

Meeting: POWH/SSEH Community Advisory Committee
Date: Monday 8th April 2013

Acting Chair: Ms N Turner (Consumer)
Minutes: Ms B Rabet(NM to DON)

1. Attendance/Apologies

Attendance	A. Bernard (DO), H.Walker (POWH DON), B. Rabet (A/NM to DON), N. Turner (chair), E.Moore (SSEH DON), , D.Kennedy (Community Partnerships officer), G.Constantin (Consumer), A. Eleftheriou (Consumer), S. Nicholson (Consumer), T. Kant (Consumer), P. South (Consumer)
Apologies	J. Titterton (Consumer),

Consumer members attended mandatory training prior to this meeting

2. Minutes

The minutes were confirmed by S. Nicholson.

3. Actions/ Plans arising from previous minutes

Issue	Discussion	Action Required	Who	Due
3.1 Copy of brochure to be provided by Ms. D. Kennedy	Brochure tabled – Ms D Kennedy asked for any additional feedback. Committee members said they were happy with the colours. 150 brochures to be printed and trialled at POWH/SSEH in outpatient areas, peri-op and front entrances at both facilities.	For review in July 2013	Community Partnerships Officer	July meeting
3.2 TAXI rank in the Barker Street entrance of POWH	Ms S Magee not present at meeting to discuss concerns further	Hold over to next meeting	S Magee	next meeting

4. Standing Items

Issue	Discussion	Action Required	Who	Due
4.1 POWH/SSEH Update by Hospital Executive	Ms. H Walker advised <ul style="list-style-type: none"> The appointment of the new Director Operations – Mr Jon Roberts effective from 15th April 2013. Mr Roberts comes with many years experience in the public health system in Queensland and has held the position of Executive Director at 	For noting only		

			<p>The Prince Charles Hospital since 2006.</p> <ul style="list-style-type: none"> • Mr A Bernard's last day will be on 12th April 2013. • Bed consolidation: N Turner and G Constantin asked how many beds were going to be closed? Ms Walker advised that the 15 bed ward consolidation is progressing and is on target for PB7W to close by the 15th April. Outlined the realignment of surgical services within the surgical precinct and although a ward has closed there is no service reduction in surgical services • The Pods of beds which affects four wards are planned to be managed as bed capacity permits and in readiness for the impending Winter period will be able to be surged based on demand over that time • All staff have been invited to attend staff forums and a communiqué explaining the changes has been circulated and displayed throughout the hospital. Ms D Kennedy commented that the process had been transparent and applauded the Executive on their management of this situation. • Asked whether the Stroke unit has lost any beds. Ms Walker advised that the ASU although this was part of an initial consideration with the relocation of services has not been moved and remains located in the same ward with its 9 bed capacity • Advised that staff continue to work on efficiencies in relation to lengths of stay and has in part resulted in a number of beds surplus to demand. These have been temporarily closed on a shift by shift basis when surplus to requirement. N Turner raised issues of whether Federal hospital funding agreements will provide additional monies to reopen the ward which has closed. H Walker commented that there was no expectation that funding will be provided to re-open the beds and at this stage those beds have been empty within the hospital but scattered in different specialities, and outlined rationale for consolidating those beds through a ward closure. • N Turner brought up speciality clinics and asked if they have been closed. H Walker advised that at this stage the Outpatient clinics are still in process of review, however the facility is not funded for the current OPD services which is currently running. • G Constantin asked if the closing of beds was due to a shortage of nurses. H Walker stated that this is not about staffing, it is about the efficiencies being gained in lengths of stay and in meeting benchmarks with peers on the expected lengths of stay of groups of patients. A Bernard commented that there is a drive for efficiencies in hospitals. If 		

			<p>benchmarks state that a patient's length of stay is 3 days, and they stay 4 days they will not get funded for the 4th day.</p> <ul style="list-style-type: none"> D Kennedy suggested that this model of funding and the changes should be promoted to the community E Moore update on SSEH – Accreditation 22-24th April 2013. SSEH will be the first hospital in the state to be accredited against the National Standards. 6th May 2013 – Bicentennial clinic – Paterson was the successful tender for specialist eye clinic SSEH commenced vaccination program to date good response from staff G Constantin asked if bird flu was covered – A Bernard commented this was not covered in current vaccinations. 		
4.2	Clinical Council Feedback		No additional feedback other than above comments	For noting only	
4.3	Community Partnerships Update	D Kennedy	<ul style="list-style-type: none"> Feedback requested about Patient rights and responsibilities videos and booklets. The letter had been circulated for review by the members. S Nicholson had provided feedback. Packs will be given to patients free of charge. Funded by the POWH foundation. The pack included details on how to donate to the foundation. D Kennedy will proceed with translation of letters and distribute. 'falls prevention' DVD available for consumers to review – G Constantin, S Nicholson and A Eleftheriou stated they would like the opportunity – D Kennedy will send on to each member. Link circulated to 'Patients rights and responsibilities' information available in different languages – a DVD is available with scenarios. If any issues arise accessing the link members encouraged to contact D Kennedy. D Kennedy continues working on the Community Engagement Framework D Kennedy has taken photos of members completing their mandatory training. 		
4.4	Complaints – monthly review		<p>Complaints reports were distributed with the minutes. S Nicholson commented that the reports were for POWH only. B Rabet will send on the reports including SSEH.</p> <p>G Constantin commented on complaints report – 85% resolution. What about the 15% not resolved? H Walker indicated that this number indicated the time taken to resolve the complaint. A Bernard</p>	For noting only	

		<p>commented that if patients or relatives are not happy with the resolution of the complaint they are advised to take the issue to the Health Care Complaints Commission (HCCC) or escalate through other avenues. Approximately 12 a year are referred to the HCCC who investigate independently and mediate with the complainant to resolve the complaint. Approximately 90% of complaints are made directly to the hospital, 10% go via the Ministers office or via a member of parliament and then are sent to the hospital. Very few go directly to the HCCC. POWH/SSEH strong advocates for patients to complain or express concerns at the earliest opportunity in order to resolve. Open disclosure is an opportunity for an early intervention to disclose any adverse events that may occur for inpatients. Staff actively seek feedback from patients and this is promoted throughout the hospital.</p> <p>D Kennedy brought up SESLHD Youth Services – and commented that a peer youth educator could be organised to attend some meetings if required. P South asked about technical college representatives. D Kennedy commented that they had been invited in the past and would be happy to extend the invitation if the members agreed.</p> <p>D Kennedy commented that Mental Health will have a Drug and Alcohol consumer representative who will also be able to attend meetings and present in the future.</p> <p>comments that there are various avenues to seek feedback by young people. The CAC could write a letter to the student advocate at the University/TAFE seeking feedback on POWH/SSEH services.</p>		
4.5	Minutes from Committees	<p>S Nicholson</p> <p>Wayfinding Committee (SSEH) – issue regarding Hospital Road – patients had complained about the lack of shelter whilst waiting for transport, looking at relocating and improving.</p> <p>Quality Risk Management Committee (SSEH) – Audits for the 10 National Standards are proceeding. Report on the Cataract pathway, patients expressing concerns around wait times and privacy. Patient journey stories collected</p> <p>Quality of Care Council (POWH) – L Perry discussed pressure areas and the waterlow risk assessment trial versus clinical judgement. Results of trial presented. Mandatory training/train the trainer on patient based care will be arranged but not before accreditation.</p>	For noting only	

5. New Business

Issue	Discussion	Action Required	Who	Due
5.1 CAC advertisement	An advertisement will be posted in the Southern Courier and the Wentworth Courier on the 9 th and 10 th April asking for applications for the Community Advisory Committee. Closing date 28 th April 2013. A present the Committee has 8 members and would benefit from 3-4 further members. According to the Charter an independent community representative is to be involved in the recruitment process	For noting only		
5.2 NSW Health Nutrition Care Policy Directive online feedback tool now live	Nutrition care policy circulated to committee members with opportunity to give feedback. S Nicholson commented that policy did not mention carers - advised to complete feedback tool online	For noting only		
5.3 No Smoking	Discussion around smoking on grounds. Approximately 20% smokers on grounds are staff. A Steering committee is being developed to discuss issues. There is 100% prohibition in SESLHD however there is a need for exemptions for limited patient populations for example spinal patients. D Kennedy commented that she was involved in a spot check on smokers on the hospital grounds. Difficult to get compliance with no smoking.	For noting only		
5.4 Action plan	The CAC action plan will be on the agenda for the next meeting for discussion.	N Turner to review and present at next CAC meeting	All members	Next meeting

6. Date of Next meeting: Monday 6th May 2013 4pm - 6pm POWH EDU A

There being no further business the meeting closed at 17:55 hours

Accepted as a true record:  **Chair:** Dr. M. Turner **Date:** 3 / 05 / 2013

Signature Chair