresh air but was told I had to wait. I don't think this is fair. The waiting time here is far too long. I understand you are busy but something needs to change. It made my experience a lot harder

A lots of homeless people go there recharges phone or toilet or sit over there, safety at night would be a issue.

Signage to emergency is appalling. Freaked out in pain I was sent there, then there, then there and then... Also the following day, while waiting for the fix it surgery, I spent 5.5 hours freezing and sitting in an uncomfortable chair. That doesn't seem right.



Sydney Hospital &  
Sydney Eye Hospital



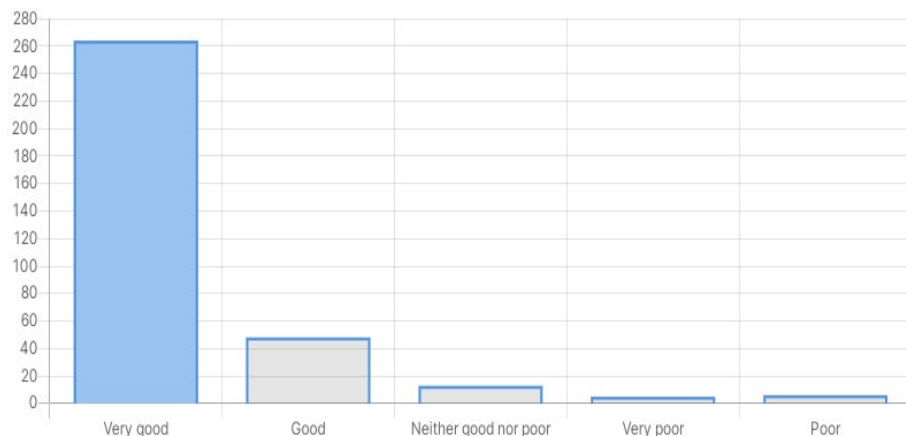
**Health**  
South Eastern Sydney  
Local Health District

# Good To Great SSEH ED Patient Survey- Aug/Sept 21

AUG '21

Q2: Overall how would you rate the ED care you received?

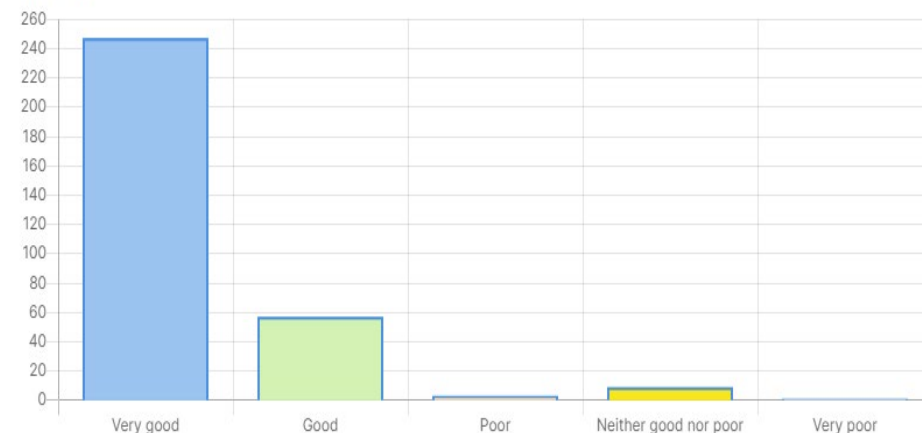
5 minutes ago



SEPT '21

\*\*\* Q2: Overall how would you rate the ED care you received?

2 minutes ago



Sydney Hospital &  
Sydney Eye Hospital



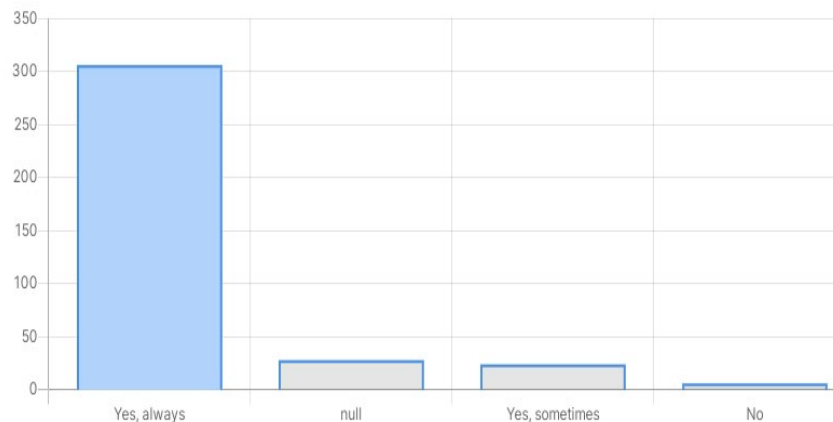
Health  
South Eastern Sydney  
Local Health District

# Good To Great SSEH ED Patient Survey- Aug/Sept 21

AUG '21

Q5: Whilst in ED were you treated with respect and dignity?

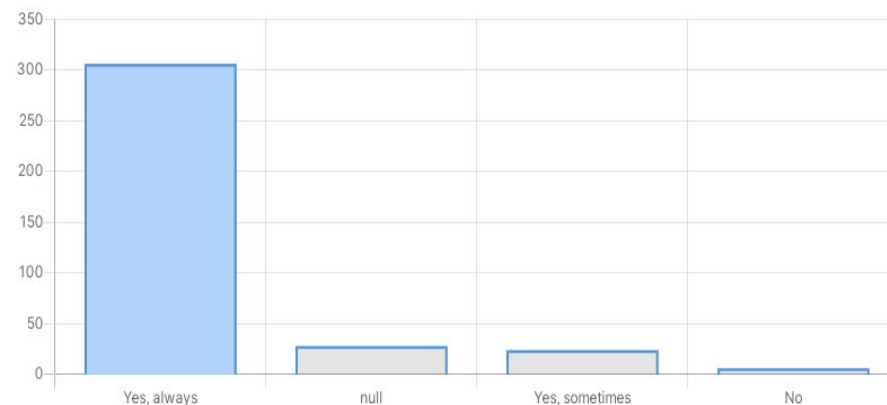
5 minutes ago



SEPT '21

Q5: Whilst in ED were you treated with respect and dignity?

5 minutes ago



Sydney Hospital &  
Sydney Eye Hospital



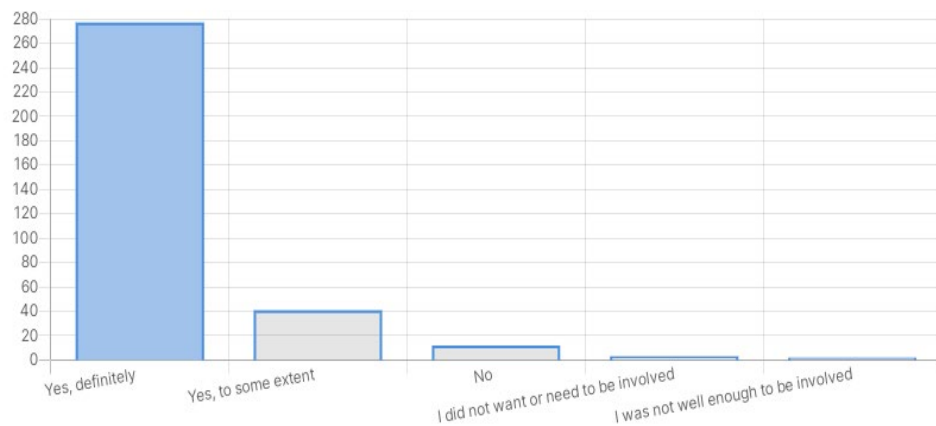
Health  
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# Good To Great SSEH ED Patient Survey- Aug/Sept 21

AUG '21

Q9: Were you involved in your ED treatment decisions?

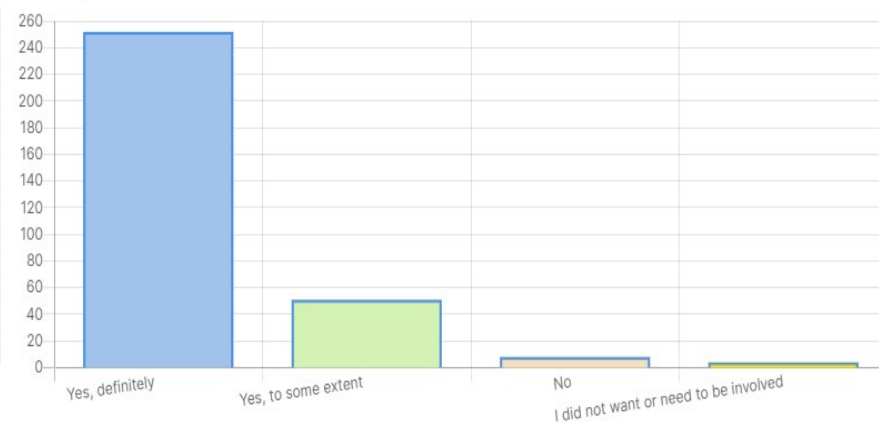
5 minutes ago



SEPT '21

\*\*\* Q9: Were you involved in your ED treatment decisions?

2 minutes ago



Sydney Hospital &  
Sydney Eye Hospital



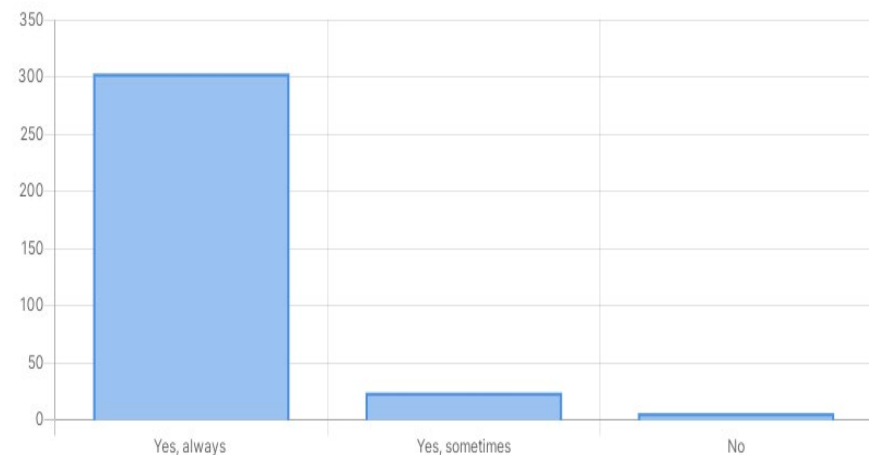
Health  
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Local Health District

# Good To Great SSEH ED Patient Survey- Aug/Sept 21

AUG '21

Q16: Did you understand the ED health professionals?

5 minutes ago

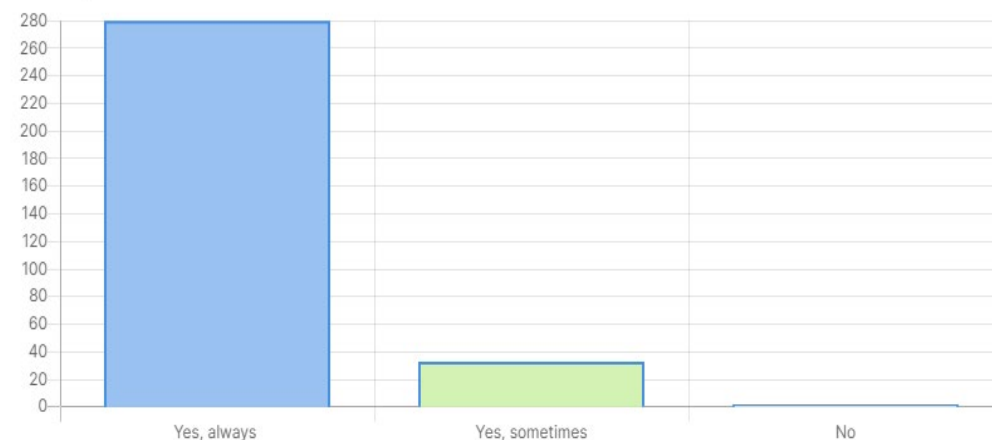


SEPT '21

\*\*\*

Q16: Did you understand the ED health professionals?

a minute ago



Sydney Hospital &  
Sydney Eye Hospital



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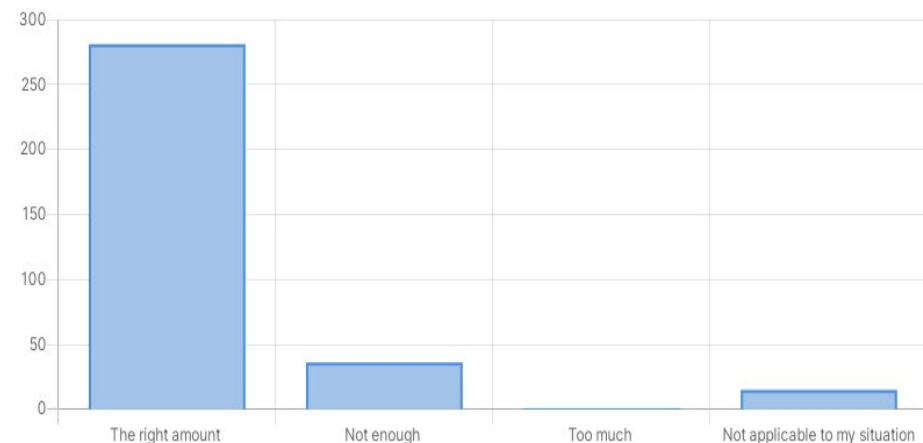
# Good To Great SSEH ED Patient Survey- Aug/Sept 21

AUG '21

SEPT '21

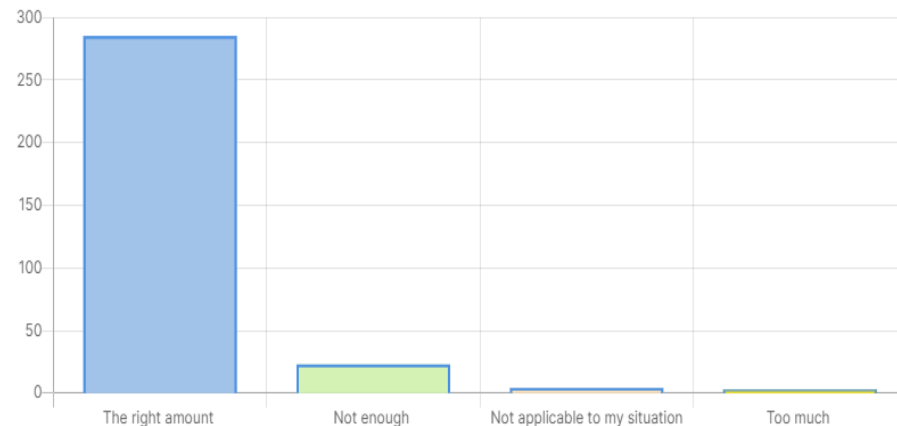
Q17: Whilst in ED how much information was given to you?

5 minutes ago



\*\*\* Q17: Whilst in ED how much information was given to you?

a minute ago



Sydney Hospital &  
Sydney Eye Hospital



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## 5.3



## Care Opinion

## SSEH

This is a message of appreciation to **Ruby** and **Mandy** at Sydney Hospital & Sydney Eye Hospital. You were able to facilitate a pre departure Covid-19 test for a myself and a colleague. Our business trip was extended due to a temporary Trans Tasman bubble pause.

After 2 weeks unscheduled time away from home we were keen to return to NZ in time for the long weekend. Your, I believe, commitment to facilitating the test procedure and ensuring the results were communicated in appropriate fashion to allow us to board our plane that same evening went above and beyond expectation.

I had a covid test last week at Sydney Hospital and I wish to sincerely thank the amazing **Eric** (nurse) and **Graham** (security guard) who took care of me that morning. I was extremely distressed and very anxious, and these two kind gentlemen showed such compassion and patience with me. They helped me find a phone charger when my phone went down to 0% (causing panic as I couldn't use the QR code system), and treated me with such non-judgment and patience. It made a huge difference to me in a frightening situation to be met with great care and kindness.

I know it isn't easy in these difficult times as healthcare workers, but the kind understanding they demonstrated and their sincere attitude of taking care of me and everyone else are really acts of everyday heroism. It is thanks to hard-working and passionate people like these that make members of the public feel safe in what can be very scary times. Thank you again, **Eric** and **Graham**.

Based on my experience, the hospital gives no medical reports or any paperwork regarding the visit. I believe they had no records of my previous visits to the eye hospital and it made it very tedious and difficult to go back through my own calendar and explain.

I would advise making patients that are seen have a record on file there and relevant paperwork given on discharge.



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5.3



**Care  
Opinion**

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**POWH**



**Health**  
South Eastern Sydney  
Local Health District



## " Caring & Comprehensive service provided by the HITH Team "



My family and in particular my relative would like to personally thank and acknowledge the health care professionals from the Prince of Wales Hospital in the Home team, Doctor Carl (Geriatrician) and Jocelyn (Community Nurse) who recently provided exceptional and effective acute care treatment to my relative within the privacy of their home.

Both Doctor Carl and Nurse Jocelyn worked collaboratively as a team to treat my relative for an acute infectious episode preventing the need for Hospital attendance. Their expertise, knowledge and kind, compassionate manner was greatly appreciated. I felt the care provided was seamless and thorough whereby my relative responded very well to the treatment administered and is now fully recovered and back to normal activity.

We wish to acknowledge the important and exceptional services provided by all the health professionals we dealt with within the Prince of Wales Hospital in the Home Community Healthcare Team. This team provide state of the art treatments for patients in the community in the privacy of their own homes reducing the burden on acute Hospital Services which is so important at this present time of the Covid pandemic.

In my opinion, this team has the model for success for ensuring wellness in our community and has a unique formula to facilitate sustainable health and well being whereby dignity and privacy are maintained.

Sincere thanks to Doctor Carl and Nurse Jocelyn for their professionalism, care and kindness in assisting my relative and our family through a difficult time.

Many Thanks to the Hospital in Home team.



Prince of Wales Hospital &  
Community Health Services



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Late one weeknight I had severe stomach cramps so ended up in The Prince Of Wales Hospital's Emergency Department (Randwick). From then on I was treated extremely well by every single member of staff I encountered. The treatment was extremely thorough and no stone was left unturned to determine what was wrong. After lots of scans it turns out it was my appendix that was the issue and it was removed.

I've been lucky enough to never have had to visit a hospital before in my years, but I have left idolising anyone who works in a hospital. No matter what was wrong, or what issues they were facing, I felt everyone did their job with determination and positivity, even with Covid supplying additional issues.

I was extremely impressed with the attitude and the care each doctor, nurse, helper, cleaner, etc handled their job and their patients that it really made my three nights in hospital extremely positive.

I appreciate my condition was simple to treat but it really opened my eyes to the amazing work all those in care services provide and I want to thank them all from the bottom of my heart.

Their positivity was infectious and because of that, I felt the ward I was on was filled with joy despite, as I understand it, the complications surrounding a lot of patients' illnesses.

Thanks again, and although I hope I don't see you soon, please know how appreciated you are thanks to all you do for everyone.

## " Spinal ward rehabilitation care "

I was transferred from another hospital to Prince of Wales spinal rehab earlier this year, I stayed there for almost five months.

Right from the get go my experience was positive, I was made to feel really welcome, a plan was outlined about my recovery and an estimated time frame given.

I was lucky to have Carrie, my occupational therapist, anything I needed Carrie was very proactive about sorting it out, and I felt really supported from her in every way. She was very encouraging so that I'd get the best from my rehab.

I had Dimity as my social worker, again she was great, went above and beyond what I ever expected from someone in her position, and always a smile and a positive energy.

I had Jamie as my physio. Jamie is one of the most positive happy people you could meet, and having physio with her really helped me through my down days.

The nursing staff involved in my care were all great, a special mention to Adrian, Kritika and Megan.



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## " Major abdominal surgery "

I went in to POWH for surgery a few months ago and woke from the operation to learn Sydney had gone into lockdown. I spent over a week recovering in hospital without being able to have any visitors.

The care and attention I received from everyone in the hospital was fantastic. My surgical team, the nursing teams in HDU and Dickinson South (and the nursing students), the pain team, physio team, blood collectors, pharmacy, porters, food attendants, cleaners, admissions teams... everyone took the time to make me feel valued and cared for.

I felt they went above and beyond to help me with things that I couldn't ask from my family during that time. They kept me calm when I was confused and anxious, and assured me I'd be ok.

They encouraged me every step of the way, and thanks to the entire team, I made an exceptional recovery and left the hospital feeling fantastic. I am so grateful for, and impressed by, the professionalism and warmth of everyone who works there who looked after me.



Prince of Wales Hospital &  
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## 5.4 Diversity Health – Update - POWH

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Factsheets Sent to CAC members for comment – closing 25/09/21

[Antibiotic Resistant Bacteria](#)

[MRSA](#)

[VRE](#)



**Health**  
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# Antibiotic resistant bacteria



➤ August 2021

## What are antibiotic resistant bacteria?

- Bacteria are tiny organisms not visible with the naked eye. Bacteria are everywhere, both inside and outside of your body. Some people call them germs.
- Antibiotics are medicines used to prevent and treat infection caused by bacteria. They come in many forms, including tablets, capsules, liquids or creams.
- Some types of bacteria are resistant to antibiotics. This means the antibiotics do not control or kill the bacteria and cannot treat the infection.
- There are many types of bacteria that can be resistant to antibiotics. They can live in our airways and bowel or on our skin without causing any harm.
- If these bacteria move to other places in the body or an open wound, they can cause chest and bladder infections or more serious infections.
- If you get an infection caused by antibiotic resistant bacteria, your doctor will use a different antibiotic to treat it.

## What happens if I have antibiotic resistant bacteria?

### In Hospital:

- Tell your Doctor or Nurse you have antibiotic resistant bacteria.
- You may be moved to a single room.
- Hospital staff will clean their hands before and after touching you. They will wear an apron and gloves.
- You can leave your room if you feel well enough. Do not visit other patients.
- Wash your hands or clean them with alcohol-based hand sanitiser before leaving your room and when returning to your room.
- You can continue to have visitors and have as much contact with them as you like. For example, you can hug and kiss your children.

### At home:

- Tell your family doctor (GP) or community nurse.
- You do not need to do anything special or different.
- You can share things like plates, cups, sheets and towels as normal.
- You can continue to visit and be visited by friends and family.
- You are free to go wherever you want to go.



## How do I prevent antibiotic resistant bacteria?

- Only use antibiotics when they are prescribed by a Doctor for a bacterial infection. Viruses can also cause infection. Antibiotics do not work against viruses so are not required for a viral infection.
- Make sure you finish the entire course of prescribed antibiotics, do not stop taking them because you feel better. You must take the entire course so that it can be fully effective and not breed resistance.
- Practise good hygiene such as hand-washing before or after handling food, going to the toilet and changing nappies.
- Cover your nose and mouth when coughing and sneezing. Use tissues to blow or wipe your nose and dispose of them in the rubbish.



## Where can I get more information?

- Infection Prevention & Control team, Prince of Wales Hospital, Randwick, Sydney  
Telephone: 9382 2519 or 9382 2083
- Your Doctor or Pharmacist.

# Methicillin Resistant Staphylococcus Aureus (MRSA) at home



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Information about an antibiotic resistant bacteria

➤ August 2021

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## What is MRSA?

- Bacteria are tiny organisms not visible with the naked eye. Bacteria are everywhere, both inside and outside of your body. Some people call them 'germs'.
- Staphylococcus aureus is a bacteria that lives on our skin without causing any harm. Some people call it 'staph'.
- It can sometimes cause small skin infections like boils or spots and occasionally can cause more serious infections like chest and urinary tract infections.
- Antibiotics are medicines used to prevent and treat infection caused by bacteria. They come in many forms, including tablets, capsules, liquids or creams.
- Some types of bacteria are resistant to antibiotics. This means the antibiotics do not control or kill the bacteria and cannot treat the infection.
- Methicillin Resistant Staphylococcus Aureus (MRSA) means that the 'staph' is resistant to the antibiotic called Methicillin. If you get an infection, your doctor will use a different antibiotic to treat it.

## How is MRSA spread?

MRSA is spread by contact with infected people or things that are carrying the bacteria. Examples include:

- Sharing personal items, such as towels or razors, that have touched infected skin
- Touching surfaces or items, such as used bandages, that are contaminated with MRSA.

## What happens if I have MRSA and am in Hospital?

- Tell your Doctor or Nurse you have MRSA.
- You may be moved to a single room.
- Hospital staff will clean their hands before and after touching you. They will wear an apron and gloves.
- You can leave your room if you feel well enough. Do not visit other patients.
- Wash your hands or clean them with alcohol-based hand sanitiser often and before leaving your room and when returning to your room.
- You can continue to have visitors and have as much contact with them as you like. For example, you can hug and kiss your children.

## How can I protect my family from MRSA skin infections?

- Know the signs of MRSA skin infection and get treated early. The infection usually causes a swollen, painful bump on the skin. It may look like a spider bite or pimple with a yellow or white centre. It may be warm to touch or have pus.
- Keep cuts and wounds clean and covered.
- Wash your hands regularly and before or after handling food and after going to the toilet.
- Do not share personal items such as towels, razors or gym equipment.
- Wash linen and clothes in hot water with extra bleach and dry at high heat in the dryer.
- You can continue to visit and be visited by friends and family. You can go wherever you want to go and do not need to stay at home.



Picture: A persons arm with a MRSA skin infection.

## Where can I get more information?

- Infection Prevention & Control team, Prince of Wales Hospital, Randwick, NSW  
Telephone: 9382 2519 or 9382 2083
- Visit this website: <https://www.cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control/multi-drug-resistant-organism-and-emerging-pathogens>
- For translated information visit this website:  
<https://www.mhcs.health.nsw.gov.au/publications/7155>
- Your Doctor or Pharmacist.



# Vancomycin Resistant Enterococcus (VRE)



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Information about an antibiotic resistant bacteria

➤ August 2021

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## What is VRE?

- Bacteria are tiny organisms not visible with the naked eye. Bacteria are everywhere, both inside and outside of your body. Some people call them 'germs'.
- Enterococcus is a normal bacteria that lives in everybody's bowel.
- It can sometimes cause bladder infections and on rare occasions more serious infections.
- Antibiotics are medicines used to prevent and treat infection caused by bacteria. They come in many forms, including tablets, capsules, liquids or creams.
- Some types of bacteria are resistant to antibiotics. This means the antibiotics do not control or kill the bacteria and cannot treat the infection.
- Vancomycin Resistant Enterococcus (VRE) means that the Enterococcus is resistant to the antibiotic called Vancomycin. If you get an infection, your doctor will use a different antibiotic to treat it.

## What happens if I have VRE?

### In Hospital:

- Tell your Doctor or Nurse you have VRE.
- You may be moved to a single room.
- Hospital staff will clean their hands before and after touching you. They will wear an apron and gloves.
- You can leave your room if you feel well enough. Do not visit other patients.
- Wash your hands or clean them with alcohol-based hand sanitiser often and before leaving your room and when returning to your room.
- You can continue to have visitors and have as much contact with them as you like. For example, you can hug and kiss your children.

### At home:

- Tell your family doctor (GP) or community nurse.
- Wash your hands regularly and before or after handling food and after going to the toilet.
- Anyone who helps you with your personal hygiene or toileting should wash their hands after contact with you
- No special cleaning or laundry precautions are needed.



- You can share things like plates, cups, sheets and towels as normal.
- You can continue to visit and be visited by friends and family.
- You are free to go wherever you want to go.

### Where can I get more information?

- Infection Prevention & Control team, Prince of Wales Hospital, Randwick, NSW  
Telephone: 9382 2519 or 9382 2083
- Visit this website: <https://www.cec.health.nsw.gov.au/keep-patients-safe/infection-prevention-and-control/multi-drug-resistant-organism-and-emerging-pathogens>
- Your Doctor or Pharmacist.

## 5.4 Diversity Health – Update - SSEH

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[Website Tiles for Comment](#)



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## 5.5 Questions from Consumers

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## 5.6 POWH/SSEH update by Committee members

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## 6. New Business

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6.1 Eye drops leaflets for cataract patient – for comment [leaflet 1](#) – [leaflet 2](#) *Consumers*

6.2 Establishment of joint POWH/SSEH Standard 2 Committee *JM*

6.3 Yearly Committee Evaluation *JM*



Open until Friday 26/11/21



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# 7. Business without Notice

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# Presentations

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## **Consumer/Community Facing Quality and Safety Data, CPIU Managers POW/SSEH**

8.1 Consumer Framework Gap Analysis, formation of working group – for approval

8.2 Real Time Patient Experience Infographic – for noting  
[POW](#) [SSEH](#)

8.3 Quality and Safety Data for Internet Display – for input

8.4 Draft Communication Boards POW and SSEH – for input  
[POW](#) [SSEH](#)



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# Prince of Wales Hospital

## PATIENT SURVEY 2021



**499** patients completed our survey between  
August 2020 and June 2021

**87%**

said they  
**ALWAYS** feel  
cared for



**89%**

said they **ALWAYS**  
feel confident and  
safe while receiving  
treatment and care



**71%**

said they were **ALWAYS**  
involved as much as they  
wanted to be when  
making decisions about  
their care and treatment

**80%**



said that  
clinicians  
**ALWAYS** listen  
to their views  
and concerns



**71%**

said its clear that staff  
**ALWAYS** communicate  
with each other about  
my care



**92%**

said that the over all  
quality of care and  
treatment is **VERY GOOD**



# Sydney/Sydney Eye Hospital Patient Survey

## 42 patients completed our survey in 2021

### 100%

said they **ALWAYS** felt cared for.



### 92%

said clinicians **ALWAYS** listened to their views and concerns.



### 100%

said they **ALWAYS** felt confident and safe when receiving treatment and care.



### 98%

said they were **ALWAYS** involved as much as they wanted to be in decisions about their care and treatment.



### 98%

said it's clear that staff **ALWAYS** communicate with each other about their care.



### 100%

said that the overall quality of care and treatment was **VERY GOOD**.



# Prince of Wales Hospital Patient Communication Board

*“Partnering with you in your care”*

**Bed No:**

**Today’s Date:**

**Estimate Date of Discharge:**

## About me

**Given name**

**Preferred name**

**Preferred language**

**I need an interpreter**

**Yes/No**

## What matters to me

**My Goals**

## My Care Team

**Nurse**

**Doctors**

**Therapy Team**

## My activities/procedures for today

## I need help with

**Hygiene**

**Medication**

**Meal Assistance**

**Mobility**

**Special Diet**

## My care concerns

**I have questions about**

**If you see a worrying change in your condition or in the person you care for please speak to one of your care team. If you are still concerned you can call REACH (*Recognise, Engage, Act, Call, Help*) on 9382 2622**



# Welcome to Ward XXXXX

## Patient Communication Board



### My Care Team

NURSE



DOCTOR

THERAPY TEAM

TODAY'S DATE



### About me



Preferred name

Preferred Language

Who I want involved in my care

MY TOP 5 NEEDS/GOALS



PLANNED DATE OF DISCHARGE

SAFETY RISKS & PLAN



DIET



MOBILITY PLAN



PLANNED CARE FOR TODAY



MY QUESTIONS



# Next meeting

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Next meeting will be held on the 25 November @1530-1700hrs  
Skype/Teleconference



**Health**  
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Local Health District



**MEETING FEEDBACK FORM**  
**CONSUMER ADVISORY COMMITTEE**

Please submit to CAC secretariat for submission with minutes

NAME	Cliff Wherry		
COMMITTEE/MEETING TITLE	Consumer Advisory Committee		
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Harris
DATE/TIME OF MEETING	29/10/2022	LOCATION	Video link
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>Eye drop leaflets, found to be comprehensive</p> <p>8.3 } Quality &amp; Safety Data</p> <p>8.4 } Draft Communication Board</p> <p>Both useful tools, and Committee joined in with suggestions</p> <p>Useful meeting good input from all present</p> <p>Still prefer face to face</p>		
PLEASE ATTACH AGENDA AND FORWARD TO CAC SECRETARIAT PRIOR TO CAC MEETING			

DATE: 31/10/2022

SIGNATURE:

*Cliff Wherry*



Please submit to CAC secretariat for submission with minutes

NAME	Sue Suchy		
COMMITTEE/MEETING TITLE	Patient Safety Committee		
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Dr Martin Mackertich
DATE/TIME OF MEETING	2pm 2 <sup>nd</sup> Thursday month – 12 <sup>th</sup> AUGUST 2021	LOCATION	EDU A
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<ol style="list-style-type: none"> <li>1. There was a presentation on Medication safety incident data which showed the following <ul style="list-style-type: none"> <li>- Harm score of 2, mainly low impact &amp; oral tabs – mainly in first 24hours of admission &amp; 60% incidents were with everyday meds</li> <li>- <b>Development of medication trolley with keyswipe access.</b></li> <li>- <b>Covid related incidents occurred mainly in pathology &amp; transfer of Patients due to mislabelling &amp; complexity of patients.</b></li> <li>- There were improvements in temperature monitoring of fridges, nurse double checks &amp; labelling.</li> </ul> </li> <li>2. There was a second presentation on Safety Improvements in the Medical Imaging Dept which showed <ul style="list-style-type: none"> <li>- Safety huddles working well</li> <li>- Cleansing a challenge with Covid patient - training of allied health assistants</li> <li>- Quality &amp; safety boards working well to focus staff on safety issues</li> <li>- Well established multi disciplinary meetings</li> <li>- Fortnightly incident management meetings</li> </ul> </li> <li>3. Increase in Harm Score 2 events this month, improvement expected in coming months, 1 HS 1 event, death in July due to missed diagnosis.</li> <li>4. No unregistered AHPRA junior Drs in POWH .</li> <li>5. Hand hygiene staff improvements – compliance at 76%.</li> </ol>		

*Sue Suchy*

12/8/21



**MEETING FEEDBACK FORM**  
**CONSUMER ADVISORY COMMITTEE**

Please submit to CAC secretariat for submission with minutes

NAME	Sue Suchy		
COMMITTEE/MEETING TITLE	Patient Safety Committee		
FREQUENCY OF MEETING	Monthly	CHAIR OF MEETING	Dr Martin Mackertich
DATE/TIME OF MEETING	2pm 2 <sup>nd</sup> Thursday month – 9 <sup>TH</sup> SEPTEMBER	LOCATION	EDU A
KEY POINTS and ITEMS FOR DISCUSSION WITH CAC MEMBERS	<p>This meeting was an abbreviated meeting due to Covid restrictions and only went for 45 mins. Only dealt with urgent/new issues.</p> <p>Major ISSUES:</p> <ol style="list-style-type: none"><li>1. There will be a presentation to CAC at the next meeting to discuss which 6 safety issues the CAC would like to see reported regularly on the POW website. CAC will be able to choose those 6 issues.</li><li>2. There will be 6 monthly “Graphic Format” reporting of the results of the regular Patient Survey results introduced.</li><li>3. Two new Consumer reps from CAC will be joining the End of Life Committee and they will be briefed soon before joining the Committee. The Terms of Reference for that committee have been streamlined &amp; are now more focused on certain issues.</li><li>4. Forum on safety planned for October is now cancelled due to Covid.</li><li>5. Thee audit of Safety Standards at POW has now been delayed due to Covid until early May 22.</li></ol>		

Consumer Advisory Committee – feedback template

DATE: 17/9/21

SIGNATURE: Sue Suchy