

Friday 7 June 2019, 10 am

MINUTES

PRESENT:

Ms T Fletcher, Community member
Ms A Jezewski, Community member
Ms M Lennan, Community member
Ms A Mathieson, Community member
Ms H Nascimento-Blair, Community member
Ms S Rawlinson, Community member (Co-Chair)
Ms E Warren, Community member
Dr J Wilson, Community member (Co-Chair)

RHW In Attendance :

Ms M Berry, Manager, Social Work Dept
Ms V Madunic General Manager
Ms H McCarthy, Director of Nursing & Midwifery Services
Ms C Price, Manager, Clinical Practice Improvement
Dr J Svensson, Health Education Co-ordinator & Diversity Health Officer
Ms J East Secretariat
Ms T Wills, Randwick Campus Redevelopment
Mr B Wilson, Consumer, Randwick Campus Redevelopment
Ms E Kookarkin, Randwick Campus Redevelopment

2. APOLOGIES:

Ms A Lainchbury, Clinical Midwifery Consultant, Midwifery Practice Development
Mr P O'Donoghue, Community member
Ms G Parsonage, Community member

T Wills provided an update on the Campus redevelopment :

- Funding of \$608M recently announced for a new SCH and Children's Cancer Institute
- Change management underway with a new way of providing POWH services
- B Wilson outlined the recent consumer focus workshops which had representatives from all facilities on the Campus
- V Madunic noted high end discussions with Health Infrastructure on location of RHW and possible new building on Campus – important to keep RHW identity strong at all interception points
- Access and disability audits – T Wills advised architects will be asked to revisit the designs after the public domain workshops have been held and the feedback considered
- T Wills and B Wilson reported that access consultants have been used and gave a report to the consumer group – copy of the report will be made available
- J Wilson noted that CAC members have been well represented on redevelopment committees

V Madunic congratulated T Wills and the redevelopment team on their enthusiasm and willingness to include all facilities on Campus.

Redevelopment team left 10.45 am

1. ACKNOWLEDGEMENT OF COUNTRY

I would like to acknowledge the Gadigal people of the Eora Nation who are the traditional custodians of the land on which we are meeting today and pay my respects to their elders both past and present.

3. CONFIRMATION OF AGENDA**4. MINUTES OF PREVIOUS MEETING**

The minutes from the previous meeting held 8 February 2019 were approved.

5. MATTERS ARISING FROM THE MINUTES**5.1 Action Items – updated**

M Berry left 11 am

6. STANDING ITEMS**6.1 Youth Health & Diversity update**

J Svensson advised :

- Nil to report for Youth Health
- Consultation occurring on the Diversity Plan being released by the Ministry of Health
- Culturally and Linguistic Diverse (CALD) groups focusing on Mongolian and Portugese groups
- Posters for Baby Friendly Hospital Initiative (BFHI) had to be translated if more than 10% of one group – RHW sits below for all our core groups

6.2 Quality & Safety Data

C Price noted the documents circulated – maternity experience survey results and the latest RHW safety report. Survey results are circulated to managers to consult with staff and devise action plans. V Madunic advised that from a governance perspective feedback is used to improve services and make any changes at ward level.

H McCarthy arrived 11.15 am

6.3 Patient Feedback Covered in previous item.

6.4 Feedback from Hospital Committee representatives

S Rawlinson – SESLHD District Community Committee
Presentation from Kate Charlesworth on SESLHD Sustainability Plan – climate change as a health issue and how the health consumer can contribute (include for a future presentation to CAC)

H Nascimento-Blair – SESLHD Clinical Ethics Committee
Due to time restraints Helena has resigned from the Committee

T Fletcher – RHW Diversity Health Committee
Impressed with the work being undertaken
Look at having a consultant/officer to co-ordinate and organise hospital visit with patient. V Madunic advised that a disability co-ordinator would be position under the SESLHD and not hospital specific. As presented by K Dyer, High Risk Pregnancy, to the Committee RHW provides support and planning for patients with disabilities. Maternity patients have a lot of pre-planning time and gynaecology patients also have planning support.
H McCarthy noted that RHW manages patients in this category very well across the board including medical, nursing & midwifery and allied health.
J Wilson will raise at the SESLHD DCCC

V Madunic asked J Wilson and S Rawlinson to also raise at the SESLHD DCCC how has the NDIS affected the District and the level of support to people with a disability.

M Lennan – SESLHD End of Life Committee

C Price noted the relevant document has been forwarded to Gynaecological Oncology and they are producing a neonatal version. C Price briefly outlined the process at RHW and reported that Morbidity & Mortality meetings are managed well within each Division – the process is well entrenched in clinical practice

6.5 RHW Clinical Services Plan Executive Steering Committee

V Madunic gave a brief update :

- Number of workshops attended by J Wilson and S Rawlinson
- Plan is being written up – will present at the next meeting

6.6 Annual Plan 2018/19 Nil

7. GENERAL BUSINESS

7.1 CAC Workshop – feedback and actions

V Madunic advised this would be included in the presentation at the next meeting on the Clinical Services Plan.

V Madunic noted her discussion with Anthony Brown Executive Director, Health Consumers NSW, and inviting him to attend a future meeting to address governance and compliance. Consideration should be given to setting up a working party for Standard 2 Consumer Participation in the National Standards.

One idea at the workshop was for the Community Advisory Committees across the Randwick Campus to get together and V Madunic advised she has commenced discussions.

7.2 Suggestion to have an End of Life presentation later in the year

Added to list of future presentations.

BUSINESS WITHOUT NOTICE

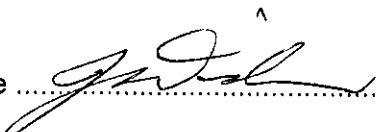
a) Access to public health care system

E Warren queried how the public are aware of the services available, eg breast centre instead of private centres. V Madunic advised that there are a number of public facilities with breast centre services as well as Breastscreen. A GP referral is required and GPs have their own referral pathways but a patient can request a particular service. It mainly relies on GP practice.

S Rawlinson suggested a seminar for consumers on how to negotiate the system. V Madunic advised that would be another item to raise at the SESLHD DCCC.

Meeting closed 11.55 am

Signature



Date

2/8/19