

Minutes	Area Health Advisory Council Meeting of 28 September 2006 Held in Executive Boardroom Hornsby Hospital	
Attendees:	Professor Carol Pollock (Chair) Professor Margaret McMillan Ms Georgia Sidiropoulos Mr Tom Limburg Dr Paolo Totaro AM Mr Paul Tonkin Mr Darren Bowd Dr Greg Fulcher Ms Di Spragg	
In Attendance:	Dr Paul Douglas Ms Karen Filocamo Ms Cindy Dargaville Ms Jenny Becker (to present Item 2)	
Apologies:	Dr Antonio Carrozzi Dr Scott Whyte Dr Magda Campbell Dr Stephen Christley	
Agenda topics		
1. Apologies		
Apologies were noted from Drs Campbell, Carrozzi, Whyte and Christley.		
2. Workforce Planning Update		J Becker
<p>Jenny Becker presented to the Council on the development of the Area Workforce Plan and reviewed details of the pilot programme to introduce Hospitalists at trial sites across NSCCH.</p> <p>Hospitalists have largely been driven by workforce shortages, which till now have seen a steady increase in the use of locums to fill junior and middle level clinician shifts. The introduction of Hospitalists will offer a niche for qualified medical staff who have chosen not to pursue a specialist career or go into GP practice. The focus of this State initiative pilot programme is weighted on the delivery of quality clinical services within the hospital system to ensure the patient journey is coordinated, effective, efficient and as safe as possible. Hospitalists may work in a ward, across a group of wards, outpatients, community services or with the chronically ill and elderly, and will report to the Clinical Director.</p> <p>Hospitalists will have a minimum of 2 years hospital experience and individual credentialing will be according the position they will be holding within the system, which will reflect both their competencies and the specific requirements of the role. In NSCCH the pilot programme will be run at Hornsby and Mona Vale hospitals, it was confirmed that these were 24hour tenured positions. The suggestion was made that these positions should also have a role in quality assurance and education.</p>		

Discussion regarding the fact that the trial was running with tenured as opposed to contract positions (*even a 5 year contract*) raised the point that this should be brought back to the NSW Health programme authority with the suggestion to reconsider the nature of the positions, particularly as it was a pilot programme, and pending evaluation of not just the individuals but the programme itself.

J Becker confirmed that the Hospitalists programme included a significant investment in education and a robust on-going evaluation process throughout the trial period.

The Area Workforce Plan, currently in Phase 1 details our present situation and what we have got, this is being presented to various professional forums across the Area for consultation and input. The next phase will address the challenge of meeting the shortfalls and bridging the gaps identified. Retention and attraction of the best possible workforce continues to be a major issue and measures to ensure this is addressed including, acknowledgement of work, quality of management, staff education and professional development will be key components of focus within the planning process. Turnover rates in particular units will be looked at and the new Divisional Management structure will play a pivotal role in supporting the evaluation and improvement process.

Action Items:	Person responsible:	Deadline:
<ul style="list-style-type: none"> Report back on AHACs concern re: tenured v contract positions for the Hospitalists during the pilot programme 	J Becker	30/10/06

3. Minutes of the Meeting of 24 August 2006 All

Minutes of the meeting of 24th August 2006 were reviewed and endorsed as a true and accurate record.

3.1 Review of Action Items

Action Items were reviewed, some of the *due by* dates were amended and the following points highlighted.

Item 2 – Workplan – Nominated areas of involvement: The Chair will allocate AHAC member ownership of issues, to be circulated at the next meeting. Any queries regarding this should be addressed to the Chair.

Item 3 – Advertising Workplan and Quarterly Newsletter: The Chair will advise Corporate Communications that AHAC wish to proceed with the development and publication of a quarterly newsletter including the option of an article within the Health Service newsletters. An initial draft format to be prepared for potentially 1st November. Community Participation Committees will be asked how they wish to receive this newsletter. A means to monitor feedback to gauge the level of success should also be factored in.

3.2 Business Arising

3.2.1 Workplan Review

AHAC commended K Filocamo on the revised Workplan format and development of the tracking document. Workplan items were reviewed, in some cases the time of actions rescheduled and the following points were discussed.

1.1 Audit – this is in process, feedback at next meeting.

3.1 Clinician engagement & communication – G Fulcher updated the Council on the communication process established with the Medical Staff Councils. It was agreed a paper should be prepared for the October meeting detailing effective communication strategies and opportunities for dialogue with this body as well as the Nursing and Allied Health Council.

3.2.2 Aged Care ACAT information

A document from the Manager, Primary and Community Care was tabled for Council's review and information. Further discussion on the sourcing of waiting times for Allied Health services ensued with D Spragg agreeing to take this up with the Allied Health Council on behalf of AHAC to determine the best means of obtaining this information. As previously recorded the Area Performance Unit is looking to have developed by the end of December 2006 a consolidated report, a component of which will detail community health waiting times.

Action Items:	Person responsible:	Deadline:
<ul style="list-style-type: none"> Allocate AHAC member ownership of Workplan items 	C Pollock	26/10/06
<ul style="list-style-type: none"> Advise Corporate Communications to proceed with development and publication of an AHAC quarterly newsletter 	C Pollock / Liz Ambler	26/10/06
<ul style="list-style-type: none"> Seek feedback from CPCs on preferred means of receiving newsletter 	K Filocamo	26/10/06
<ul style="list-style-type: none"> Consumer Participation Audit feedback 	K Filocamo	26/10/06
<ul style="list-style-type: none"> Brief to AHAC on communication processes with Medical Staff, Nursing and Allied Health Councils 	G Fulcher, D Spragg & M McMillan	26/10/06
<ul style="list-style-type: none"> In consultation with the Allied Health Council determine best means of obtaining waiting time information 	Di Spragg	23/11/06

4. Chief Executive's Report Prof C Pollock

The CE's issues brief was reviewed and discussed.

Divisional Leadership Structure

It was confirmed that the Divisional Manager positions were a permanent appointments. Council expressed concern that the appointment of such a senior position was dependent on the staged process, if was felt that in seeking the best possible candidate it should not be assumed the most suitable applicant would be found from within the Area.

Northern Beaches Health Service

An update of the Northern Beaches communication strategy document will be circulated in the October pack. A presentation on Renal Services in NSCCH recently given at a Northern Beaches Health Service Consumer Committee forum was commended and recommended for circulation to the Council.

Royal North Shore Redevelopment

With the "care plan" as the key focus the primary aim of this redevelopment project is to build a new hospital integrating the latest models of care, in line with international best practice. The identification of risks and development of management strategies are ongoing, and are constantly reviewed processes.

Commenting on the RNSH Redevelopment Communication Strategy document members queried the current status of the processes within this strategy plan. Feedback on this will be sought from the Redevelopment Project Team and reported back to Council in October. It is important that throughout the redevelopment the communication strategy clearly identifies the care processes and how they will be delivered at each facility. Also of note was the key principle to off-set any interim loss or change to services with well planned for and timely communicated alternatives.

Action Items:	Person responsible:	Deadline:
<ul style="list-style-type: none"> Include update of Northern Beaches communication strategy in the October pack 	K Filocamo	26/10/06
<ul style="list-style-type: none"> Circulate Renal Services presentation 	K Filocamo	26/10/06
<ul style="list-style-type: none"> Brief on current status of processes within the RNSH Redev. Communication strategy 	K Roach & K Filocamo	26/10/06

5. CE/AHAC Chairs Joint Meeting Feedback Prof C Pollock

T Limburg briefed Council on the issues raised and discussed at this forum, noting the sharing of plans, initiatives, feedback and results and the fact that differences in AHAC profiles were largely dictated by whether the AHS was metropolitan or rural based.

The age of membership was an issue highlighted to be considered both in regard to AHAC and the other Area Community Participation Committees (CPC) where the inclusion of interested youth representation would add great value. NSCCH already has two Youth Health Advisory Groups, (Northern Sydney & Central Coast) from which AHAC and the CPCs could source permanent or invited representation. It was agreed that the Community and Consumer Participation Unit should create a link to these groups on behalf of AHAC and establish a line of communication/reporting as necessary.

Some of the other AHACs also produce a newsletter and distribute this via various local Area publications/communications. Members agreed this suggestion should be put forward to the CE.

Action Items:	Person responsible:	Deadline:
<ul style="list-style-type: none"> Establish a line of communication with the two Area Youth Health Advisory Groups 	C Dargaville	26/10/06
<ul style="list-style-type: none"> Raise with the CE the suggestion of using other established Area communication processes as a vehicle for the AHAC newsletter 	C Pollock	26/10/06

6. Other Business All

6.1 Community Participation Committees Report

K Filocamo reported on the activities of these committees to date, noting a strong, positive will to work together and committed leadership from the General Managers. The CPCs will meet quarterly and report back via their AHAC representative member, additionally there will be an exchange of minutes between AHAC and the CPCs.

It was brought to Council’s attention that developing the individual CPC Workplans will take longer than was originally anticipated and these are now expected to be in final draft for review by March 2007. Following a request from the Central Coast CPC, Council members agreed that the AHAC Workplan and timeline should be circulated to all of the CPCs as guide for the development of their own plans and an indication of parameters.

The leadership of the General Managers as the Chairs of these committees was acknowledged, and seen to ensure a positive drive, commitment and effectiveness across the Area. In this regard it was agreed to recommend that the CPC Terms of Reference should reflect that the local General Manager would remain as the Chair of the committee on a permanent basis. This suggestion will be raised with the Chief Executive.

Importantly it was noted that community representatives were not a part of the complaints process, and as such issues presented to them or via the CPCs were to be taken up and managed by the General Managers through the normal and appropriate processes.

Interface with the General Managers was identified as a means to create and maintain a strong linkage with AHAC. It was agreed a letter from the Chair will be sent to the General Managers addressing the need for this linkage and establishing formal lines of communication.

6.2 Report on Past Community Participation Processes

This report was noted and appreciation extended to those involved in collating the information. It was agreed the summary document should be circulated to the CPCs.

6.3 Forum Dates (following CPCs)

Feedback regarding the scheduling of CPC meetings and possible joint clinical sessions will be sought. In organizing these events it will be important to ensure that the presentations are strategic, addressing the local health service profile as well as educational. Members requested a

listing and details on existing community groups and bodies across NSCCH to be included in the October papers.

Action Items:	Person responsible:	Deadline:
<ul style="list-style-type: none"> • Circulate the AHAC Workplan and timeline to the Area Community Participation Committees 	K Filocamo	31/12/06
<ul style="list-style-type: none"> • Draft letter to GMs (Chairs of CPCs) confirming formal lines of communication to and from AHAC 	K Filocamo	26/10/06
<ul style="list-style-type: none"> • Raise with the CE AHAC recommendation that the GM remain the designate Chair of the local CPCs on a permanent basis 	C Pollock	26/10/06
<ul style="list-style-type: none"> • Circulate the summary document detailing the work of past CPCs to the current local forums 	K Filocamo	26/10/06
<ul style="list-style-type: none"> • Seek confirmation of CPC meeting dates and the scheduling of possible clinical forums 	K Filocamo	26/10/06
<ul style="list-style-type: none"> • Listing of existing NSCCH community groups to be included in the October papers 	K Filocamo	To be confirmed

7. Performance Report P Douglas

The June NSCCH Performance Report was reviewed by category. Council was advised that the quarterly report currently under development by the Area Performance Unit would include an analysis of the charts and many of the other issue areas, eg community health wait list details.

8. Correspondence Prof C Pollock

Noted for members' information.

9. Next Meeting

The next meeting of the Area Health Advisory Council is on Thursday 26th October, commencing at 8.00am in the Executive Boardroom, Hornsby Hospital.