



**Meeting:** POWH/SSEH Community Advisory Committee  
**Date:** Monday 8<sup>TH</sup> July 2013

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

### 1. Attendance/Apologies

Attendance	S.Nicholson (Consumer), P.South (Consumer), J.Roberts (DO), H.Walker (POWH DON), B.Rabet (NM to DON), D.Kennedy (Community Partnerships Officer), N.Turner (Chair & Consumer), T.Kant (Consumer), A.Eleftheriou (Consumer), J.Titterton (Consumer), G.Constantin (Consumer), J.West (Consumer), M.Wartmann (Consumer), M.Carvalho-Mora (Consumer), E.Van Aalst (Consumer), C.Smith (SSEH)
Apologies	S.Magee(Consumer), M.Gregor(Admin to POWH DON), R.Farnsworth (Director of Surgery POWH), E.Moore(SSEH DON),

### 2. Minutes

2.1	Confirmation of minutes	The minutes from the June meeting were confirmed by Ms Nicholson
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### **\*Mr Darrell Williams – CEO – presentation on Medicare Locals\***

### 3. Actions/ Plans arising from previous minutes

	Issue	Discussion	Action Required	Who	Due
3.1	Introduction of new CAC members	Outline provided to new members on the structure and service provision at SSEH and POWH The Chair then welcomed the new consumer members; <ul style="list-style-type: none"> <li>• Jodie West</li> <li>• Margaret Wartmann</li> <li>• Michelle Carvalho-Mora</li> <li>• Erikka Van Aalst</li> </ul>	Noting only		
3.2	Draft CAC Action Plan	The draft action plan will be revised and updated by the chair and the Executive and circulated to the group for review prior to the next meeting.	Chair to review to have ready to progress next meeting	Chair	Next meeting
3.3	CPIU to report on both compliments and complaints	<ul style="list-style-type: none"> <li>• Discussion in previous meeting regarding complaints report not balanced with compliments.</li> <li>• CPIU drafted a document outlining a summary of</li> </ul>	CPIU to provide	B Rabet	When

		<p>compliments received – this was distributed at the meeting.</p> <ul style="list-style-type: none"> <li>• Further discussion occurred around the cost of TV hire. Noted this was under a private company who determined associated rental costs</li> <li>• The cost of parking was discussed – particularly around discounted parking for visitors. SSEH are trialling discounted parking for patients and visitors.</li> <li>• Ms Nicholson noted that SSEH had a reduction in complaints on hospital calls following the installation of an upgraded phone tree.</li> </ul>	<p>regular compliments report</p> <p>B Rabet to produce costs for next meeting</p>	B Rabet	<p>available</p> <p>Next meeting</p>
3.4	CAC Evaluation Survey	<ul style="list-style-type: none"> <li>• The evaluation survey was discussed – concerns were raised by consumer members over the wording of the document. Ms Kennedy apologised for any confusion caused and advised that the survey was looking for feedback from consumers on the CAC.</li> </ul>	D Kennedy to amend document and recirculate to members	D Kennedy	Next meeting

#### 4. Standing Items

	Issue	Discussion	Action Required	Who	Due
4.1	POWH/SSEH Update by Hospital Executive	<p>SSEH update by Ms Smith;</p> <ul style="list-style-type: none"> <li>• Ms Ellen Moore retirement 19<sup>th</sup> July 2013 discussed</li> <li>• Ms Moore apology from meeting as attending the funeral of Grace Lynch responsible for a scholarship fund set up for professional development at SSEH.</li> <li>• There was a successful launch of a memorandum of understanding between Notre Dame University and SSEH for a 1 year course.</li> <li>• Promotion of NAIDOC week at SSEH was discussed</li> <li>• Discussion around the Design Concept Plan which was displayed at SSEH for comments</li> <li>• Expressions of interest are being sought for consumers to participate in the REACH program at SSEH.</li> <li>• SSEH will have feedback on numerical profile on Friday 12<sup>th</sup> July 2013.</li> </ul> <p><i>The consumer members gave their formal appreciation for Ms Ellen Moore's participation on the CAC and wished her well in her retirement.</i></p> <p>POWH update by Mr Roberts &amp; Ms Walker</p> <ul style="list-style-type: none"> <li>• POWH surgery targets were discussed – there has</li> </ul>	<p>For noting only</p> <p>C Smith will send an email asking for EOIs for this meeting</p>	C.Smith	Prior to next meeting

		<p>been an overall improvement in access times for elective surgery. 100% Category 1 cases received their surgery. 97% Category 2/3 cases received their surgery in June 2013. Noted acknowledgement to the Surgical and Admission Office Teams</p> <ul style="list-style-type: none"><li>• The POWH financial recovery plan continues. The media reports in recent times are reporting various suggestions around beds and ward closures in particular with Cancer and Stroke. Noted impact this has on patients and staff.</li><li>• Cancer services – Plans continuing, noted that to create efficiencies in in-patient care delivery there is currently consultation with senior staff in cancer around ward modifications.</li><li>• The Cancer services are available in regional areas however POWH will continue to offer services to areas outside of POWH.</li><li>• Regarding the Stroke services. Discussions are progressing looking at co-locating stroke services with neurosciences. Consultation is occurring with senior staff</li><li>• Refurbishments will be required prior to any consolidations which is what is driving the time-lines.</li><li>• The financial recovery plan has been presented to both the SESLHD Board and to the Ministry of Health.</li><li>• Mr Roberts stated that at present strategies are in place to maintain our highly skilled workforce, however, although there have been no job losses at present there may be a need to reduce positions in the future.</li><li>• Ms Walker advised that in-patient services have not been reduced, rather the reduction in the length of stay for patients has created capacity to reduce the number of beds required. Reviewing the bed bases will be an ongoing process.</li><li>• Further to the financial recovery plan Mr Roberts discussed the Light rail planning - Randwick urban activation system – which will have an impact on the population.</li><li>• Mr Roberts advised that POWH are looking at turning this challenge into an opportunity as demand will increase therefore services will need</li></ul>			
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		<p>to be reviewed.</p> <ul style="list-style-type: none"> <li>• Mr Roberts advised that Ms Julie Dixon (District Director) is looking at statistics and will have input into a planning exercise. Updates will be given at future meetings.</li> <li>• Ms Titterton asked about outpatient services. Mr Roberts stated that there had been discussion around rationalization of services prior to his appointment. The Clinical Council have established a working group looking at these services and efficiencies to inform future service provision.</li> <li>• Discussion around tele-health clinics and multiple referrals by GPs.</li> <li>• Mr Roberts hopes that services will be more holistic in the future working with medicare local to improve services and partnering with GPs.</li> </ul>			
4.2	Clinical Council Feedback	Covered in 4.1			
4.3	Community Partnerships Update	<p>Ms Kennedy welcomed the new consumer members to the committee and provided an update:</p> <ul style="list-style-type: none"> <li>• NAIDOC week at POWH. Ms Linda Boney – Aboriginal Liaison Officer at POWH has arranged this community event which will have BBQ, dancing etc. All consumers were invited to attend.</li> <li>• Mr Roberts is scheduled to present at the event.</li> <li>• A district symposium is to be held in November – half day event at the Royal Hospital for Women (RHW). The program will be tabled at the next meeting. Ms Kennedy will extend the invitation to all consumers.</li> <li>• The program will be focusing on Standard Two – Partnering with consumers.</li> </ul>	Program to be tabled	D Kennedy	Next meeting
4.4	Complaints and Compliments – monthly review	<p>Covered previously in 3.3.</p> <p>Ms Kennedy stated that compliments were received by SSEH by a close family member.</p> <p>Discussion around recent media message alleging that POWH have poor Hand hygiene rates.</p>	For noting only		
4.5	Minutes from Committees	<p>Ms Titterton provided updates on the following:</p> <p>Access Committee</p> <ul style="list-style-type: none"> <li>• ED</li> <li>• Whole of Hospital initiative</li> <li>• Hospital Escalation plan</li> </ul>	For noting only		

	<p>Chronic Care steering committee</p> <ul style="list-style-type: none"> <li>Aboriginal health – strategy sending services to La Perouse working well</li> </ul> <p>Ms Nicholson provided updates on the following:</p> <p>SSEH Clinical Quality and Risk management committee</p> <ul style="list-style-type: none"> <li>Macular degeneration – fast tracking of treatments progressing well</li> <li>Theatres are implementing a swipe access</li> </ul> <p>Organ Tissue and Transplant Committee</p> <ul style="list-style-type: none"> <li>Following comments from the Dalai Lama that he would donate organs, there was discussion around the possible promotion of donation through Buddhist communities</li> </ul> <p>Quality of Care Nursing Council</p> <ul style="list-style-type: none"> <li>Discussion around updating risk assessments post operatively</li> <li>Discussion around the draft publications business rule under development</li> <li>Discussion around possibility of using current TOPCAT handheld devices to carry out the MAXC audits that have been developed for the national standards</li> </ul> <p>POWH Clinical Quality and Patient Safety Committee</p> <ul style="list-style-type: none"> <li>Discussion around hand hygiene audits in theatres</li> <li>Review of time out procedures in theatres following an operation on the wrong eye</li> <li>Safety alerts after-hours discussed</li> </ul> <p>Further discussion was held regarding the changes to the requirement for working with children checks for staff working with children. Previously the employer performed this service free of charge. From the 1<sup>st</sup> July 2013 staff will now have to apply independently prior to employment commencing. This can be done through the RTA and will need to be repeated each 5 years.</p>			
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## 5. New Business

	Issue	Discussion	Action Required	Who	Due
5.1	Whole of Hospital Initiative	H Walker outlined the Whole of Hospital initiative and POWH was invited to be a project lead. Essentially the work is looking at ways we can improve the patient's journey and identifying any barriers which delays access	<ul style="list-style-type: none"> <li></li> </ul>		


		<p>to an inpatient bed in particular in line with the NEAT targets which indicated that patients should be able to be assessed and either discharged from ED or admitted to a ward within a four hour timeframe.</p> <p>Initial mapping has been undertaken commencing in ED and following patients journeys from there to the ward and subsequent discharge, The recommendations from this exercise has helped the facility theme common blocks and four key working groups will be established around the four key areas.</p> <p>Appointment of a project lead has occurred and Mr R Yarlett (ED NUM) will commence on 15<sup>th</sup> July 2013. The four working parties will relate to</p> <ul style="list-style-type: none"> <li>• Emergency Department processes</li> <li>• Admission processes</li> <li>• Discharge planning</li> <li>• Mental Health patient</li> </ul> <p>CAC will be provided with regular updates with progress and an invite will be extended to consumers to be more engaged in the work being undertaken</p>			
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**6. New Business without notice**

	Issue	Discussion	Action Required	Who	Due
6.1	NIL				

**7. Date of Next meeting: Monday 19<sup>th</sup> August 2013 4pm – 6pm POWH Cardiac Conference Room**

**There being no further business the meeting closed at 5:45pm**

Accepted as a true record:  Chair: NAVA TURNER Date: 9/9/13

**Signature Chair**