



Meeting: POWH/SSEH Community Advisory Committee
Date: Monday 10th August

Chair: Mr G Constantin (chair)
Minutes: Ms P. Humphreys (NM to DON)

1. Attendance / Apologies

NAME	AREA	status	NAME	AREA	status
Jon Roberts	DO	present			
Heather Walker	DON POWH	apology	Sharnelle Magee	consumer	present
Jennie Barry	DON SSEH	present	Susan Nielsen	consumer	present
Trish Humphreys	NM POWH	present	Joanne Matthews	consumer	present
Deidre Kennedy	Community Partnerships	present	Sherene Taylor	consumer	present
George Constantin	Consumer/Chair	present	Jan Titterton	consumer	present
Andros Eleftheriou	Consumer	present	Nava Turner	Consumer/deputy-chair	apology
Tanya Kent	Consumer	present	Jodie West	consumer	present
John Malouf	Consumer	present	Ericka Van-Aalst	Consumer	present

Presentations

Guest speaker Sylvia Hobbs

Sylvia presented the latest Bureau of Health Information data available. It was noted that since the survey was undertaken there had been two projects in the emergency department to help improve communication. There was a discussion regarding the possible under reporting of complaints. Anecdotal and personal experience of a committee member suggested that patients/carers did not feel comfortable reporting such things as delays in getting off ambulance trolleys in ED, and transfer of care to the specialty wards. The hospital has been very busy and there have been delays.

2. Minutes

2.1 Confirmation of minutes

The minutes for the July were not accepted as there was an amendment required or the accreditation report

3. Actions/ Plans arising from previous minutes

Issue	Discussion	Action Required	Who	Due
Accreditation report	A member of the committee requested a written report of the summary from the accreditors tabled in the previous minutes	Trish to present at September meeting		September
Clinical Services Plan – Jon Roberts	<ul style="list-style-type: none"> • Jon Roberts has met with Health Infrastructure personnel. There is a 4 years budget cycle and the initial trench money for POW is quote low. POWH will get more funding towards the end of the cycle • The Local health District has started a process to run the first phase of the Master Plan and the Service Plan. Key stakeholders will be consulted. • The Service Plan will ideally be completed next June and a business plan will be submitted outlining the implementation of the plan. It then goes to a schematic design phase which will take 6 -7 months. Costs and a more detailed design phase will then start and the process will take us to June 2017 • We are waiting for a Community Engagement model from the Board and then we will introduce this. The timeline for this is October • The Local health District has Activity Based Funding and as a collective we are quite efficient but our level of activity is causing us to go into deficit • John Malouf asked about membership of the Board and whether CAC members could meet them. The Annual General meeting is usually November or December. An open invitation to members of the public is usually. There was a query as to whether CAC could get an invitation. • The Board plays a significant role in lobbying the government for funding for the hospital 			
Brochures	Jennie Barry, DON Sydney Sydney Eye Hospital received feedback from the brochures which has been sent to members prior to the meeting.			

	Trish advised the committee that the Volunteer Visitor Poster was withdrawn and that the project was not going ahead in the near future		
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4. Standing Items

Issue	Discussion	Action Required	Who	Due
4.1 POWH/SSEH update by Hospital Executive – incorporating Clinical Council information	<p>Update Plan was provided by Jon Roberts, General Manager, POWH and SSEH</p> <ul style="list-style-type: none"> The hospital recently celebrated the 50th Year of performing Kidney transplants. There was a range of radio and newspaper interviews. There were 2 days of celebrations last week with Day 1 focussing on patients and carers and their experiences while Day 2 had a more scientific and research component Minor capital development. The Emergency Department is now completed with Fast Track and a new waiting room commissioned. The redevelopment did not include any expansion in the acute area. Hand Unit SSEH – a tender has gone out Hybrid theatre – the detailed design has taken longer than expected and will probably not be commissioned now until March 2016 Amalgamation of 2 Emergency Department at SSEH- currently working out models of care Performance – There has been a significant increase in the numbers presenting to ED causing ambulance delays and coping with the volume. POWH was over 100% capacity and as many patients as possible were transferred to Sydney Sydney Eye Hospital. We have therefore seen a decline in our performance figures. Similar issues were experienced at most hospitals in Sydney with only 2 hospitals being able to offload ambulances on time. Respiratory illnesses are impacting on our beds and we have had an increase in emergency surgery. The hospital is doing a lot of work on early discharge and we have had to cancel some surgery to cope with the demand. POWH is a member of the Health Round Table and POWH has good sustained improvement and are in the top 25% of hospitals in terms of falls risk. We have an average number of falls causing injury and we are a top performing hospital in terms of pressure injury prevention We are yet to receive the budget for the current year. Over 70% of our budget is spent on labour. A member enquired about 200 jobs 			

		<p>she heard were being shed at POWH and this was refuted although we are reviewing some of our processes to improve efficiency and maybe there will be 30 – 40 jobs that will go as we review the way we do things</p> <ul style="list-style-type: none"> • Need to systematically reengineer work practices to make sure the right people are doing the jobs. POWH and SSEH have relatively low numbers or enrolled nurses and we are looking at how we can increase these • We need to look at how we can better use volunteers and make sustainable changes • It was commented by a committee member that perhaps nurses should not be developing the patient brochures • Nurse do a lot of work on committees etc and maybe we will be able to get other people to do some of their traditional roles as we redefine what we do. • We have increased our efficiency by 15% despite reducing beds • Joanne Matthews inquired if we knew why there was an increase in respiratory infections and if anyone does an analysis for example, use of antibiotics, or people not going to their GPs • Patient safety is on the agenda at every Board meeting • A member enquired about travel cost reimbursement from January when everyone will have to use Opal cards 			
4.2	Community Partnerships Update –Deidre Kennedy	<ul style="list-style-type: none"> • Board member Janet McDonald has reinstated the Community Advisory Committee. Prof Farnsworth will be a member of the committee and community members have been recruited. Hopefully when the committee is more established they will look at the various forms of social media to communicate with the community. Any comments would be appreciated. Up and coming events should be advertised on Twitter • There was a discussion regarding the use of Health Direct Service to get a house call GP instead of going to Emergency for some conditions • There was a query as to whether the community couldn't get better communication regarding such matters as bed closures. It was mentioned that having beds was not the only way to treat patients. John Malouf then described the delays in admitting a relative of his through the Emergency Department. He also mentioned that people won't complain about the emergency department because they don't want it to impact on the staff. Mr Malouf was invited to discuss this matter with the Director of Nursing and Trish will follow-up with him • Deidre mentioned that several students from a local high school 	Follow up Noting only	Trish	

		<p>had visited the hospital and various health professionals described their roles. This had a good impact.</p> <ul style="list-style-type: none"> • Students from ASPIRE – disadvantaged high schools have also visited • We no longer offer work experience • Deidre attended a State-wide consumer meeting where the benefits of patient stories and patient journeys were discussed to teach staff. These stories are not all good stories and the good and the bad stories can be used for staff to reflect and review their practices and change their care. • At the 50th Kidney Transplant meeting Deidre met a recipient who had 2 children afterwards. She recommended the movie "The Last Ride". There is now an on-line donor register and this has increased the number of organ donors. • It was mentioned that the Royal Hospital for Women "Referral for Admission Form" does not ask any questions regarding patient disabilities. The committee was reassured that the one we use does and in fact there is a Patient Health Questionnaire which has very specific questions relating to disabilities. These are used for all elective admissions • There was further discussion from the quorum regarding communication about what occurs and specifically the complaint processes. Members were assured that there are very specific processes for handling complaints. If people are unhappy regarding the management of one of their complaints they may contact the Director of Nursing at both hospitals. 			
4.3	Community Advisory Committee members questions	<ul style="list-style-type: none"> • Members of the committee were encouraged to use question time • Jodie West requested an update on the Outpatient Review which will occur at the next meeting. She didn't think the new touch screen enquiry boards worked well • Joanne Matthews would like some information on community education and disease prevention. She feels social media could be better used 	Trish to organise a guest speaker for future meeting		
4.4	Community Advisory Members Committee Reports	<p>Susan Nicholson</p> <ul style="list-style-type: none"> • Top Cat audits being used to flag potential quality improvements. For instance the audit of consent forms has led to a review of whether it serves its purpose – what is on the consent as opposed to what is actually done • eMEDs project is progressing • At patient safety committee there was a report regarding the 			

		<p>reason why there was blood on the wall in the Emergency department</p> <ul style="list-style-type: none"> • Jan Titterton is still having problems receiving paperwork for the Patient Flow committee in a timely manner • Tanya reported that the number of falls had decreased which has coincided with less use of medications. There were still some issues with lo-lo beds but this may be resolved shortly 			
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5. General Business

Issue	Discussion	Action Required	Who	Due
5.1	Community Advisory Committee Update	This was covered by Deidre Kennedy and there was no additional discussion		

6. New Business without notice.

Nil				Due
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The next meeting will be held on Monday 14th September – EDU A POWH.

There being no further business the meeting closed at 6.05

Accepted as a true record: GEORGE CONSTANTIN Chair: _____

Date: 12/10/2015

Signature Chair