

# COMMUNITY ADVISORY COMMITTEE



## Friday 5 February 2016, 10 am

**MINUTES** 

#### PRESENT:

Ms N Cowlishaw, Community member
Ms H Mantziaris, Community member (Co-chair)
Ms G Parsonage, Community member
Ms S Rawlinson, Community member
Dr J Wilson, Community member (Co-chair)

RHW/SESLHD representation:

Ms L Woodhart, Clinical Practice Improvement Manager, RHW
Ms V Madunic, General Manager, RHW (left 11 am)
Dr J Svensson, Health Education Co-ordinator and Diversity Health Officer, RHW
Ms J East, Secretariat RHW

#### 2. APOLOGIES:

Ms L Craig, Community member
Ms T Fletcher, Community member
Mr P O'Donoghue, Community member
Ms H Jarman, Acting Director of Nursing & Midwifery Services, RHW
Ms E Hutchings, Community member

The Co-Chairs welcomed Gail Parsonage to her first meeting.

#### 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 4 December 2015 were adopted.

# 5. MATTERS ARISING FROM THE MINUTES

Action Items - updated

As V Madunic had to leave the meeting the following items were moved for earlier attention

#### 7. GENERAL BUSINESS

7.1 How can the Committee meet the needs of the hospital to fulfill its role V Madunic outlined the Accreditation Standard 2 defined where Community Advisory Committees can help – your understanding of people out in the community and fresh eyes to compliment the processes at the Hospital.

The Committee members felt it was important to have specific projects to work on. L Woodhart will prepare a table of Standard 2 to go through and allocate projects.

ACTION: L Woodhart to prepare table of Accreditation Standard 2 items for allocation

## 6. STANDING ITEMS (the following order was changed)

## 6.6 Feedback from Hospital Committee representatives

a) Clinical Council - nil to report

b) Quality & Patient Care Committee

V Madunic advised this committee focuses on key issues where harm could be caused to a patient, complaints and compliments, Root Cause Analysis recommendations and incident management system. N Cowlishaw noted the majority of the content was patient sensitive. L Woodhart briefly outlined the processes followed if an unexpected adverse event occurs. A thorough review is conducted and a formal report prepared for the SESLHD and NSW Health. The Quality & Patient Care Committee oversees the recommendations from these reports and discusses the issues. L Woodhart summarised the ratings matrix used for major incidents. NSW Health collates all reports and there is a maternity group that reviews themes and identifies projects. The Hospital has monthly Mortality & Morbidity meetings which are open to all staff and are reported to the Quality & Patient Care Committee. L Woodhart assured the Committee that this Hospital is very transparent and open when conducting these investigations. There is information available on the NSW Health website.

N Cowlishaw noted one comment from a meeting last year was that culturally diverse medical staff's comments and mannerisms are sometimes misunderstood by patients which can cause problems.

V Madunic left during the above item.

#### 6.1 Youth Health update

J Svensson noted the next youth health implementation meeting is next week.

## 6.2 SESLHD Falls Committee

J Wilson noted the February meeting is next week.

## 6.3 Quality & Safety Data

L Woodhart noted this is a requirement of Standard 2 and summarised the attachments. Data is submitted to ACHS every six months but this is not compulsory for every hospital — it is voluntary.

## 6.4 Patient Feedback

No issues to report. L Woodhart noted that the general theme of complaints received were access, expectations couldn't be met, communication and attitude

## 6.5 Disability Awareness training for staff project

On hold pending review of current training available.

#### 7. GENERAL BUSINESS

- 7.1 How can the Committee meet the needs of the hospital to fulfill its role Covered earlier.
- 7.2 Security measures in place following the shooting at Nepean Hospital Deferred to next meeting for V Madunic to address.

- 7.3 Training for Committee members in April
  P O'Donoghue to attend if unable G Parsonage in his place.
- 7.4 2016 Patient Experience SymposiumDates for the Symposium are 5 & 6 May 2016.
- 8. NEXT MEETING

It was agreed to move the next meeting from 1 April to 8 April 2016

Meeting closed 11.30 am

Signature Manfairis

Signature .....

Date .....