

**AREA HEALTH ADVISORY
COUNCILS (AHACs)
and
CHILDREN'S HOSPITAL ADVISORY
COUNCIL (CHAC)**

Annual Report

2007 – 2008

CHILDREN'S HOSPITAL ADVISORY COUNCIL

Children's Hospital Advisory Council

INTRODUCTION:

Section 29A of the *Health Services Act 1997* requires Area Health Advisory Councils (AHACs)¹ to report to the Minister for Health on achievements against agreed performance indicators.

The annual report provides information on the performance of the Area Health Advisory Council for the previous 12-months ending on 30 June.

The Area Health Advisory Council Charter outlines their advisory role in matters of:

- (i) Strategic planning;
- (ii) Priority setting;
- (iii) Policy development;
- (iv) Monitoring
 - a. health status;
 - b. health service delivery;
 - c. performance agreements;
 - d. the development of clinical networks;
 - e. the appropriateness and effectiveness of the engagement processes with clinicians and the community.

Area Health Advisory Councils do not have an operational or management role.

A key function of Advisory Councils is to ensure that the views of clinicians, patients and the community are incorporated and given due consideration in decision making at an Area Health Service level.

Area Health Advisory Councils also support local consultation mechanisms. Area Health Advisory Councils collaborate with the Area Health Services to ensure that clinicians, patients and the community are effectively engaged and consulted and that local consultation mechanisms are operating effectively.

¹ For the purpose of this report, the expression Area Health Advisory Council (AHAC) includes the Children's Hospital Advisory Council (CHAC).

A summary of the agreed list of activities for reporting for AHACs as against the relevant sections of the *Health Services Act 1997* are set out in the following table.

AHAC Functions – Activity Reporting 2007/2008

From Health Services Act 1997 Sections 27 and 28		Agreed list of AHAC/CHAC activities
S27	The role of an Area Health Advisory Council is to facilitate the involvement of providers and consumers of health services, and of other members of the local community, in the development of the Area Health Service's policies, plans and initiatives for the provision of health services.	It was agreed that this statement was equivalent to a mission statement for Councils.
28(a)	advise providers and consumers of health services, and other members of the local community, as to the Area Health Service's policies, plans and initiatives for the provision of health services,	<ol style="list-style-type: none"> 1. How has the Council monitored and provided advice to increase engagement with clinicians, consumers and the community – especially among hard to engage groups (i.e. low income, non-English speaking and Aboriginal backgrounds, people with mental illness, people with disability, young people)? 2. How has the Council monitored and provided advice to engage clinicians, consumers and the community in health promotion and preventative health initiatives which embed the principles of early intervention and prevention into services?
28(b)	seek the views of providers and consumers of health services, and of other members of the local community, as to the Area Health Service's policies, plans and initiatives for the provision of health services, and to advise the Chief Executive of the Area Health Service of those views,	
28(c)	confer with the Chief Executive of the Area Health Service in connection with the operational performance targets set by any performance agreement to which the Area Health Service is a party under section 126,	<ol style="list-style-type: none"> 3. How has the Council advised the Chief Executive in relation to performance agreements? 4. How has the Council advised the Chief Executive to improve staff morale and patient satisfaction?
28(d)	advise the Chief Executive on how best to support, encourage and facilitate community, consumer and health service provider involvement in the planning of health services by the Area Health Service,	
28(e)	liaise with other Area Health Advisory Councils in relation to both local and State-wide initiatives for the provision of health services,	5. How has the Council collaborated with other Advisory Councils on local and state-wide initiatives?
28(f)	publish reports (annually or more frequently) as to its work and activities,	6. How does the Council communicate work and activities undertaken to clinicians, consumers and the community?
28(g)	such other functions as are conferred or imposed on it by the regulations.	7. Provide an update on the process of developing and reviewing a two-year work plan.

Chair's Review

The Children's Hospital Advisory Council would like to acknowledge the outstanding community service provided by all those who work at The Children's Hospital at Westmead. The level of professional excellence and expertise is World Class. The research undertaken in both the Hospital and the adjoining CMRI is contributing considerably to the body of research into children's health issues and indeed ensuring that the Hospital remains at the cutting edge of the treatment of children. The dedication and hours worked by the entire Hospital community is an inspiration to those who have the privilege to see it, as does the Advisory Council, and of course the many parents who deeply appreciate the attention provided to their children, on many occasions in a time of considerable need and some distress. This is an institution which this State, and all who work within the Hospital and beyond, can be well proud.

For some time the Advisory Council has been concerned at the severe underfunding of the Hospital, details of which were outlined at a recent presentation to the Director-General and Minister for Health. The underfunding is now in the order of \$34 million per annum, including the need for capital expenditure in terms of the replacement of equipment as its useful and safe life expires. The Advisory Council continues to work with the Department and Government to seek adequate funding to maintain, improve and grow this outstanding facility. The Council also acknowledges the assistance provided by the Department of Health in many respects and the challenges in spreading a very limited budget across the State with its many demands for health services, a lot of which are growing, and the challenge of providing adequate funding is extremely difficult.

However, the Advisory Council is deeply aware of the need for improved funding and will continue to work with the Department and Government, endeavouring to ensure that adequate funding is provided.

Roger Corbett AO

Chief Executive's Review

- Planning, policy and monitoring

The Advisory Council has played a significant role in the Hospital's planning process. Their contribution was sought and included in the original planning development and have been involved in all subsequent reviews and changes. The Advisory Council plays an important strategic role in the planning process primarily because of their expertise and experience in so many areas and their ability to bring objectivity to the process.

- Effectiveness of advice

The Advisory Council's advice and counsel is fundamental to my role as Chief Executive. They are all well informed and experienced people able to grasp complex issues and provide considered advice. Our decision making process is more robust with their participation.

- Encouraging participation

The Advisory Council's area of particular influence for encouraging participation has been with the clinicians. The dialogue has been very helpful and had positive outcomes for the Hospital on a number of fronts. The Advisory Council members who come from a healthcare background have been influential in our networking activities and brought useful insights to the table. The Advisory Council is encouraging of and interested in consumer participation. They have been closely involved with the Patient Satisfaction Survey and clinical presentations at each meeting have strongly focused on outcomes for patients.

Dr Antonio Penna

LIST OF MEMBERS

Mr Roger Corbett, AO (Chair)

Roger Corbett's esteemed career in the retail sector spans over 40 years, the pinnacle being his position as Chief Executive and Group Managing Director of Woolworths Limited. He currently holds various Chairman and Board of Director positions in a variety of organisations, including Fairfax Holdings and the Reserve Bank of Australia. Roger is renowned within the business sector for his intuitive understanding of the changing needs of consumers and his ability to set and maintain high standards.

Dr Bronwyn Gould, AM

Dr Gould has experience working in a primary care practice specialising in child and family health for more than a quarter of a century. She has served on the Australian Council for Children and Parenting (ACCAP) since 2001 and as Chair since 2005. She is a member of the NSW Ombudsman's Reviewable Child Deaths Advisory Committee. She is an active leader with young people in Guides NSW.

Professor Ralph Nanan

Professor Nanan is the Chair of Paediatrics, Nepean Clinical School, The University of Sydney. As a clinical academic at Nepean Hospital, he is responsible for clinical supervision and teaching in paediatrics and is also involved in research.

Dr Michael Fasher

Dr Fasher has worked as a health care provider in western Sydney for nearly 30 years. He is a member of the management committee of the Blacktown Medical Practitioners Association and is involved in the education of parent groups in the community, medical students and registrars in Vocational General Practice Training.

Mrs Joanna Capon, OAM

Mrs Capon is a member of the Health Care Quality Committee of The Children's Hospital at Westmead, the Operations Art Management Committee and the Australian Centre for Photography. She was awarded a Medal of the Order of Australia (OAM) in 2002 for her services to The Children's Hospital at Westmead.

Mr John Conde, AO

Mr Conde is Chairman of Energy Australia, MBF Australia Limited and PowerTel Limited. He is a Director of Excel Coal Limited, the Sydney Symphony Orchestra, The Australian Elizabethan Theatre Trust. He is President of the Commonwealth Remuneration Tribunal. He is also Chairman of the Australian Olympic Committee (NSW) Fundraising Committee, President of the Dermatology Research Foundation

(University of Sydney), and Member of the President's Council of the Art Gallery of NSW.

Mrs Renata Kaldor, AO

Mrs Kaldor is the Deputy Chancellor of the University of Western Sydney and is involved in business, education and community affairs. She was a director of the Sydney Symphony Orchestra for eight years from 1996 to 2004 and was made an Officer in the Order of Australia in 2002.

Ms Kerry West

Ms West is the Deputy Head Physiotherapist at The Children's Hospital at Westmead. She is Chair of the Allied Health Quality Improvement Committee and is also a member of the Nursing and Allied Health Research Committee.

Mr Bradley Ceely

Mr Ceely is a Nurse Practitioner in Paediatric Intensive Care at The Children's Hospital at Westmead. He has developed a model of care for long-term ventilated children at the hospital and has presented at state and national conferences on critical care and quality improvement.

Mr Harry Michaels, OAM (to October 2007)

Mr Michaels is the owner and Managing Director of a major innovator of studio and digital outside broadcast facilities. He has created and directed more than 4,000 episodes of the fitness show, Aerobics Oz Style.

Professor Kim Oates, AM

Professor Oates' positions at The Children's Hospital have included Community Paediatrician; Head of the Child Protection Unit; Head of the Child Development Unit and Children's Assessment Centre; Chairman and Director of Medical Services and Chief Executive (retired February, 2006) and he was the Foundation Douglas Burrows Professor of Paediatrics and Child Health in the University of Sydney. He has been President of the International Society for the Prevention of Child Abuse and Neglect (and is currently an Executive Councillor), Inaugural Chair of the New South Wales Child Death Review Team and chaired the Federal Government's National Council on the Prevention of Child Abuse. Professor Oates was appointed to the Advisory Council in June 2006.

Sections 28(a) and 28(b)

Part A – Advice on engaging clinicians, consumers, and the local community

Indicator 1

How has the Council monitored and provided advice to increase engagement with clinicians, consumers and the community – especially among hard to engage groups (i.e. low income, non-English speaking and Aboriginal backgrounds, people with mental illness, people with disability, young people)?

- Overview of strategy development to ensure a balance between the quaternary and Tertiary contribution of the Hospital and the broader needs of Child Health and disadvantaged communities .
- Medical Staff Council attend all meetings.
- GP and paediatric representation on the Council
- Monthly presentations by clinical areas across the Hospital.
- Particular presentations to highlight key areas eg Mental Health, Long Term Ventilated Patients, winter challenges in Emergency and strategies to improve access.
- Active participation in addressing pathology services at the Hospital
- Advisory Council involvement with donors including the Chairman’s Dinner
- Engagement of the Minister and other key stakeholders

Indicator 2

How has the Council monitored and provided advice to engage clinicians, consumers and the community in health promotion and preventative health initiatives which embed the principles of early intervention and prevention into services?

- The Council has supported and been engaged with the Hospital’s quality activities many of which are prevention and early intervention initiatives. Examples range from very practical but important initiatives such as The Hospital’s clean hands project which is probably the most successful in the state through to issues relating to Mental Health and Child Protection.
- The Council’s submission to the Garling Inquiry has a strong focus on early intervention and prevention.
- Early intervention and prevention are important in reversing the Hospital’s patient flows. The Advisory Council are committed to working with the Hospital to manage activity levels.

Sections 28(c) and 28(d)

Part B – Advising the Chief Executive in relation to:

- **supporting, encouraging and facilitating engagement**
 - **performance agreements**
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Indicator 3

How has the Council advised the Chief Executive in relation to performance agreements?

- The Chief Executive's monthly report to the Advisory Council includes all the SAP results for the Hospital. These are carefully monitored and reviewed.
- The Hospital's performance agreement with NSW Health is reviewed with the Advisory Council.
- Key Hospital challenges and initiatives which may affect Hospital performance are discussed and reviewed at Advisory Council meetings
- Including NSW Health participation in the Advisory Council at a senior level has promoted a performance culture

Indicator 4

How has the Council advised the Chief Executive to improve staff morale and patient satisfaction?

- The Advisory Council's engagement with the Hospital has been positive for staff morale, particularly with their support for issues such as the paediatric pathology service and funding.
- The Advisory Council's interest in Hospital services and the inclusion of clinical presentations at each meeting has been positive for staff morale
- The Advisory Council has successfully communicated the need for unity across the Hospital. This will have significant long term benefits for morale.
- Results of the Patient Satisfaction Survey were presented to the Advisory Council. Their advice was considered as part of the subsequent planning process
- Advice to the Hospital regarding Health Support Issues has been significant
- The Advisory Council's commitment to long term planning and the management of capital assets will ensure that we are focussed on the best service provision for children, young people and their families

Section 28(e)

Part C – Liaison with other Councils in relation to both local and State-wide initiatives for the provision of health services.

Indicator 5

How has the Council collaborated with other Advisory Councils on local and state-wide initiatives?

- Participation of clinicians from other areas and general practice on the Advisory Council.
- Regular participation in meetings involving all Advisory Councils

Section 28(f)

Part D – Publish reports about the Council’s work and activities

Indicator 6

How does the Council communicate work and activities undertaken to clinicians, consumers and the community?

- The Advisory Council members have actively participated in staff planning meetings where they have had the opportunity to discuss the contribution of the Council members.
- The Advisory Council reports in the Hospital's annual report on key activities and achievements. This was produced in hard copy and is also available at http://www.chw.edu.au/about/corporate/#annual_report.
- The Advisory Council encourages participation and presentation at the meetings by Hospital staff
- Staff representatives and attendees are responsible for feeding back and liaising with the hospital community.
- The Council has communicated more widely on topics of importance to the Hospital.

Section 28(g)

Part E – Other functions as are conferred by the regulations

Indicator 7

AHAC/CHAC Activity	Milestone	Status
<p>Provide advice to the CE on how to improve and implement prevention initiatives in areas including mental health, immunisation and weight management</p> <p>Provide advice to CE on how best to manage CHW leadership role in prevention initiatives</p> <p>Relates to section 28B of the Health Services Act 1997.</p>	<p><i>Provide advice to CE on opportunities to progress work of CHW departments involved in prevention initiatives</i></p> <p><i>Provide advice to CE on how to promote and harness CHW leadership role in many areas of prevention</i></p>	<p><i>December 08 Progressing well. Refer to Indicator 2</i></p> <p><i>February 09</i></p>
<p>Advise on annual patient satisfaction surveys and widespread local monitoring of patient experience to measure, report and improve customer satisfaction. (<i>State Health Plan</i>)</p> <p>Relates to section 28A, 28B and 28D of Health Services Act 1997.</p>	<p><i>Provide advice to CE on how to improve patient experience</i></p> <p><i>Provide advice to CE on how to monitor patient experience between surveys</i></p> <p><i>Provide advice to CE which elements of patient satisfaction survey are a priority</i></p> <p><i>Participation by CHAC members in Patient satisfaction Survey presentations</i></p> <p><i>Review and support work plan evolving from public satisfaction survey</i></p>	<p><i>Following presentation of the survey results, advice and feedback was provided. Awaiting results of the second survey</i></p>
<p>Advise on developing effective working relationships with clinicians, consumers and carers to gain their participation in policy development, planning and delivery of patient journeys. (<i>State Health Plan</i>)</p> <p>Relates to section 28A, 28B and 28D of Health Services Act 1997.</p>	<p><i>Participate in presentations regarding CHW activities and provide comment</i></p> <p><i>Establish dialogue with MSC and other groups to encourage participation in the planning process</i></p> <p><i>Advise CE on potential policy gaps</i></p> <p><i>Upon appointment of a consumer participation manager establish a dialogue to provide advice on consumer participation direction.</i></p>	<p><i>Clinical presentations are included at each meeting with action points for the council. CHAC has a strong relationship with MSC and is engaged in dialogue around service provision, policy, resourcing etc.</i></p>

<p>Offer advice to improve the AHS performance management system to focus on service delivery. (<i>State Plan</i>)</p> <p>Relates to section 28C of Health Services Act 1997.</p>	<p><i>Be familiar with CHW performance agreement</i></p> <p><i>Review CHW performance indicators in terms of performance delivery</i></p> <p><i>Provide advice to CE on how service delivery may be improved</i></p>	<p>Refer Indicator 3</p>
<p>Advise on strategies to work closely with communities to ensure that health services and plans are understood, accepted and supported. (<i>State Health Plan</i>)</p> <p>Relates to section 28B and 28D of Health Services Act 1997.</p>	<p><i>Provide advice to CE of how best to engage with different communities</i></p>	<p>Ongoing. This is obviously challenging as we are a statewide survey. Advice has been particularly effective re: communities in Western Sydney.</p>
<p>Advise on involvement of volunteer organisations and non-government organisations in planning service delivery. (<i>State Health Plan</i>)</p> <p>Relates to section 28B of Health Services Act 1997</p>	<p><i>Provide advice to CE on how to engage volunteer groups</i></p> <p><i>Provide advice to CE on how to engage non-government organisations</i></p>	<p>Ongoing</p>
<p>Advise on initiatives to promote staff satisfaction by promoting a bullying and harassment free work environment, a safe work environment underpinned by rigorous occupational health and safety policies, and supportive family friendly workplaces. (<i>State Health Plan</i>)</p> <p>Relates to section 28B of Health Services Act 1997.</p>	<p><i>Through regular presentations, CHAC members to become familiar with workforce</i></p> <p><i>CHAC members to take the opportunity to talk with and engage staff</i></p> <p><i>CHAC members to advise CE on opportunities to improve staff satisfaction</i></p> <p><i>CHAC members to offer advice on anti-bullying initiatives</i></p> <p><i>CHAC members to offer advice on OH & S issues</i></p> <p><i>CHAC to be familiar with CHW risk management framework</i></p>	<p>CHAC is engaged with the workforce, particularly the clinical workforce. They have been closely involved in a number of key staffing issues with positive results for the Hospital. CHAC has made submissions to the Garling Inquiry and advised the CE on staff morale issues.</p>
<p>Advise on improvements to management and leadership skills and capacity to drive a healthy and satisfied workforce culture. (<i>State Health Plan</i>)</p> <p>Relates to section 28B of Health Services Act 1997.</p>	<p><i>Provide advice on management and leadership skills</i></p>	<p>The quality of leadership on the Advisory Council has been demonstrated. The Hospital continues to learn by example.</p>

Other Achievements:

The Advisory Council provides significant support to the Hospital's fundraising efforts. The inaugural Chairman's Dinner was a significant success and will be repeated in this financial year.

The Advisory Council has assisted in all Hospital financial discussions as many members have particular financial expertise. This has been particularly important in the development of a long term planning culture and the establishment of the Hospital's capital requirements.

The Advisory Council has taken a keen interest in the Hospital's branding issues and challenges and has worked closely with the Hospital as it engages in a brand audit. Again, external skills have been most helpful.

The Advisory Council's commitment to engaging with key senior personnel in NSW Health has been important in informing the Hospital on key strategic issues. It has also enabled the Advisory Council to advocate for paediatric services and reinforce their importance on the healthcare agenda.

Table A. Attendance at meetings 2007/2008 & Record of Performance Reviews

The Children's Hospital Advisory Council held from 8:30am – 10:30 am on the last Tuesday of the month.

	<i>Review</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>June</i>
<i>Mr Roger Corbett AM</i>	<i>Sept 07</i>	✓	✓	<i>No meeting</i>	✓	<i>apologies</i>	✓	<i>No meeting</i>	✓	✓	✓	<i>apologies</i>	<i>apologies</i>
<i>Dr Bronwyn Gould AM</i>	<i>Sept 07</i>	X	✓	<i>No meeting</i>	X	✓	✓	<i>No meeting</i>	✓	✓	✓	<i>apologies</i>	✓
<i>Mr John Conde AO</i>	<i>Sept 07</i>	✓	✓	<i>No meeting</i>	✓	<i>apologies</i>	✓	<i>No meeting</i>	✓	<i>apologies</i>	✓	✓	✓
<i>Ms Kerry West</i>	<i>Sept 07</i>		✓	<i>No meeting</i>	✓	✓	<i>apologies</i>	<i>No meeting</i>	✓	✓	✓	<i>apologies</i>	✓
<i>Mr Bradley Ceely</i>	<i>Sept 07</i>	✓	✓	<i>No meeting</i>	<i>apologies</i>	✓	<i>apologies</i>	<i>No meeting</i>	✓	<i>apologies</i>	✓	✓	✓
<i>Ms Joanna Capon OAM</i>	<i>Sept 07</i>	✓	<i>apologies</i>	<i>No meeting</i>	✓	✓	✓	<i>No meeting</i>	✓	✓	<i>apologies</i>	<i>apologies</i>	<i>apologies</i>
<i>Ms Renata Kaldor AO</i>	<i>Sept 07</i>	✓	✓	<i>No meeting</i>	✓	✓	✓	<i>No meeting</i>	✓	✓	✓	✓	✓
<i>Professor Kim Oates AO</i>	<i>Sept 07</i>	✓	✓	<i>No meeting</i>	✓	✓	✓	<i>No meeting</i>	✓	✓	<i>apologies</i>	✓	✓
<i>Dr Michael Fasher</i>	<i>Sept 07</i>	<i>apologies</i>	✓	<i>No meeting</i>	✓	✓	<i>apologies</i>	<i>No meeting</i>	✓	<i>apologies</i>	✓	✓	✓
<i>Professor Ralph Nannan</i>	<i>Sept 07</i>	✓	✓	<i>No meeting</i>	✓	✓	✓	<i>No meeting</i>	✓	✓	✓	✓	✓
<i>Chief Executive</i>	<i>Sept 07</i>	✓	✓	<i>No meeting</i>	✓	✓	✓	<i>No meeting</i>	✓	✓	✓	✓	✓

**CHILDREN'S HOSPITAL ADVISORY COUNCIL
ANNUAL REPORT 2007/2008**

Approved by:

CHAIR	Mr Roger Corbett AO
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Please return your completed report no later than **17 October 2008** to:

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AND

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Please include both a PDF and WORD version of your report when submitting via email.