

Friday 10 April 2015

MINUTES

PRESENT:

Ms T Fletcher, Community member
Ms H Mantziaris, Community member (Co-chair)
Mr P O'Donoghue, Community member
Ms S Rawlinson, Community member
Ms L Rex, Community member
Dr J Wilson, Community member (Co-chair)
Teleconference : Ms N Cowlshaw, Community member

RHW/SESLHD representation :

Ms D Kennedy, Community Partnerships Officer, SESLHD
Ms A Lainchbury, Clinical Midwifery Consultant, Midwifery Practice Development, RHW
Ms V Madunic, Acting Director of Operations, RHW
Ms J East, Secretariat RHW

2. APOLOGIES:

Ms H Gunn, Director of Nursing & Midwifery Services, RHW
Ms E Hutchings, Community member
Dr J Svensson, Health Education Co-ordinator and Diversity Health Officer, RHW
Ms L Woodhart, Clinical Practice Improvement Manager, RHW

PRESENTATION – Community Partnership strategy – Ms Nadia Garan, Planning & Population Health, South Eastern Sydney Local Health District (SESLHD)

The Committee welcomed Nadia who outlined her role in the community partnerships portfolio. Nadia is acting in the role while recruitment is underway for a permanent appointment.

- Community person on the SESLHD Board is Mrs Janet McDonald who will be the Chair for the SESLHD Consumer Advisory Committee – Community Partnerships will be creating pathways for facilitating communication which will include identifying champions within facilities across the SESLHD
- Current role is to scope and map across the SESLHD for the incoming person – identified a two pronged approach
- One is patient centred care which can be inconsistent across the hospitals
- Have identified some excellent work being undertaken which needs to be used for learning across the SESLHD
- Other side of community partnerships is building resilience – build up prevention and promotion within health
- Be aware that across different population groups access varies
- Health literacy needs to be built up
- Access to GP service, Medicare Local or Community Health Centre is important
- Exploring how to enhance and fill in the gaps
- Refer to the SESLHD Community Partnerships Framework – also an overarching statewide document from the Agency for Clinical Innovation (ACI) - D Kennedy will circulate link following the meeting
- Ascertaining achievements under Standard 2 in the National Standards which is consumer participation
- One of the points is to have an active committee which this appears to be

Discussion followed :

- Initial discussions with Health Consumers NSW funded by NSW Health
- L Woodhart offered to meet with N Garan and present what is being done within the hospital involving consumers and the background to this committee for information
- The Committee is moving in a positive direction
- ~~It was noted that these committees are not decision making and are purely advisory~~
- L Woodhart noted that is why it is important to have consumers on specific projects – eg homebirth project had women participating who had given birth at the hospital but they weren't interested in joining a committee
- The Hospital considers the Committee a valuable asset in conjunction with staff
- ~~Representation on hospital committees has increased~~
- N Cowlshaw is on the Patient Care Committee and noted it is important to provide a different view particularly from women who have used the hospital services and can provide first hand experience

It was agreed to hold a separate round table discussion / workshop with N Garan facilitating to cover expectations, role of the consumer/community representative.

ACTION: J East to circulate possible dates

1. WELCOME TO COUNTRY – H Mantziaris

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 6 February 2015 were adopted.

5. MATTERS ARISING FROM THE MINUTES

T Fletcher asked if disability awareness training was available for staff. L Woodhart explained that the Health Education & Training Institute (HETI) provides the online training for NSW Health and she will ascertain if there are modules.

ACTION: L Woodhart will follow up with HETI
D Kennedy will circulate the SESLHD Disability Plan

NSW Health Survey – T Fletcher asked if there was appropriate access for the blind or vision impaired, people with mobility or intellectual disabilities and hearing impaired. L Woodhart advised NSW Health, independent of the hospitals, mail out questionnaires to all patients. There are flyers and postcards specifically in other languages available and a postcard specifically for indigineous people has been recently released. There is also an option to complete by telephone. D Kennedy will source the NSW plan

ACTION: D Kennedy will circulate the NSW Plan

ACTION ITEMS - noted and updated

6. STANDING ITEMS**6.1 Community Partnerships update**

D Kennedy tabled a copy of a patient carer story book for information.

ACTION: D Kennedy is locating an online copy to circulate

D Kennedy advised the Co-chairs will be attending a training course through Consumers NSW at the end of the month.

Options for Committee members access to computers to undertake mandatory training are being explored.

ACTION: D Kennedy will advise further on options available for mandatory training

L Woodhart offered a tour of the hospital for new members.

ACTION: Contact L Woodhart to arrange

D Kennedy noted the attendance by the Co-chairs at a recent workshop on health information at St George. J Wilson advised it was an interesting concept involving a raft of disability reforms which is in place in the Hunter region. At this stage it is anecdotal and there are not issues of concern. L Rex questioned the relevance to this hospital.

ACTION: D Kennedy will circulate information from the workshop

D Kennedy noted an upcoming workshop on understanding health beliefs and practices and will circulate.

ACTION: D Kennedy will circulate the workshop flyer

6.2 Youth Health update

The report from J Svensson attached to the agenda was noted.

6.3 SESLHD Falls Committee

J Wilson tabled a summary of discussion noting approval has been given to translate some of the one page information sheets. Currently there is no mention of baby falls. L Woodhart outlined the process at RHW where any unexpected incident that has a bad outcome for patient health is thoroughly reviewed.

6.4 Quality & Safety Data

L Woodhart noted the time out process which is conducted on invasive surgery patients which confirms date of birth, operating being conducted and an understanding of the procedure. The NSW Health policy was released at the end of last year and following education a report of compliance is issued.

6.5 Patient Feedback

No issues to report. L Woodhart noted the range of avenues for patient feedback – NSW Health survey, patient interaction with managers; maternity survey on the hospital website.

7. GENERAL BUSINESS**7.1 National Standards – Accreditation – Standard 2 Partners with Consumers**

L Woodhart summarised the document attached to the agenda noting the accreditation survey is scheduled for 15 – 17 June. The meeting around Standard 2 will need representation from this committee and L Woodhart will finalise once the programme has been agreed on.

- The Royal Hospital for Women and Prince of Wales Hospital surveys are happening at the same time which will the shared corporate areas across the District and Campus
- The narrative is submitted to the surveyors who verify with the evidence provided and interviews
- The evidence is to showcase and highlight services – one of which is Family Integrated Care (FiC) being piloted in the Newborn Care Centre which will eventually become standard practice.

S Rawlinson asked could the committee observe some of these programmes – L Woodhart will enquire with the project leaders if this is a possibility.

ACTION: L Woodhart will explore the feasibility of observing programmes ‘in action’

7.2 Public reporting of Safety & Quality data – SESLHD graphs

V Madunic asked the Committee which data presentation they preferred for display on the hospital website – the one currently there or the SESLHD suggestion. The Committee agreed the graphs currently displayed on the hospital website are the preferred option.

7.3 Future presentations

The list was noted.

8. NEXT MEETING 12 June 2015

The Committee requested the agenda and minutes be mailed 2-3 weeks prior

Signature 

Date 12/6/15