



Meeting: POWH/SSEH Community Advisory Committee

Date: Monday 14th October 2013

Chair: Ms N Turner (chair)

Minutes: Ms B Rabet (NM to DON)

1. Attendance/Apologies

Attendance	S.Nicholson (Consumer), H.Walker (POWH DON), N.Turner (Chair & Consumer), A.Eleftheriou (Consumer), J.Titterton (Consumer), J.West (Consumer), C .Smith (SSEH), S.Magee(Consumer), G.Constantin(Consumer), MT.Kant (Consumer), D.Kennedy (Community Partnerships Officer), P.South (Consumer), J.Roberts (DO), B.Rabet (NM to DON), M.Carvalho-Mora (Consumer),
Apologies	

2. Minutes

2.1	Confirmation of minutes	The minutes from the September meeting were confirmed by Mr Constantin.
-----	-------------------------	---

TOUR OF ADMISSIONS AND PERIOPERATIVE UNIT

3. Actions/ Plans arising from previous minutes

	Issue	Discussion	Action Required	Who	Due
3.1	Update re: Extraordinary meeting on 30/9/13 for consumers to discuss the strategies re: CAC action plan	<p>Ms Magee provided feedback from the meeting held on 30th September 2013.</p> <ul style="list-style-type: none"> A list of potential items for progressing was tabled for members to review prior to the next meeting. <i>Report attached</i> It was suggested that the consumer members work together to first define the purpose of the committee and their role on the committee All members agreed that it was important that actions were followed up. Suggestion that of the 23 actions identified – 3-4 should be looked at each year. 		Chair and Consumers	November meeting

progressive reduction of 37 beds across the facility. Since May 2013 positions have been reduced.

- There has been close monitoring of services to ensure limited impact
- The facility has continued to improve access targets to the Emergency Department and access to Surgery. Mr Roberts reported that he was comfortable that the changes had not negatively affected services
- Strategies to reduce expenditure has not focussed solely on labour. 50% of the recovery plan addresses other areas and included:
 - full cost recovery of services provided to other hospitals on this campus. This includes Mental Health. POWH pick up much of their pharmacy and cleaning costs without appropriate cost transfer.
 - Other strategies include maximising revenue and encouraging patients to use their private health insurance.
 - The facility is looking at receiving separate funding for Statewide Spinal Services and Corrections Health to more accurately address the nature and cost of these services.
- Ms South asked about the Cancer development impact on finances. Mr Roberts stated that the services will not commence until 2016 and is presently across multiple locations in the facility. Strategies are under development to deliver efficiencies in a centralised location.

Altogether approximately 80 positions – nursing, allied health, medical, administrative and cleaning – have been affected. Through natural attrition no nursing staff lost their position and no redundancies were offered. The 26 FTEs currently affected by the restructures – strategies are in place to redeploy these staff into a range of vacant positions across the LHD. These staff will have the opportunity to apply for these positions.

		Ms Kennedy raised concerns that the public are worried about losing non-urgent transport options. Mr Roberts commented that the facility was looking at non-funded transport and a range of models are under investigation.			
4.2	Clinical Council Feedback	Mr Roberts provided an update: Mr Terry Clout and Mr Michael Still (New chair of the Board) held discussion around the budget an Northern sector planning. <ul style="list-style-type: none"> • Light rail for High Street • Capital funding model requirement • Joint meeting between the council and board held to discuss capital projects and services impact and supports required. Productive meeting 	Noting only		
4.3	Community Partnerships Update	Ms Kennedy provided and update: <ul style="list-style-type: none"> • The final program for the 2013 symposium was distributed to the consumer members – advised to email Ms Kennedy for registration. • The 'Brain forum' was tabled – 13th November 2013 • SESLHD awards – nominations finalised – 23 received from across the LHD. The awards ceremony will be held late October. • The MoH Awards – our LHD won 2 awards – the volunteer of the year was from Sutherland Hospital • Public transport – community consultation will be held regarding the light rail on 25th November 2013. 	Noting only		
4.4	Complaints and Compliments – monthly review	Report not received	Report to be distributed to members	NM to DON	Prior to next meeting
4.5	Minutes from Committee	Ms Titterton provided updates on the following: Patient Flow, Access & Redesign Committee <ul style="list-style-type: none"> • Presentation on surgery targets – all targets met. • An EOI for REACH was sent out recently but withdrawn – advice sought by those who applied on reason for withdrawal. Ms Rabet noted that this had been sent out but will resend Ms West provided an update on the following:	Email to be sent to consumers who applied for REACH group at SSEH	NM to DON	Prior to next meeting

	<p>The SESLHD Healthcare Symposium</p> <ul style="list-style-type: none"> Ms West expressed her gratitude for the opportunity to attend this symposium and found it interesting and engaging. The standouts in Ms West's opinion were the presentations on REACH and probioticss. <p>Ms Nicholson provided updates on the following:</p> <p>SSEH Quality meeting</p> <ul style="list-style-type: none"> Outpatients self check in proposal discussed Eye clinic update on changes given <p>POWH Quality of Care Nursing Council</p> <ul style="list-style-type: none"> Discussion around the identity bracelet Work on the costing of mattresses FRAMP discussed <p>POWH Clinical Quality and Patient Safety Committee</p> <ul style="list-style-type: none"> EMR Radiology issues raised Northern sector symposium planned for May 2014 			
--	--	--	--	--

5. New Business

	Issue	Discussion	Action Required	Who	Due
5.1	Consumer participation in Emergency Department	Ms South gave feedback on her position as representative in the Emergency Department. The Department are looking at developing a project to enable staff working with patients to have a closer contact.	Noting only		

6. New Business without notice

	Issue	Discussion	Action Required	Who	Due
6.1	Emergency Department refurbishments	Ms Kennedy discussed the Emergency Department refurbishment plans. This group involved in discussions included Ms Kennedy, the volunteer manager and the Aged care volunteer co-ordinator.	To circulate the feedback	Ms Kennedy	Prior to next meeting

7. Monday 11th November 2013 4pm – 6pm SSEH

There being no further business the meeting closed at 6:10pm

Accepted as a true record: GEORGE CONSTANTIN ~~GEORGE~~ Chair: CHAR Date: 11/11/2013

Signature Chair

