

Given the delays experienced, two organisations were yet to prescribe any free NRT when assessed in June 2018, however both reported that they were currently providing smoking cessation counselling and anticipated providing NRT in the coming months. One organisation informally reported prescribing NRT, but was yet to provide a formal report on activities. All funded organisations had unspent money at the end of their initial funding period at 30 June 2018 when funding agreements were due to conclude. To allow organisations to utilise the unspent funding, agreements were extended to 31 December 2018.

Throughout the pilot the SiP project was able to respond to some of the barriers identified by the funded organisations. Most notably, the target group for free NRT was expanded on a number of occasions during the life of the project in response to stakeholder feedback. Early in the project, the target group was extended to include women six months postnatally, based on stakeholder feedback and research indicating that women who stop smoking during pregnancy are at high risk of smoking relapse^{13,14}. The group was further expanded in individual organisations. For example in CCCares, NRT was provided to any interested student, given the social setting, and at Conder Surgery the age group for non-Indigenous women was expanded to up to 35 years after the practice gave feedback that it was women in the 25 to 35 age group that were expressing interest in smoking cessation.

The evaluation notes that some settings are, by their nature, more successful in engaging clients in smoking cessation than others. Ideal settings are those where regular contact with a consistent cohort is possible, allowing for relationships to be built over time, motivational interviewing techniques to be used and a flexible approach taken with clients.

“If the project were to continue, it needs provision of NRT, continuous regular connection with someone who is able to support someone to quit – doing it in the best way possible without being too pushy, but to be there, to give them time and space to talk things through.” – Stakeholder feedback

Learnings

- **Components of the NRT strategy of this project found to be critical to success include: individualised support for organisations to establish how they will store and dispense NRT; NRT being available free of charge; and flexible, ongoing support for clients, using motivational interviewing techniques.**
- **The individualised support provided to organisations that were part of the project was highly valued and greatly assisted in achieving project outcomes. However, this level of support led to some delays in project implementation and difficulties in aligning all aspects of the project. Future projects of this nature need to allow for unexpected delays when taking such an approach.**
- **The original target group of the SiP project was limited. Smoking cessation support for pregnant women could be incorporated into a program focussing on smoking within disadvantaged groups more broadly to allow for economies of scale and increased reach.**

5. Discussion and conclusion

The SiP pilot project has taken a targeted approach to influence the smoking behaviours of young non-Indigenous women and all Aboriginal and Torres Strait Islander women, particularly those who are pregnant. The project has achieved all its intended short term outcomes and is moving towards medium term outcomes. The nature of health promotion projects such as this means that it is still in its early days in terms of leading to measurable longer term health outcomes.

The evaluation finds that the project strategies were evidence based and considered appropriate by stakeholders. The refinement and implementation of the project strategies were informed by a range of activities and stakeholder consultations. Stakeholders were very supportive of, and engaged with, the

¹³ Gilbert NL et al (2015). Ibid.

¹⁴ Tong VT et al (2009). Ibid.

project from its inception. This said, one Working Group member initially had reservations around the use of NRT with pregnant women but was assured that the project would follow the Royal Australian College of General Practice (RACGP) clinical guidelines on smoking cessation in pregnancy.

The Working Group had the right mix of stakeholders, was well engaged and was very useful in the planning phases of the project.

The project took an action research approach, being flexible to shape itself around opportunities and barriers and provide comprehensive tailored support to partner organisations when required. The evaluation recognises that, on occasions, this approach led to delays in some aspects of the project delivery. In particular, the pilot experienced unexpected complexities in assisting some organisations to establish their processes for NRT provision to meet the needs of their particular setting and access to target group. Whilst this approach led to some delays in project delivery, this tailored and flexible assistance was greatly valued by stakeholders and is recognised as one of the key factors for the project being able to achieve its short term outcomes.

The approach of employing multiple strategies, including education and awareness raising, capacity building and NRT provision, has shown great promise. Difficulties experienced in aligning all aspects of the program meant that the combined effect of these strategies may not have been fully realised, however all of the planned strategies were implemented over the life of the project, with some significant achievements and learnings.

The communication campaigns were seen as successful strategies, with the reach and engagement with the paid media activity generally above government benchmarks and resources well received by stakeholders. Future projects that utilise campaigns similar to YFNP, that are designed to be controversial and start a conversation in the community, should ensure strategies are in place to foster the positive community conversations and quickly respond to the feedback in order to maximise the impact of these campaigns.

Capacity building was a significant achievement of the project – with over 276 participants to the various training opportunities provided, and very positive feedback in terms of the training contributing to participants' learnings around providing smoking care. Feedback on the usefulness of the Motivational Interviewing training was especially positive, due to its applicability to people living with a range of complex social issues and should be considered as part of future smoking cessation sector capacity building activities. Forming partnerships with relevant organisations to extend the reach and engagement with training opportunities was also highlighted as an important factor for the success of this aspect of the project.

Despite some of the unexpected delays experienced in establishing processes for NRT distribution, the free NRT was considered a critical aspect of the project, particularly in helping to engage people who may not otherwise consider smoking cessation. An important part of this strategy was engaging a diverse group of organisations that were able to engage with, and distribute the NRT to, the target population. Two significant successes of the NRT provision strategy of project, in terms of provider support for clients, are the sustained smoking cessation support made possible within the school-based setting involved in the project and the high number of Aboriginal and Torres Strait Islander clients (pregnant women and cohabitants) reached.

It is acknowledged that the original project target group is small (and getting smaller) and a number of stakeholders have called for the target group to be expanded in various ways during the life of the project, to allow them to reach a greater number of the smoking population whilst also supporting the target group. The latest tobacco smoking rates for the ACT¹⁵ demonstrate a decline in smoking for young

¹⁵ ACT Health (2018). *Healthy Canberra 2018: Australian Capital Territory Chief Health Officer's Report*. ACT Government, Canberra, ACT. Available from <https://health.act.gov.au/act-health-system/publications/reports/chief-health-officers-report> (accessed 2 October 2018)

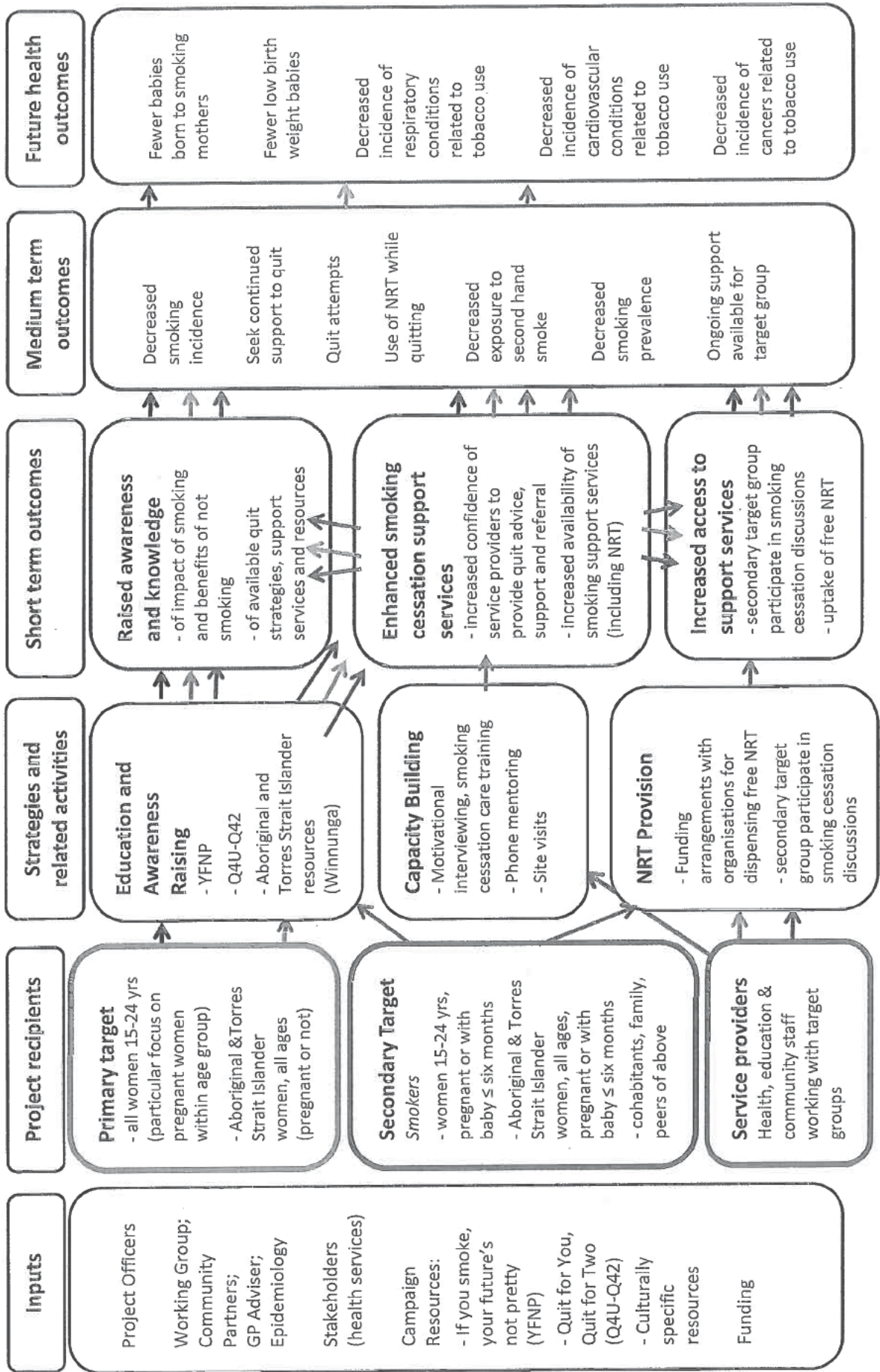
pregnant women. Although the current rates of smoking during pregnancy in the ACT cannot be directly attributed to the SiP project, they should be taken into account when considering how to best tackle tobacco smoking into the future. The prevalence of smoking in Australia continues to be significantly higher among lower socio-economic groups more broadly, particularly so in groups facing multiple personal and social difficulties and challenges.¹⁶ Therefore, in the longer term, it is suggested that future smoking cessation projects should consider focussing more broadly on disadvantaged groups, including the SiP target group. This approach would lead to economies of scale and have greater potential for positive health outcomes. The successes, limitations and learnings outlined in this report are shared with the intention of helping to inform the planning and implementation of any future projects in this space.

¹⁶ Scollo, MM and Winstanley, MH. (2018) *Tobacco in Australia: Facts and issues*. Melbourne: Cancer Council Victoria. Available from www.TobaccoInAustralia.org.au (accessed 15 May 2018)

References

- ACT Health (2018). *Healthy Canberra 2018: Australian Capital Territory Chief Health Officer's Report*. ACT Government, Canberra, ACT. Available from <https://health.act.gov.au/act-health-system/publications/reports/chief-health-officers-report> (accessed 2 October 2018)
- ACT Health (2014). *Australian Capital Territory Chief Health Officer's Report 2014*. ACT Government, Canberra, ACT. Available from <https://health.act.gov.au/sites/default/files/2018-09/ACT%20Chief%20Health%20Officers%20Report%202014.pdf> (accessed 2 October 2018)
- Gilbert NL, Nelson CRM and Greaves L (2015) Smoking cessation during pregnancy and relapse after childbirth in Canada, *Journal of Obstetrics and Gynaecology Canada* 37(1): 32-39.
- Haas SA and Schaefer DR (2014). With a little help from my friends? Asymmetrical social influence on adolescent smoking initiation and cessation. *Journal of Health and Social Behaviour* 55(2), 126-143.
- Hartmann-Boyce J, Stead LF, Cahill K, Lancaster, T (2013). Efficacy of interventions to combat tobacco addiction: Cochrane update of 2012 reviews. *Addiction* 108(10): 1711-1721.
- National Health Performance Authority (2014). *Healthy Communities: Child and maternal health in 2009–2012*. Available from <https://www.myhealthycommunities.gov.au/our-reports/child-and-maternal-health/july-2014> (accessed 3 October 2018)
- Passey ME, D'Este CA, Sanson-Fisher RW (2012). Factors associated with antenatal smoking among Aboriginal and Torres Strait islander women in two jurisdictions. *Drug and Alcohol Review* 31: 608-616.
- Passey ME, Sanson-Fisher RW, Stirlin JM (2014). Supporting Pregnant Aboriginal and Torres Strait Islander women to Quit Smoking: Views of Antenatal Care Providers and Pregnant Indigenous Women. *Maternal and Child Health Journal* 18:2293-99.
- Royal Australian and New Zealand Obstetricians and Gynaecologists. *Women and Smoking*. Available from [https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Women-and-Smoking-\(C-Obs-53\)-Review-November-2014.pdf?ext=.pdf](https://www.ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Statement%20and%20guidelines/Clinical-Obstetrics/Women-and-Smoking-(C-Obs-53)-Review-November-2014.pdf?ext=.pdf) (p 3, accessed 20 April 2018)
- Royal Australian College of General Practice. *Clinical Guidelines: Supporting Smoking Cessation*. Available from <http://www.racgp.org.au/your-practice/guidelines/smoking-cessation/smoking-cessation-in-populations-with-special-needs/pregnant-and-breastfeeding-women/> (accessed 23 April 2018)
- Schneider S, Huy C, Schutz J, Diehl K (2010). Smoking cessation during pregnancy: a systematic literature review. *Drug and Alcohol Review* 29:81-90.
- Scollo, MM and Winstanley, MH. (2018) *Tobacco in Australia: Facts and issues*. Melbourne: Cancer Council Victoria. Available from www.TobaccoInAustralia.org.au (accessed 15 May 2018)
- Tong VT, Jones JR, Dietz PM, D'Angelo D, Bombard JM (May 29 2009). Trends in smoking before, during and after pregnancy – pregnancy risk assessment monitoring system (PRAMS), US 31 sites 2000-2005, *MMWR* 58(SSO4); 1-29.

Appendix A: SiP program logic



Appendix B: SiP education and awareness raising results

Various data sources can be drawn on to assess the reach and engagement of the education and awareness raising activities. Media reports were provided for the paid media activity for YFNP in May and June 2016 (suspended), Q4U-Q42 in November and December 2016 and the joint campaign between May and July 2017. Internal data was collected on hits to the project's webpages.

1. Paid media reports

Results from the first YFNP paid media activity (May and June 2016):

- **Online videos:** 130,861 impressions¹⁷ were delivered which resulted in an 88% completion rate¹⁸, with the 15 second video completion rate being higher than for the 30 second video. These video completion rates were higher than rates typically achieved for a Government campaign of 75-80%.
- **Facebook posts:** 225,416 impressions were delivered resulting in 866 engagements (which includes views, clicks, likes, comments, shares and video views) and 703 web clicks. The ads had an overall engagement rate of 0.38% and an overall click through rate to the ACT Health website of 0.31%, a higher conversion rate when compared to Government benchmark click through rates at the time of the campaign.
- **Instagram posts featuring YFNP creative:** 33,787 impressions delivered resulting in 138 engagements and 42 web clicks. The overall engagement rate was 0.41%. The posts generated 79 likes and 17 comments.¹⁹

Results from the Q4U-Q42 paid media activity (November and December 2016):

- **Facebook posts:** video posts achieved a 4.95% completion rate, lower than YFNP video posts. A total of 353,945 impressions were delivered for the three image posts which resulted in 1,256 engagements and 123 web clicks. These generated 185 page likes, 280 post likes, 31 comments and 47 shares. The overall click through rate was 0.03%, lower than YFNP. The video was found to be the most cost-effective Facebook post. The media report suggested keeping copy to a minimum to optimise future campaign effectiveness, and to test out some more creative variations.
- **The Tonic TV commercial:** ran from 7 to 30 November 2016 in 22 Canberra medical centre waiting rooms and was played 11,194 times to potentially 97,514 people.

Results from the final paid media activity (May, June and July 2017), which used creative from both Q4U-Q42 and YFNP campaigns:

- Reached a total of 2.2m people, including 4,801 people clicking through to the ACT Health website.
- **Online ad copy:** 1,999,304 impressions were delivered, with a click through rate of 0.15%, above the Government benchmark of 0.07%. More people clicked on the ad copy for Q4U-Q42.
- **Online videos:** 15 and 30 second versions were used from both campaigns. 199,492 impressions were delivered, achieving a combined click through rate of 0.99% above the Government benchmark of 0.77%. The 15 second videos worked better in getting people to click through to the website for more information than the 30 second videos.
- **Google search:** generated 30,379 impressions and 311 clicks. User engagement from this was below the Government benchmark of 2%, generating an average click through rate of 1.02%. The media report provided recommendations for future campaigns to increase engagement.
- **Cinema advertising (YFNP only):** potentially reached 55,932 people.

¹⁷ 'Impressions' are the total number of times the ad was displayed for people to view.

¹⁸ 'Completion rates' relate to how often people watched the whole video.

¹⁹ At the time the campaign ran there was not the functionality in Instagram to allow for click through rate comparisons.

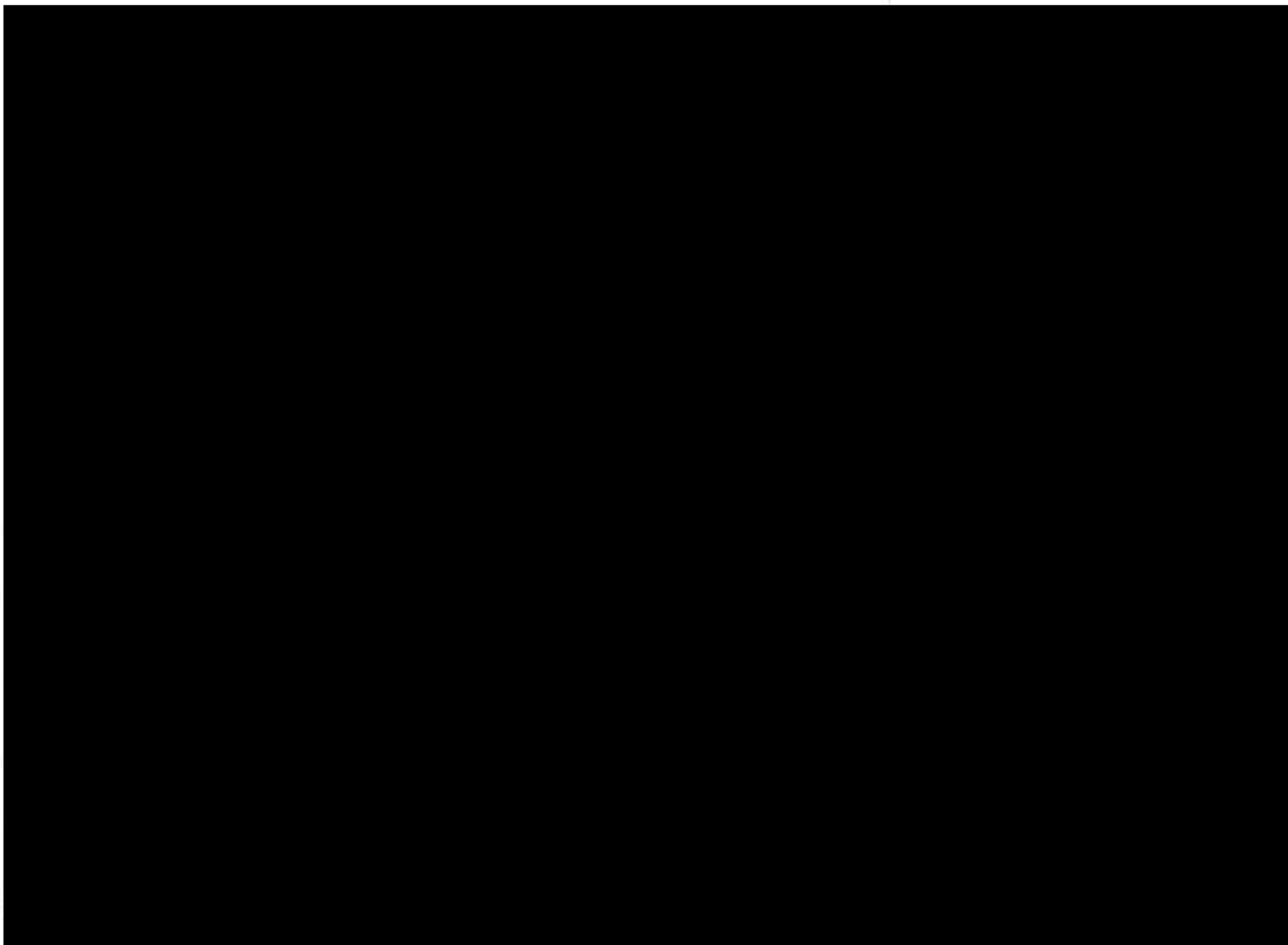
- **Shopping centre smart screens:** 36 screens ran from 28 May to 1 July 2017 in shopping centres across Canberra (Canberra Centre, Cooleman Court, Erindale, Manuka Terrace, The Marketplace Gungahlin and Tuggeranong Hyperdome). No details on potential reach available.
- **The Tonic TV commercial:** ran from 1 June to 30 June 2017 in 27 Canberra medical centre waiting rooms. No details on potential reach available.

2. Internal data

There were 3,485 visits to the YFNP webpage (www.health.gov.au/healthy-living/if-you-smoke) and its subpages between May 2016 and January 2017. The vast majority of these visits occurred during the paid media activity in May/June 2016 and in the subsequent month of July. There were 804 visits to the YFNP photo booth and 337 visits to the YFNP pages providing information on quitting smoking.

In January 2016, the YFNP webpages were merged with those for Q4U-Q42 on a generic smoking webpage (www.health.gov.au/healthy-living/smoking). The data provided here on website activity is to 10 May 2018.

There have been a total of 5,103 visits to the generic ACT Health smoking webpage and its subpages since October 2016 (when it was established). These pages are still active with a reduced number of pages. There have been 1,256 visits to the smoking in pregnancy subpage (www.health.gov.au/healthy-living/smoking-during-pregnancy). Given the small number of pregnant women who smoke in the ACT, this can be considered quite a high number of visits. Since being moved to these webpages, there have been 587 visits to the YFNP photo booth, bringing the total number of visits to the YFNP photo booth to 1,391. There have been 571 visits to the pages providing information on quitting smoking – 238 visits to the information provided specifically for pregnant woman. Again, given the small number of pregnant women who smoke, this can be seen as a high number of visits.





Agenda

Women, Youth & Children, Divisional Management Meeting

Thursday 24 January 2019, (11:00am – 12:30pm)
Meeting Room 8, Level 2, Building 11, Blk F, WY&C

1. **Attendance /Apologies/Reason we are meeting**
Apologies – Noted
- 1.1. **Welcome to Country**
We wish to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.
2. **Minutes and Actions Arising from Previous Meeting**
 - 2.1. Action Minutes of Meeting from - **20 November 2018**
 - 2.2. Running Sheet of Outstanding Action Arising from previous meetings - **20 November 2018**
- Standing Agenda Items**
3. Access Data from Scorecard – **Waiting on new Scorecard**
4. **Outpatients report –**
5. **Departmental Business and Cultural Plans –**
 - **January 2019 - Obstetrics & Gynaecology – Boon Lim & Penny Maher**
6. **Special Presentation – N/A**
7. **Budget Update – Finance Manager, ED WYC**
8. **Staffing Update – ED WYC**
9. **College Accreditations (RACP, RACS, RANZCOG BFHI) -**
10. **Admin Update – Operations Manager**



Women, Youth and Children

11. **Maternity / Gynaecology Update - CD O&G / ADONM**
12. **Community Update – Dir WYCCHP / ADON WYCCHP**
13. **NICU / SCN – CD Neonatology / ADON**
14. **Paediatric Update – CD Paeds / ADON**
15. **Genetic Update – ACT Genetics Manager**
16. **Nursing & Midwifery Update – DONM**
17. **Allied Health – DAH**
18. **Health Policy Unit – Paul Wyles**
19. **WY&C Executive Officer -**
20. **Other Business –**

Next Meeting:

TBC



Minutes

Women, Youth & Children, Divisional Management Meeting

Meeting Date: 20 November 2018

Agenda Item No: 2.1

Subject: Action Minutes of Women, Youth & Children
Divisional Management Meeting
20 November 2018

Source:

Purpose/comments:

DRAFT

Women, Youth and Children

NAME	Initials	POSITION	ATTENDED	APOLOGY	ABSENT
Wyles, Paul	PW	Senior Manager Health Policy Unit		✓	
Carlisle, Hazel	HC	Clinical Director, Neonatology		✓	
Chaudhari, Tejasvi	TC	Deputy Clinical Director, Neonatology		✓	
Davis, Deborah	DD	Professor of Midwifery			✓
Blumer, Shari	SB	Personal Assistant to the Executive Director	✓		
Maher, Penny	PM	ADONM - Maternity	✓		
Tarryn Guinard	TG	Operational Manager	✓		
Lang, Sam	SL	Executive Officer WYC	✓		
Lim, Boon	BL	Clinical Director, Obstetrics & Gynaecology		✓	
Cathy O'Neill	DC	A/g Director, WYC Community Health Programs	✓		
Karen Faichney	KF	A/g Director of Nursing & Midwifery, WYC	✓		
Mitchell, Anne	AM	Clinical Director - Paediatrics			✓
Chatham, Liz	LC	Executive Director, WYC	✓		
Peek, Michael	MP	Professor of Obstetrics & Gynaecology		✓	
Sansum, Catherine	CS	Deputy Director, Community Paediatrics	✓		
Soufan, Abel	AS	Finance Manager WY&C		✓	
Moore, Alison	AM	A/g ADON, Paediatrics and Neonatology	✓		
Warwick, Linda	LW	Manager, ACT Genetics Service		✓	
Golley, Pip	PG	A/g Director of Allied Health	✓		
Roberson, Bronwyn	BR	A/g Manager Child Health Targeted Support Services			✓
Thomas, Carolyn	CT	A/g ADON&M, Community Health Program		✓	



Women, Youth and Children

- 1. ATTENDANCE, APOLOGIES, PURPOSE OF MEETING**
 - 1.1. Attendance: *Noted*
 - 1.2. Apologies: *Noted*
 - 1.3. Chair welcomed committee members.
 - 1.4. Welcome to Country

- 2. PREVIOUS MINUTES, ACTION MINUTES AND ACTIONS ARISING, OUTSTANDING ACTIONS FROM PREVIOUS MEETINGS**
 - 2.1. Previous Action Minutes – *Discussed.*
 - 2.2. Running Sheet of Outstanding Actions arising from previous meetings –
 - 2.3. Item/s to be removed:

 - 2.4. Outstanding Action Arising from previous meetings: *Updated*
 - 2.4.1 Updates on progress against actions noted – *Updated.*
Running Sheet of Outstanding Actions Arising from previous meetings: refer to the Outstanding Actions Arising Running Sheet for updates and ongoing actions.

DRAFT



Women, Youth and Children

Tuesday 20 November 2018 – (1:00 to 2:00)
 Meeting Room 1&2, Level 3, WY&C - Building 11
 WY&C Divisional Management Meeting - MINUTES

Related to Action Required	Outstanding Action	Person(s) Responsible	From Meeting	Due	Update / Comment
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	<ul style="list-style-type: none"> • Still the intention of doing the 'deep dive' once Brendan has an understanding of our scope of services. • 18/07/2018 – Liz waiting for 'deep dive' information. • 2/6/18 – Liz Chatham to follow up with Catherine Shadbolt • 26/03/2018 – Liz Chatham was contact on Friday regarding the review of activity. The plan is to do a 'deep dive' in to our services regarding data; Data & Performance will be in touch with our Division soon. • 27/02/2018 – Data & Performance have agreed to undertake a review of all WY&C OP, Ambulatory and Community activity. Not yet started, to be finalised by Sept. • 24/10/2017 – reviewing non admitted occasions of service definition.



Women, Youth and Children

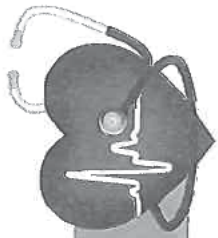
Related to Action Required	Outstanding Action	Person(s) Responsible	From Meeting	Due	Update / Comment
[Redacted Content]					





STANDING AGENDA ITEMS

3. Access Data –
 -
4. Departmental Business & Cultural Plans
 - ED WYC presented the Divisional Business plan for finalisation
5. Budget update
6. Staffing update
7. College Accreditations
8. Admin Update – Operations Manager
9. Maternity /Gynaecology – Penny Maher/Boon Lim
10. Community – Deborah Colliver
11. NICU/SCN – Hazel Carlisle/Tejasvi Chaudhari
12. Paediatrics – Anne Mitchell
13. Genetics – Linda Warwick
 -
14. Allied Health – Pip Golley
 -
15. Nursing & Midwifery – Karen Faichney
16. Health Policy Unit – Paul Wyles
17. WY&C Executive Officer – Sam Lang
18. OTHER BUSINESS



Action Plan Template

Division/Branch:

Division of Women Youth & Children - Maternity Services

Aim:

*Obstetrics & Gynaecology, Maternity Outpatients (Mat O/P), Fetal
Medicine Unit (FMU), Birth Suite (Birthing), CaTCH, Continuity Midwifery
Program (CMP), Antenatal Ward (ANW) & Postnatal Ward*

To

become a leading public healthcare organisation in terms of culture

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
Maternity WY&C Culture of Reaction	Engagement Culture	Q#1201 There is a high trust in Executives	14%	<ol style="list-style-type: none"> 1. Open door policy for staff to meet with ADON/Ms and DONM 2. Quarterly Night Executive Rounding 3. Executives meet with targeted areas following cultural survey feedback sessions 	<p>ST-MT-LT</p> <p>ST-MT-LT</p> <p>MT-LT</p>	<p>Ongoing</p> <p>Sept 2016 TBA 2017</p> <p>June 2016 TBA 2017</p> <p>Ongoing</p>	<p>O&G Director ADON/M DONM</p> <p>a) ED/DO NM</p> <p>b) DONM/ ADON/Ms</p> <p>ED, DONM, ADONM</p>	<p>1. & 2. Day and Night staff have the opportunity to meet/communicate with Executive staff; develop heightened level of trust, as evidenced by future cultural survey results</p> <p>3. Further consultation with CMP, CatCH and Birthing staff</p>	<ul style="list-style-type: none"> • Staff are bringing issues to the O&G Director, ADON/N and DOM/N regularly • 2. Complete for 2018 Day/Night duty executive communication meetings completed in 2018 • 3. Completed consultation, continue to meet with CMP staff- weekly meetings. Plan for invitation of the O&G Director DONM/ADONM to monthly meetings on

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
		Q#1190 There is a climate of 'Trust and Respect' throughout the organisation	21%	1.All senior staff to undertake RED training, or a refresher 2.Improve visibility of ACT Health Values	MT-LT MT-LT	Ongoing Quarterly	O&G Director, DONM ADON/Ms CNC/CMC s/CMMs CDN/CD Ms CMC/CM M/CDN/C DMs	1.All senior staff complete RED training by December 2016; newly appointed senior staff within 3 months of appointment 2.Health Values sessions to be incorporated into WY&C Orientation and In-service Programs, All Meetings, resident and registrar training.	request Completed for 2018 Completed 2018 Values incorporated into the WYC orientation, In service/education programs based on: Excellence- continuous learning and quality improvements to enable- best practice, sound evidence based

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
								<p>care- Clinical guidelines, policies.</p> <p>Collaboration- actively communicate to achieve the best care, sharing knowledge and resources with colleagues, respect and acknowledge everyone's input skills and experience by working together and contributing to solutions. Through multidisciplinary care, guideline/policy development, education and research e.g. FSEP, PROMPT, Quality Improvement working groups-PPH workshops, HHMR feedback, OASIS workshops, PROMPT, M&M meetings,</p>	<ul style="list-style-type: none"> •

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
				3. Discuss ACT Health Values during performance review meetings- PMA	ST-MT-LT	Annually, with 6 monthly review	O&G Director O&G , ED, DONM ADON/Ms CNC/CMC s/CMIMs	3. Improvements in trust and respect demonstrated within the Division; articulated in Performance Plans; and New Graduate Midwives Evaluations 4. Respecting and valuing contributions of all levels of staff in service planning	<ul style="list-style-type: none"> Multidisciplinary Clinical Handover, Research- MBM, TOBOGM, BLT Asthma is pregnancy. Collaborative practice for continuity of care models to be more formalised- review current process and ensure all collaborative discussions are well informed and recorded in BOS; and represent the referral and consultation (ACM) guidelines and eligibility for Birth Centre Guideline. <p>Integrity- Being open and honest and trustworthy in communicating with</p>

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
				4. Multi-disciplinary and multi-level maternity services Planning Day	ST	August 2016			<ul style="list-style-type: none"> others, ensure correct information is provided in a timely way. Be accountable, reflective and open to feedback. Work to professional scope of practice and code of conduct. Acknowledgement of country at commencement of all meetings, all wards/units have regular ward meetings, MUM Meetings monthly- midwifery staff invited information is shared and feedback/open communication is facilitated, access to in-services and multidisciplinary education session. All staff are invited to

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
							ED		<ul style="list-style-type: none"> contribute and comment/ feedback. Care- Woman Centred. Safe staff working environment- OH&S meeting, WPS safety reports 100 % compliance 2016, SAIR response rate <48 hours response. No Blame culture- system analysis of incidents and a supportive learning culture. Discussed at each annual performance review meeting Completed 2017

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
			16%	5. Conduct a "Mastering Improved Clinician Performance" Workshop facilitated by the Cognitive Institute with all Managers that have performance management oversight and delegation of clinici	ST	Sept. 2016	ED	The course "Mastering Improved Clinician Performance" provides clinical Managers with the insights and skills to successfully conduct performance appraisals and coach clinicians to improved performance.	Completed 2017
		Q#1185 There is a strong sense of success and achievement - 'Things are getting better all the time'	37%	1.Planning Day for Executives and Senior Managers (multidisciplinary)	ST-MT-LT	Oct 2016	ED/CD/D ONM/AD OM	2017, 18 Business plans: quarterly updates at Divisional Management meeting 1.Improve staff cohesion and involvement in forward planning	Business plans: quarterly updates at Divisional Management meeting Completed O&G Director and completed for 2018. Planned Joint O&G Medical and Midwifery Planning day 1/3/19 Nursing and Midwifery - leadership day due in 2019

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
									<ul style="list-style-type: none"> •
				2. Establishment of Staff Suggestion Box to communicate issues and solutions (location staff rooms)	ST-MT-LT	Ongoing	DONM	2. Staff feel more empowered; appropriate/timely response by DONM; feedback loop to staff	<p>Complete 2018 O&G Registrars and Consultants Registrar planning day March 2019</p> <p>Completed- all areas have access to the Staff Suggestion Box- not well utilised- look at alternative mechanisms for feedback.</p>
				3. Introduction of quarterly DONMs Awards in recognition of staff achievements	ST-MT-LT	Ongoing		3. To increase sense of success by formally acknowledging clinical/quality excellence	<p>Completed- not ongoing in 2018 Commenced in 2016- quarterly awards to individuals and teams demonstrating</p>

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
		Q#747 ACT Health provides ... appropriate remuneration for the responsibilities I have		<p>1. Continue to remunerate in accordance with current pay structure</p> <p>2. Ensure entitlements for higher allowances are captured/approved/paid</p> <p>Registrars- • R/V Registrar roster</p>	<p>ST-MT-LT</p> <p>LT</p> <p>ST-MT-LT</p>	<p>Ongoing</p> <p>Each pay cycle</p>	<p>NMs</p> <p>ADON/Ms WY&C AHMs</p>	<p>1. Compliance with current pay structure</p> <p>2. EBA adherence</p>	<p>• leadership, excellence and going the extra mile. Recipients from 2017 should be considered for ACT N&M Awards 2018. N&M awards and quality awards nomination in 2018</p> <p>Completed 2018</p> <p>Completed 2018 Accuracy with rostering and data entry</p> <p>PROACT- Checking of roster violations prior to roster publication.</p> <p>Completed 2018</p>

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
				issues					<ul style="list-style-type: none"> Review of registrar roster carried out and a pilot of a new roster for registrars will be implemented in February 2018 with a senior registrar on call with a junior registrar on nights
				R/V current workload – Boon Lim					<ul style="list-style-type: none"> Partially met 2018 Fellow X 1 per night/Week 2019 Fellow and Junior Reg once a fortnight
				3. Review remuneration scale during the next round of EBA discussions between ACT Health and ANMF		Feb 2017-18		3. Collaborative discussion between CN and ANMF; outcome fair and affordable EBA	<ul style="list-style-type: none"> Completed 2018 Enabling ANMF staff membership access to ANMF representation to discuss the EBA and

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
				4. Expand opportunities for staff to relieve in higher positions; support Personal Level 2 applications; provide opportunities for staff to strengthen their CVs in preparation for senior level applications/appointments, succession planning		Ongoing		4. Staff are supported to strengthen applications for advancement i.e. Team Leader opportunities, acting positions i.e. CMC/CNC, CDM/CDN, ADON/M or DONM; research and other funded projects, involvement in QIs, M&M and guideline development	make recommendations Completed 2018 Expressions of interest are invited for all higher duty opportunities. EOIs for 2019 RM 2 HUB PMA's support staff with professional development and access to conference leave and Personal Level 2 aspirations
	Our Practices	Q#21641 The organisation introduces change at an appropriate pace	14%	1. Staff were asked to comment on this during the cultural feedback sessions, or anonymously via The Suggestion Box	ST-MT-LT	Ongoing	ED DONM ADON/Ms CMCs/CM Ms/CNCs CDMs	1. Agenda item for Unit and Departmental Meetings to gain a clearer understanding of the issues; respond appropriately.	Ongoing Ward/unit meetings Maternity Unit Meeting (MUM) Meetings and fortnightly to enable feedback -too fast or too slow. Policies on

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
				2. Staff feedback provided no clear indication of the pace of change being perceived as too slow or too fast across the Division, although policy development/review at Division level, and endorsement by the CHHS Policy Committee was identified as being slow	ST-MT-LT	Ongoing	DONM ADON/Ms CMCs/CM MS/CNCs CDMs	2. Review current policy development/review processes within the Division and identify/rectify barriers. DONM to provide cultural feedback information to the CHHS Policy Committee for their consideration/action	<ul style="list-style-type: none"> track- report review at Q&S meetings tier 2 and tier 3 Policy committee to ensure timely policy development and processing-working to improve consultation and MDT approach <p>Ongoing Multidisciplinary education sessions – provide a forum to discuss changes to policies/guidelines and procedure to enable discussion around education planning, information and feedback for staff, QIs and Research. Maternity Polices are up to date for March</p>

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
									<p>2018.</p> <p>Ensure search terms are clearly understood by all team members to enable easy access to guidelines and policies, develop tool to assist staff to quickly lookup policies</p> <p>Completed 2018 Ask CMCs if they would like members of Executive to attend ward meetings on invitation</p>
	Dark Side Risk	Q5548 My workplace is ... free from favouritism	37%	1. Performance Plan conversations to include perceptions/specific incidences of favouritism; encourage staff to use the Suggestion Box as a means of anonymously identifying types of favouritism in the workplace	ST-MT-LT	Ongoing	DONM ADON/Ms CNC/CMC s/CMIMs	1. Prompt action by managers to address identified issues relating to favouritism i.e. rostering practices, opportunities to team lead, EOI, contracts, permanent appointments, projects, education, workshops,	<p>Completed ADONM to review CMCs, ADOM and DON review rosters prior to publishing each month.</p> <p>Ongoing New BOSS rostering system enabling staff to indicate preferred</p>

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
								conference attendances	shifts and days off. Completed Staff to report issues via suggestion box-review this mechanism as not well used.
				2. Facilitate broader staff representation at 2018 N&M Excellence Awards - 10 staff from WY&C will be drawn from a ballot to attend the event ACT Health Q&S Awards	LT	May 2018	DONM	2. Staff who have not previously attended the Awards will participate; opportunity for senior staff to demonstrate that they value the contributions of all staff	Ongoing All acting positions are to be subject to EOIs Completed All staff invited to nominate individuals or teams for N&M awards. Attendees will be from the nominee cohort in 2018
									Completed

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
	Healthy Workplace Environment	Q# 21635 ACT Health provides me with a workplace environment that supports me to manage my stress professionally and personally	n=34 (question on not included in Maternity & FMU summary sheet)	1. Availability of lunchtime massages 2. CDN/Ms support staff in challenging workplace environments 3. NMs and CNC/CMCs /CMMs are more readily able to identify staff stress (professional and personal) and provide appropriate	ST-MT-LT ST-MT-LT ST-MT-LT	Ongoing Ongoing Ongoing	Managers CDNs/CDMs & external facilitators O&G Director, ADOM, NMs, CMCs/CMMS	1. Staff have the opportunity to be pampered at work 2. New staff and junior staff feel supported in the workplace; increase team/individual skills to recognise/reduce workplace pressures and stressors; introduce self-care concepts; education, workshop attendance 3. Staff education, timely access to annual leave, flexible rostering, debriefing sessions, identifying EAP as a means of addressing	• Staff email sent to managers to ensure their teams are aware of this opportunity each week Ongoing CDMs available to support new staff. Completed Coaching implemented in Birthing to support new graduates. Implement in ANW and PNW 2018 ITP training for registrars; protected education time Completed Staff are to discuss annual leave planning as part of their PMA conversation Flexible rostering to

Major Unit	Program Area of the 2015 Survey	2015 Survey Item/s	2015 Survey Result	Action	Priority Scale	By When	By Who	Desired Outcome and Comments	Report status:
				support and/or referral 4. Consultants rostered to areas avoiding competing priorities				stress, or the services provided by Hospital Chaplains; O&G registrar and resident orientation manual, protected education, focused support by consultants in area allocated for education & policies	<ul style="list-style-type: none"> enable work life balance Debriefing sessions following adverse or stress events EAP access. RTW conversations after sick leave- "care conversations"

Business Plan 2017-2018 - Obstetrics and Gynaecology - Women Youn

KEY FOCUS AREA		Key Strategies for Achieving Priorities	Key Performance measures	Reporting Timeframe	Resources	Unit/Person Responsible	17-18 Target	Result	Status	
ACCESS - PATIENT CENTRED CARE	Access - Service Delivery Excellence	Single Intake - Maternity Services	1. Single intake implemented 2. All women allocated to a model of care within 48 of receipt of referral	Quarterly	Internal	DONM/ADONM			Complete	
		Expand the Maternity Assessment Unit (MAU)	1. >80% of women presenting for assessment are assessed in the MAU 2. All MAU activity is captured in approved data systems.	Quarterly	Internal	CD/DONM/ADO NM			1. complete,	
		Improve Early Pregnancy Assessment Unit (EPAU) access to U/S	1. >80% of women presenting to the EPAU are seen within 24hrs	Quarterly	Internal	CD				1. complete,
		Expand Obstetric Outpatient Services Gestational Diabetes	Is the (R) about wait times?	Quarterly	Internal	CD				Ongoing
		Expand Gynaecological services - Adolescent Gynaecology Hysteroscopy procedures	Is the MP number of procedures diverted from OT for Hysteroscopy? And wait times for adolescent gynaec?	Quarterly	Internal	CD/DONM				Ongoing
		Implement demand management strategy including over capacity protocol	1. Overcapacity protocol in place. 2. Overcapacity protocol consistently implemented when birth suite occupancy is >90%	Quarterly	Internal	DONM/ADONM				Ongoing
		Review Endorsed Midwives Framework	Revised version endorsed by due date (March 2018)	Quarterly	Internal	DONM				Complete
		Evaluate Homebirth Trial	Interim report delivered as per evaluation framework.	Quarterly	Internal & External	CD/DONM/Prof M/d				complete
		Ensure Unit is adequately prepared for Accreditation survey in March 18	1. 100% policies reviewed by due date 2. 100% staff compliant with Essential education and PMA 3. All 10 national standard criteria met (as relevant) 4. 100% MPC, WBIT, Fridge Audit compliance 5. 100% RISKMAN incident reports completed within 24 hours of incident.	Weekly	Internal	CD/DONM/ADO NM				complete
		Maintain RANZCOG accreditation	Meet RANZCOG accreditation requirements	Quarterly	Internal	CD				Complete

Quality - A culture of care

KEY FOCUS AREA		Key Strategies for Achieving Priorities	Key Performance Measures	Reporting Timeframe	Resources	Unit/Person Responsible	17-18 Target	Result	Status	
Priorities for Improvement	PPH		PPH rates are consistent with WHA average (1-1.5L = 3.09% and >1.5L = 2.19) Level 5 averages = 3.44% and 2.43%	Monthly	Internal	CD, DONM/ADONM			Ongoing	
		Vaginal Mesh	Not sure what the KPI is here	Monthly	Internal	ED, CD			Ongoing	
		Wrong blood in Tube	0 RBIT incidents	Monthly	Internal	CD, DONM/ADONM			Ongoing	
		Oasis project	3rd and 4th Degree tear rates are consistent with the WHA average (3.43%), Level 6 average = 4.01%	Monthly	Internal	CD, DONM/ADONM			Ongoing	
		Pre-term Birth Prevention Alliance	Reduce preterm birth	Quarterly	Internal	CD, DONM, ADONM			Commenced	
		Health Justice Partnership	Meet legal needs of pregnant women and new parents who are unlikely to access legal help relating family violence	Quarterly	Internal & External	DONM, ADONM			Commenced	
		Focus on Mental Health		Select	Select					
	SUSTAINABILITY: BUILDING A SUSTAINABLE HEALTH SYSTEM DRIVEN BY INNOVATION									
	Sustainability and innovation in thinking		Increase Birthcentre utilisation	Birth centre utilisation increased to 44% occupancy Birth suite utilisation decreased to max 85% occupancy	Monthly	Internal	DONM/ADONM			Pending
			Strengthen GP Shared Care model for Maternity Services	women accessing GP shared care model and birthing at CHWC increased by 30%	Quarterly	Internal	CD, DONM			ongoing

KEY FOCUS AREA	Key Strategies for Achieving Priorities	Key Performance Measures	Reporting Timeframe	Resources	Unit/Person Responsible	17-18 Target	Result	Status
Priorities for Improvement: Infrastructure - modernising to meet out needs	Improve electronic systems to support delivery of maternity services	How to we measure improvements in data collection and quality of data?	Quarterly	Internal	CD, DONM			Pending
	Complete remediation works in Birthing Suite Bathrooms	All remediation work completed by Dec 2018	Quarterly	Internal & External	DONM/ADONM			Ongoing
	Explore options for Custodial facility for birthing	Not sure what the actual deliverable or the timeframe is here?	Quarterly	Select				Pending
LEADERSHIP AND ACCOUNTABILITY								
Workforce and culture - our people	Develop and implement a whole of division workforce strategy for nursing and midwifery	Will develop KPIs through strategy development - but will include: vacancy rate reduced by x% or if we are hold vacancy rate 0 Need core skill mix Need one on development pathways graduate programs, scholarships etc. Leadership capability and culture also need measuring.	Monthly	Internal & External	DONM			Pending

	Comments
	Single intake RW permanent position is now open for applications. Working group supporting the initial implementation and finalising Business Rules
	Rostered Consultant to MAU weekdays daily. 2 -Ward Clerk in Birthing capturing on ACTPAS women who present and are MAU presentations;
	Rostered Consultant to EPAU weekdays daily
	budget initiative
	budget initiative - planned for Weekly clinics by March 2019
	Consultation phase to commence- sub working group meetings commenced Boon Lim and bab Davies Chair. Over capacity escalation plan implemented- level 3 open PSW 8 beds
	interim review and report completed
	PANZCOG report pending

Comments
<p>Working group implemented -Package includes: education package collaborative with Calvary Hospital , AN assessment, adhere to Guidelines for 3rd and 4th stage of stage management of labour; improve response to obstetric emergencies, and adhere to guidelines for care and escalation ; PROMPT scenarios includes PPH</p>
<p>Develop business case to develop Multidisciplinary service for women with MESH related problems</p>
<p>Respond promptly to WBIT incidents using the e Learning package, reflection and follow-up with clinical lead medical/Midwifery. Additional WBIT action plan to support staff with education and knowledge to prevent WBIT errors existing staff and all new staff, auditing of process. Working closely with pathology with the implementation of the blood gas analyser</p>
<p>Working Group continues to meet to measure compliance with best practise and deliver education package to support new and existing staff knowledge, collaborative with Calvary Hospital. Package includes - antenatal education- perineal massage, warm compress in 2nd stage of labour, psoltoning in the 2nd stage and support woman to control birth of the head, episiotomy with instrumental birth . This month 2.1.1 %</p>
<p>Working group commenced implementation: Funding for 0.5FTE requested for 2 years, Guideline through Q&S - policy, CHWC- launch planned for 28/2/19</p>
<p>HJP with CHWC and Legal Aid - Working group commenced implementation: Funding is initially for 6 months commencing January, 2019, review at 6 months NOU being finalised and operational implementation underway</p>
<p>Continuity review - in consultation phase</p>
<p>Invitation to support GPs to up skill to provide maternity care for shared care model- 2 GPs have commenced and more interest has been expressed</p>

Comments
2 rooms have been completed and another 2 rooms have just started - expected to go beyond 2019.
Determination of swipe requirements for birthing room 14 to enable security to meet (custodial) requirements complete and costed.



Agenda

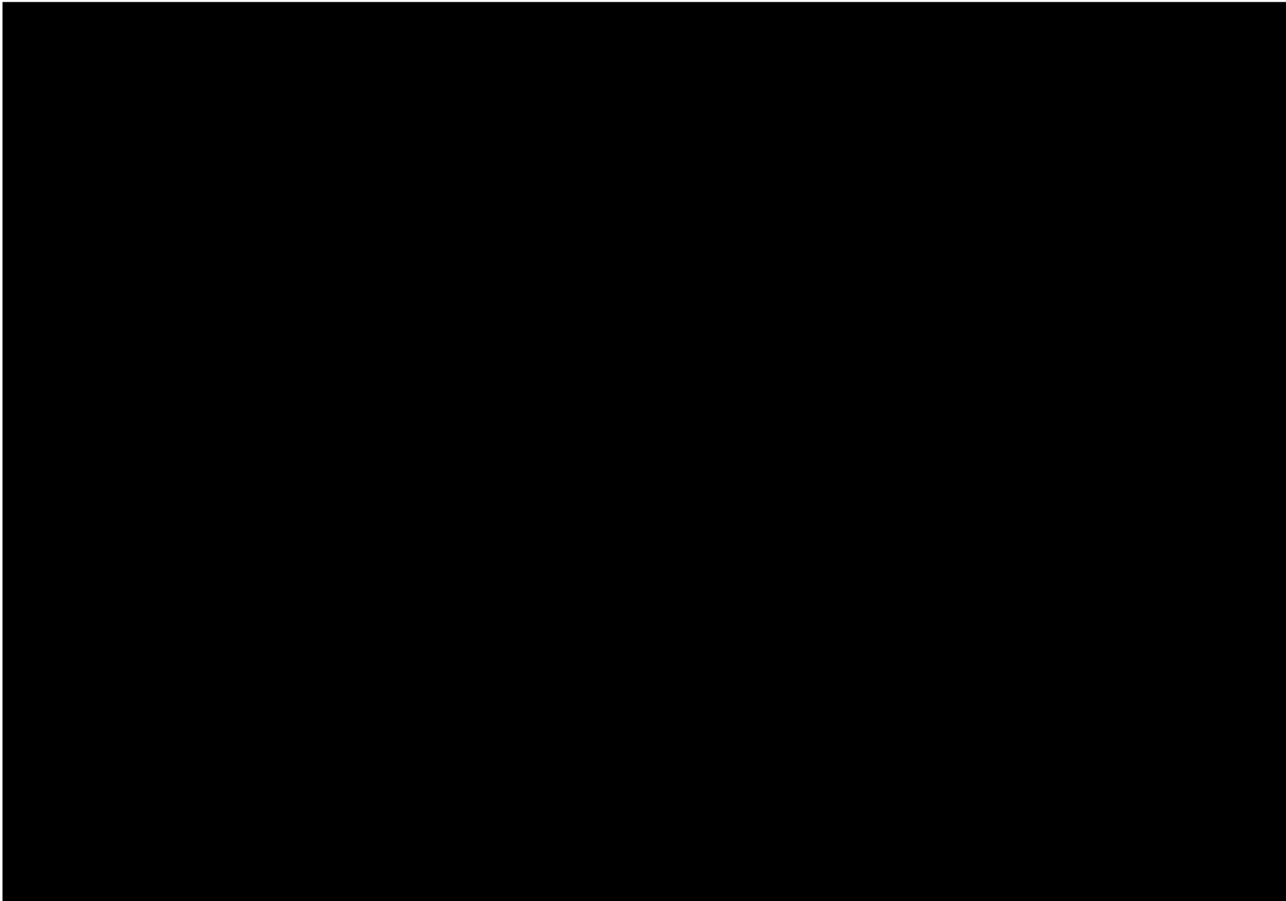
Women, Youth & Children, Divisional Quality & Safety Meeting

Thursday 13 December 2018 (15:00 to 16:30)
Meeting Room 8, Level 2, Building 11, WY&C

1. **Attendance /Apologies/Reason we are meeting**
Apologies – Noted
 - 1.1. Welcome to Country
We wish to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.
2. **Minutes and Actions Arising from Previous Meeting**
 - 2.1. Action Minutes of Meeting from – 21 November 2018
3. **Consumer Representative Items – Priyanka Rai**
4. **Departmental Reports - 20 mins**
 - 4.1. Departmental reports are to include an update on the following;
Risk Register, M&M recommendations, Quality Improvement Projects, Policy Developments, Complaints & Compliments, Benchmarking and any other Quality issues:
5. **National Standards Update**
 - 5.1. Correspondence/ Feedback/Issues arising relating to Standards
 - 5.2. **National Standards**
 1. **GOVERNANCE** – Zsuzsoka Kecskes
 2. **PARTNERING WITH CONSUMERS** - Elizabeth Chatham / Zsuzsoka Kecskes
 3. **HEALTH CARE ASSOCIATED INFECTIONS** – Tejasvi Chaudhari
 4. **MEDICATION SAFETY** –Tiffany Krause
 5. **PATIENT IDENTIFICATION** – Kay Thomas
 6. **CLINICAL HANDOVER** – Cathy O’Neill/ Karen Faichney
 7. **BLOOD AND BLOOD PRODUCTS**- Penny Maher

**Women, Youth and Children**

8. **PRESSURE INJURIES** – Wendy Alder
9. **CLINICAL DETERIORATION** – Anne Mitchell
10. **FALLS** - Helen Perkins



9. **Policy Documents**
 - 9.1 Divisional Policy Report: review overdue for revision/completion - *update*
10. **Safety and Quality Committee Minutes** for noting:
 - a) EDC (Organisational) – CHHS Risk Register Provided
 - b) WYC Department Quality & Safety Meeting Minutes;
11. **Other Business/Correspondence**
 - 11.1 Paediatric High Acuity Document – Anne Mitchell.



Minutes

Women, Youth & Children, Divisional Quality & Safety Meeting

Meeting Date: Thursday 13 December 2018
Agenda Item No: 2.1

**Subject: Action Minutes of Women, Youth & Children
Divisional Quality & Safety Meeting
Wednesday, 21 November 2018**

Source:

Purpose/comments:

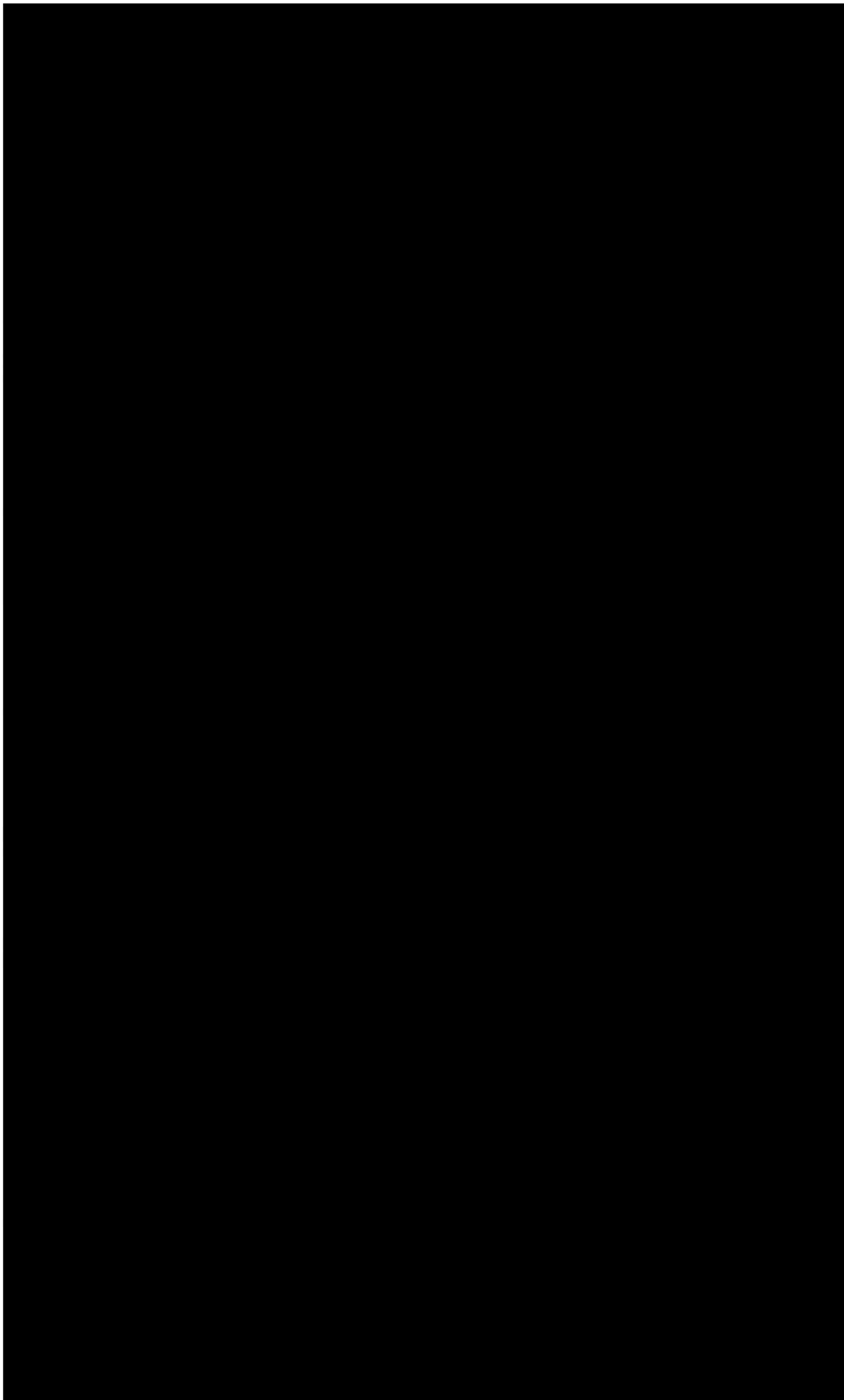
NAME	POSITION	ATTENDED	APOLOGY	ABSENT
Chatham, Elizabeth	Executive Director, WY&C	✓		
Faichney, Karen	Director of Nursing & Midwifery, WY&C	✓		
Carlisle, Hazel	Clinical Director, Neonatology CHWC		✓	
Chaudhari, Tejasvi	Deputy Clinical Director, Neonatology CHWC		✓	
Davis, Deborah	Professor of Midwifery			✓
Maher, Penny	ADON&M Maternity & Gynaecology		✓	
Guinard, Tarryn	Operations Manager, WY&C		✓	
Kecskes, Zsuzsoka	Professor, Department of Neonatology		✓	
Mohamed, Abdel- Latif	Professor, Department of Neonatology	✓		
Moore, Alison	A/g ADON Neonatology & Paediatrics	✓		
Lang, Samantha	Executive Officer, WY&C		✓	
Raco, Ida	PA to ED, WY&C, Secretariat	✓		
Lim, Boon	Clinical Director, Obstetrics & Gynaecology		✓	
Mitchell, Anne	Clinical Director, Paediatrics	✓		
Thomas, Carolyn	A/g ADON Community Health Program		✓	
Golley, Pip	A/g Director Allied Health	✓		
Peek, Michael	Professor, Department of Obstetrics & Gynaecology		✓	
Colliver, Deborah	Director, WY&C Community Health Programs	✓		
Sansum, Cath	Deputy Clinical Director, Community Paediatrics	✓		
Warwick, Linda	Manager, ACT Genetics Service		✓	
Brims, Felicity	Deputy Clinical Director, Obstetrics & Gynaecology			✓
	Quality & Safety Representative			
O'Neill, Cathy	Assistant Director of Nursing Project Officer for Division of Women Youth and Children		✓	
Rampersad, Rajay	Medical Rep, Paediatric Surgery		✓	
Roberson, Bronwyn	A/g Manager Child Health Targeted Support Services		✓	
Rai, Priyanka	Consumer Representative		✓	

- 1. ATTENDANCE, APOLOGIES, PURPOSE OF MEETING**
 - 1.1. Attendance:
 - 1.2. Apologies: *noted*
 - 1.3. Chair welcomed committee members:
 - 1.4. Welcome to Country

- 2. PREVIOUS MINUTES, ACTION MINUTES AND ACTIONS ARISING, OUTSTANDING ACTIONS FROM PREVIOUS MEETINGS**
 - 2.1. Previous Action Minutes from: October 2018
 - 2.2. Outstanding Actions Arising from Previous Meetings – November 2018
 - 2.3. Item/s to be removed:

 - 2.4. Outstanding Action Arising from previous meetings:
 - 2.4.1 Updates on progress against actions noted.
Running Sheet of Outstanding Actions Arising from previous meetings:
Refer to the Outstanding Actions Arising Running Sheet for updates and ongoing actions.

Related to Action Required	Outstanding Action	Person(s) Responsible	From Meeting	Due	Update / Comment
[Redacted Content]					



<p>Paediatric & Maternity In-patient Survey</p>	<p>Liz to present in-patient survey information</p>	<p>Liz Chatham</p>	<p>July 2018</p>	<p>February 2018 Nov-2018 Sept-2018 Aug-2018</p>	<ul style="list-style-type: none"> 13/12/2018 – Thank you to Liz & Karen for presenting detailed information regarding in-patient surveys. Managers have access to this and information can be located through Business Apps: <i>Performance Information Portal (PIP)/CHHS/Health Care Improvement/Patient Experience.</i>
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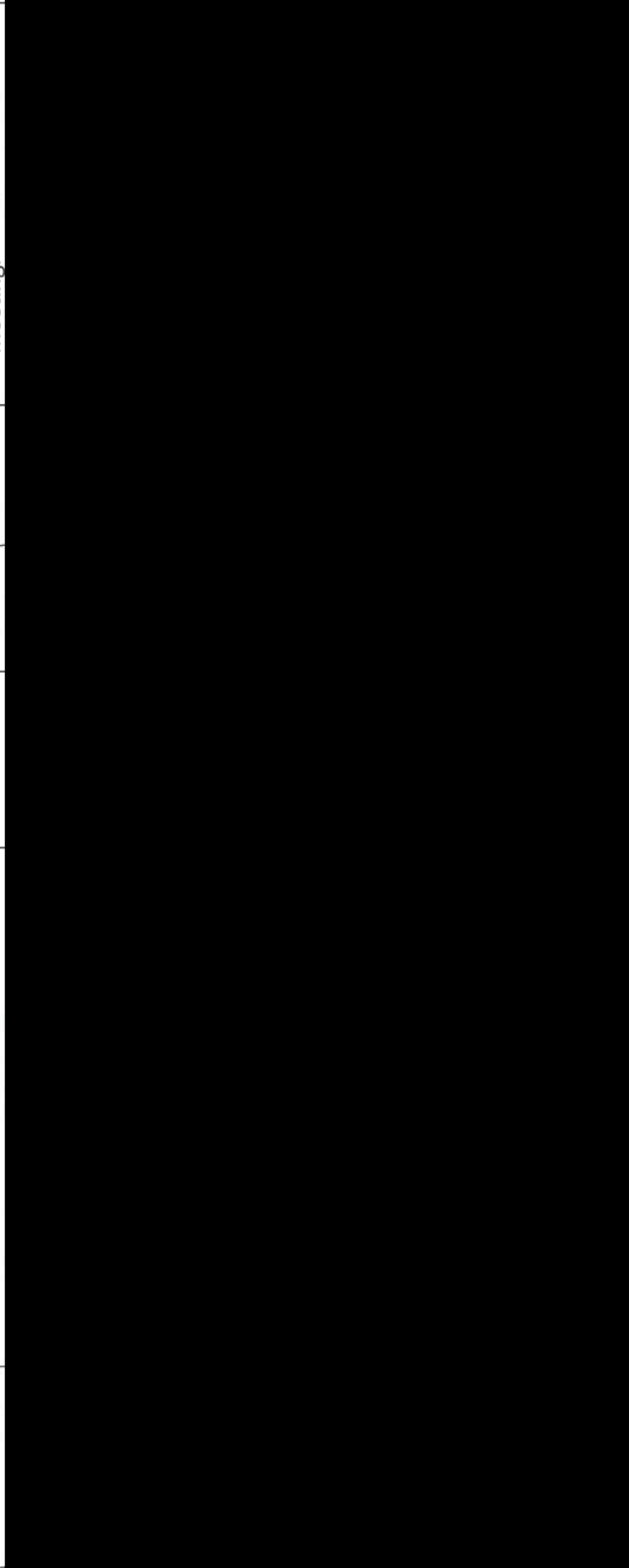
<p>Look at ways to use in-patient feedback</p>	<p>Increase feedback: in-patient antenatal elective surgery, ANW/PNW</p>	<p>Liz Chatham</p>	<p>December 2018</p>	<p>February 2019</p>	<p>Look at using this PIP information to implement similar surveys within WY&C ANW/PNW/Paediatrics/ Neonatology.</p> <ul style="list-style-type: none"> 10/10/2018 – Liz and Karen to present information at next meeting on 14 November 2018. 08/08/2018 – Liz and Karen to present information. 11/07/2018 – Liz to present Paediatric information & Karen to present Maternity information.
<p>Look at ways to use in-patient feedback</p>	<p>Increase feedback: in-patient antenatal elective surgery, ANW/PNW</p>	<p>Liz Chatham</p>	<p>December 2018</p>	<p>February 2019</p>	<p>13/12/2018 – Possibility of completing a project using similar information from PIP/Patient Experience.</p> <ul style="list-style-type: none"> Discuss at next meeting in February 2019.



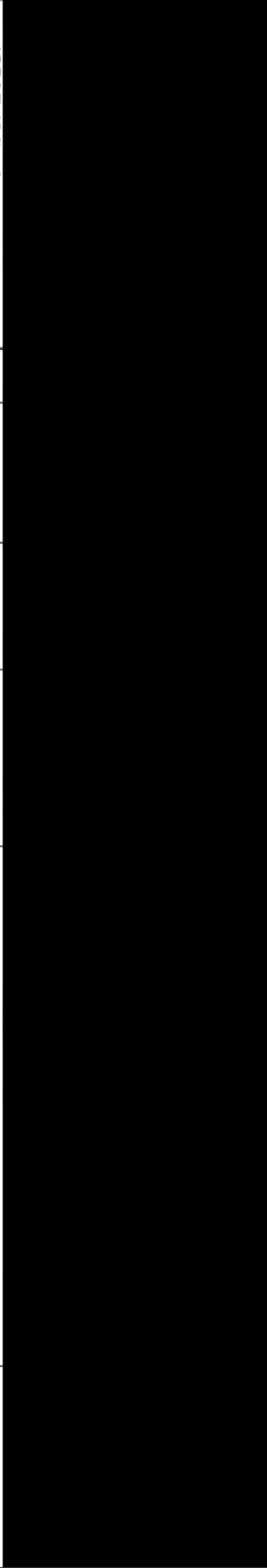
	<p>Pre-determined Identification Labels</p>	<p>Penny Maher & Tejasvi Chaudhari to look into pre-determined ID labels (pre-birth labels)</p>	<p>Penny Maher/ Tejasvi Chaudhari</p>	<p>July 2018</p>	<p>February 2019 Dec-2018 Oct-2018 Sept-2018 Aug-2018</p>	<ul style="list-style-type: none"> ● 13/12/2018 – Held Over. ● 10/10/2018 – Due to difficulties with the pre-determined ID labels & URN's, new options/solutions currently being reviewed. ● 12/09/2018 – ACTPAS not able to support. Pursuing options with Pathology & Standard 7. ● 08/08/2018 - Pre-birth labels (after 20 weeks) to assist with reducing pathology incidents/ Riskman. Three identifiers used –
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Thursday 13 December 2018 – 3:00-4:30
 Meeting Room 8, Level 2, WY&C - Building 11
 MINUTES

<p>URN, B/O Name & Address. Take label to Standard 5 Patient ID. Penny Maher to enquire with other units and provide update at next meeting.</p> <ul style="list-style-type: none"> • 11/07/2018 – Penny/Tejasvi to provide update at next meeting. 					
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				<p>currently being worked on (Jenny Allan).</p> <ul style="list-style-type: none"> 11/07/2018 - Liz to provide an update at meeting being held 10/10/18.
<p>Birthing Wrong Blood in Tube (WBIT)</p>	<p>Plan/information to be tabled at next meeting</p>	<p>Penny Maher</p>	<p>October 2018</p>	<ul style="list-style-type: none"> 13/12/2018 – WBIT Riskman notifications are being received, however, detailed pathology/declarations forms are being omitted. Liz Chatham to follow-up with Pathology. Karen Faichney to follow-up with Penny Maher. Update to be provided at next meeting in Feb 2019. 10/10/2018 – Update to be provided in November 2018.





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Agenda

Women, Youth & Children, Divisional Quality & Safety Meeting

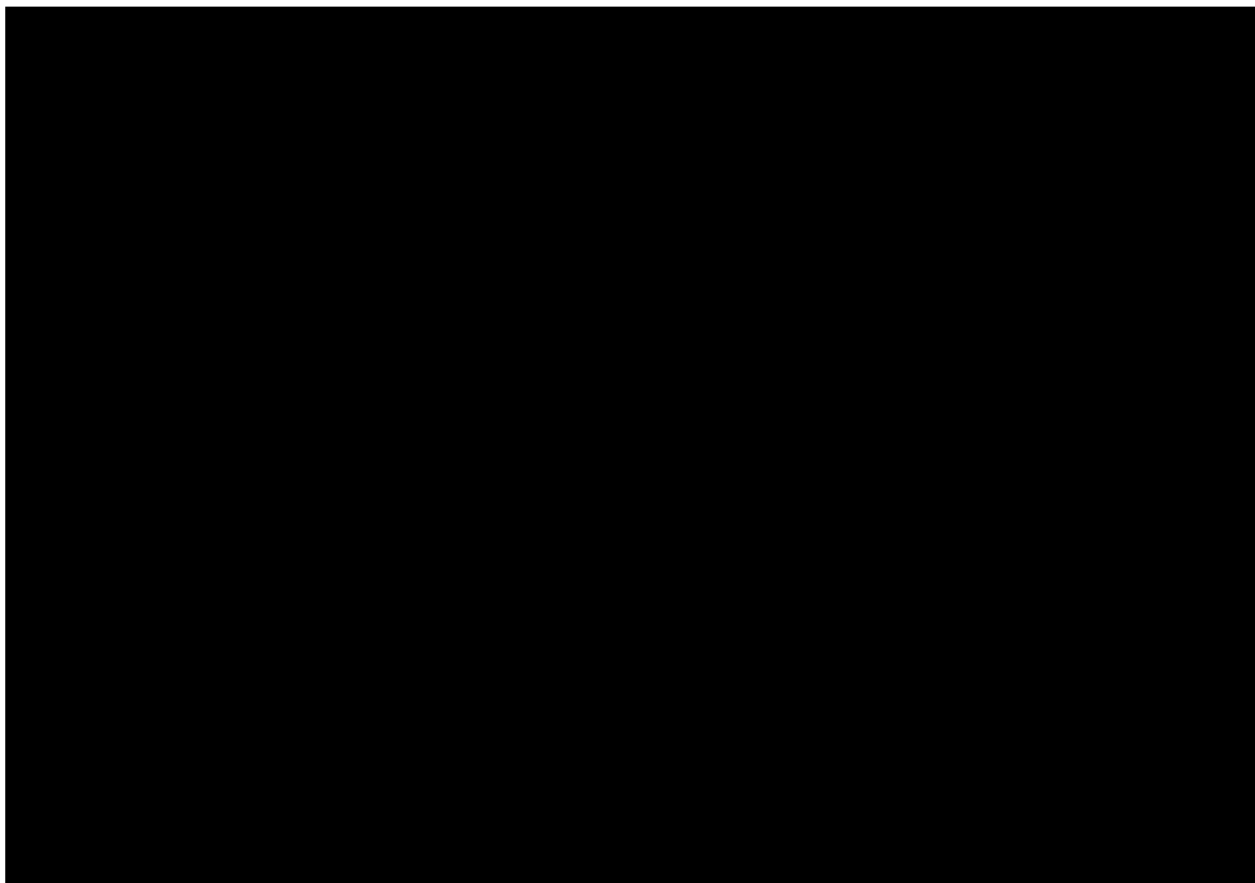
Wed 21 November 2018, 3:00pm to 4:30pm
Meeting Room 8, Level 2, Building 11, WY&C

1. **Attendance /Apologies/Reason we are meeting**
Apologies –
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2. **Minutes and Actions Arising from Previous Meeting**
 - 2.1. Action Minutes of Meeting from – 10 October 2018
 - 2.2.
3. **Consumer Representative Items – Priyanka Rai**
4. **Departmental Reports - 20 mins**
 - 4.1. Departmental reports are to include an update on the following;
Risk Register, M&M recommendations, Quality Improvement Projects, Policy Developments, Complaints & Compliments, Benchmarking and any other Quality issues:
 - **November - Department of Obstetrics & Gynaecology (swapped with CHP)**
[REDACTED]
5. **National Standards Update**
 - 5.1. Correspondence/ Feedback/Issues arising relating to Standards
Documents attached for discussion
 - 5.2. **National Standards**
 1. **GOVERNANCE** – Zsuzsoka Kecskes
 2. **PARTNERING WITH CONSUMERS** - Elizabeth Chatham / Zsuzsoka Kecskes
 3. **HEALTH CARE ASSOCIATED INFECTIONS** – Tejasvi Chaudhari
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Women, Youth and Children

8. **PRESSURE INJURIES** – Wendy Alder
9. **CLINICAL DETERIORATION** – Anne Mitchell
10. **FALLS** - Helen Perkins

6. **Divisional Metrics - Scorecard & Quality & Safety Bundle August 2018**



9. **Policy Documents**
 - 9.1 Divisional Policy Report: review overdue for revision/completion - *update*
10. **Safety and Quality Committee Minutes** for noting:
 - a) EDC (Organisational) – CHHS Risk Register Provided
 - b) WYC Department Quality & Safety Meeting Minutes;
11. **Other Business/Correspondence**
 - 11.1 Paediatric patient survey
 - 11.2 Hospital acquired complication summary
 - 11.3 Australian Human Rights Commission – Project on protecting the rights of people born with variations in sex characteristics (For your information).
 - 11.4 Significant incidents.



Minutes

Women, Youth & Children, Divisional Quality & Safety Meeting

Meeting Date: Wednesday 10 October 2018
Agenda Item No: 2.1

Subject: Action Minutes of Women, Youth & Children
Divisional Quality & Safety Meeting
Wednesday, 10 October 2018

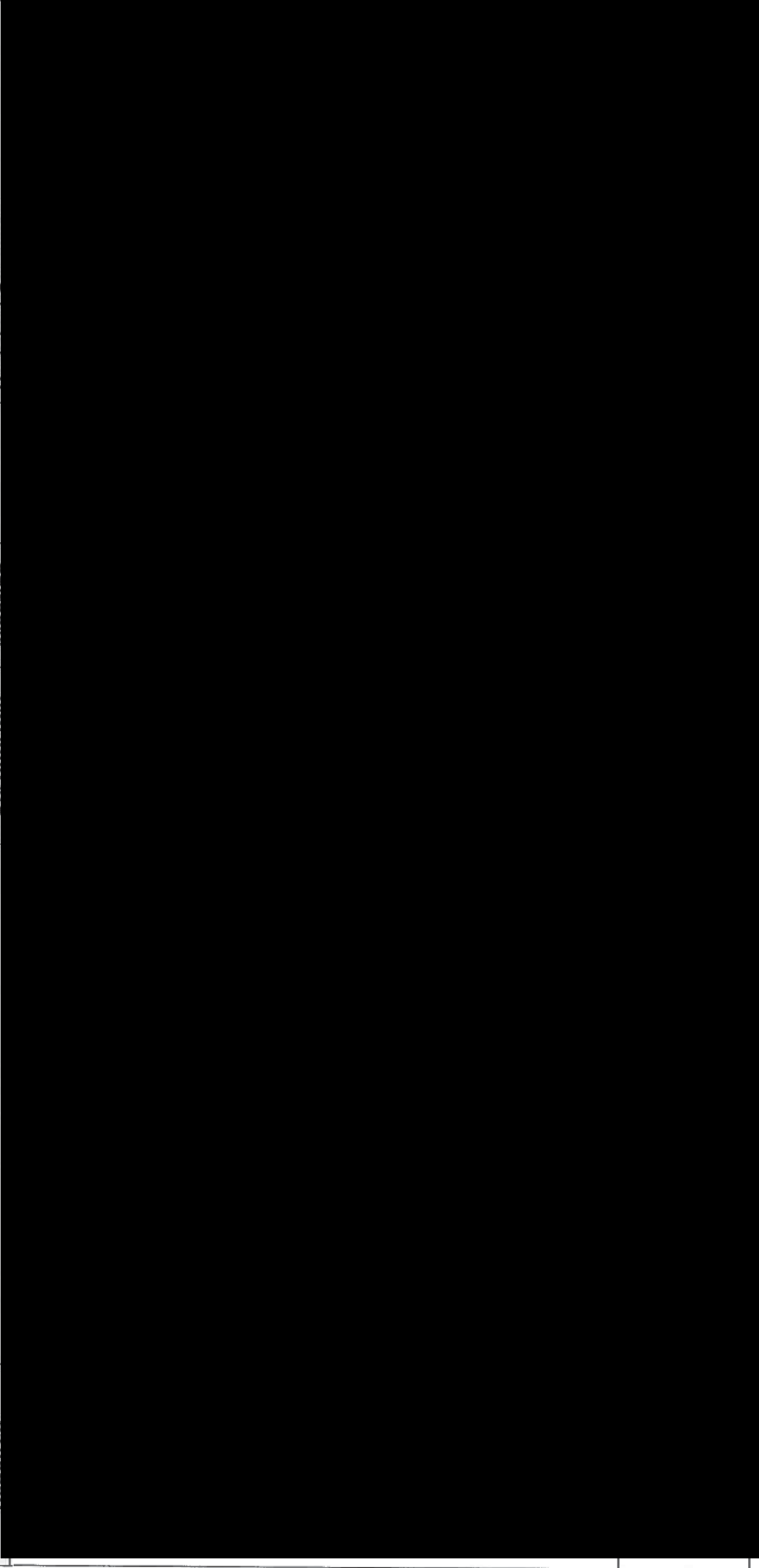
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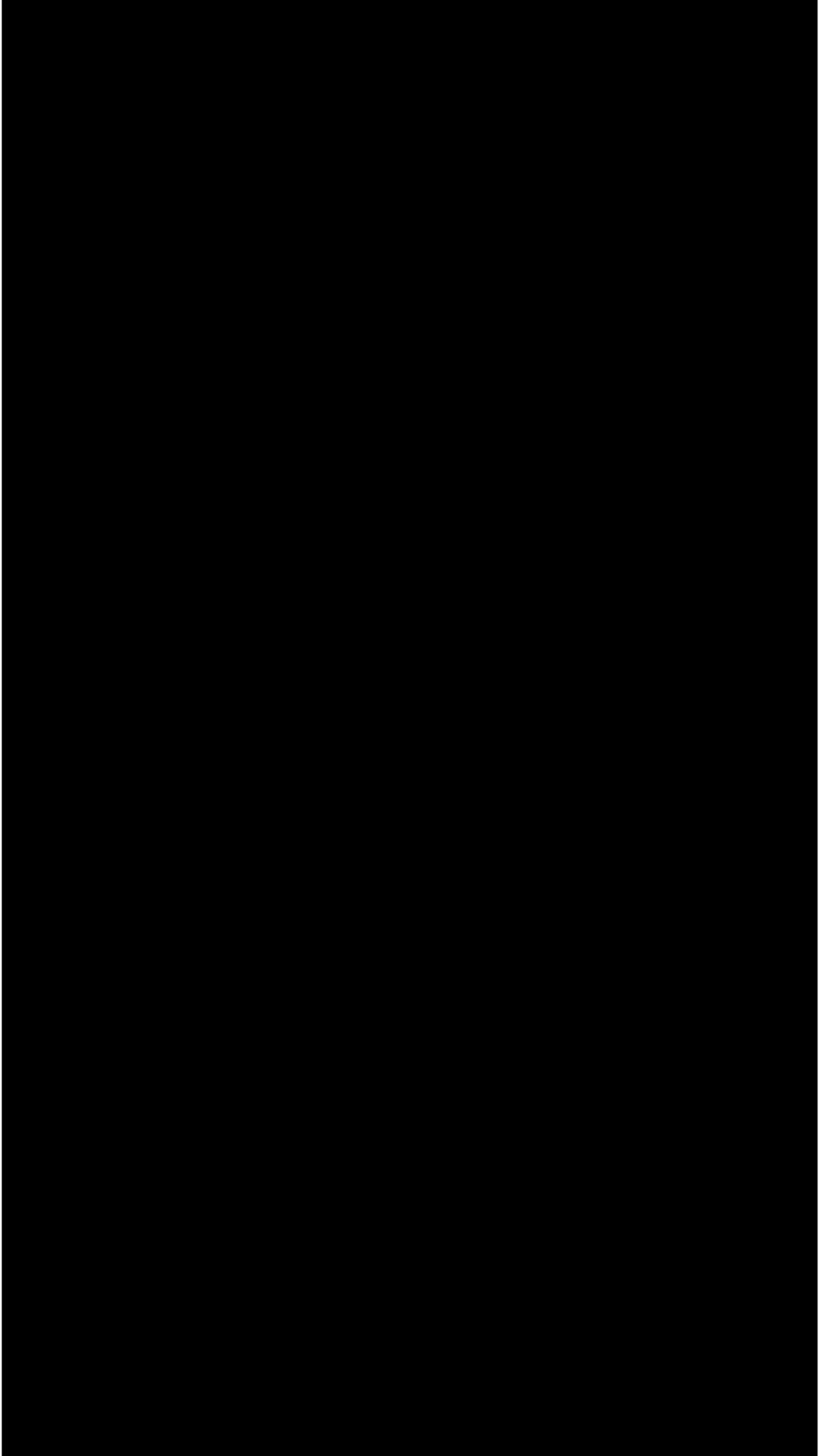
Purpose/comments:

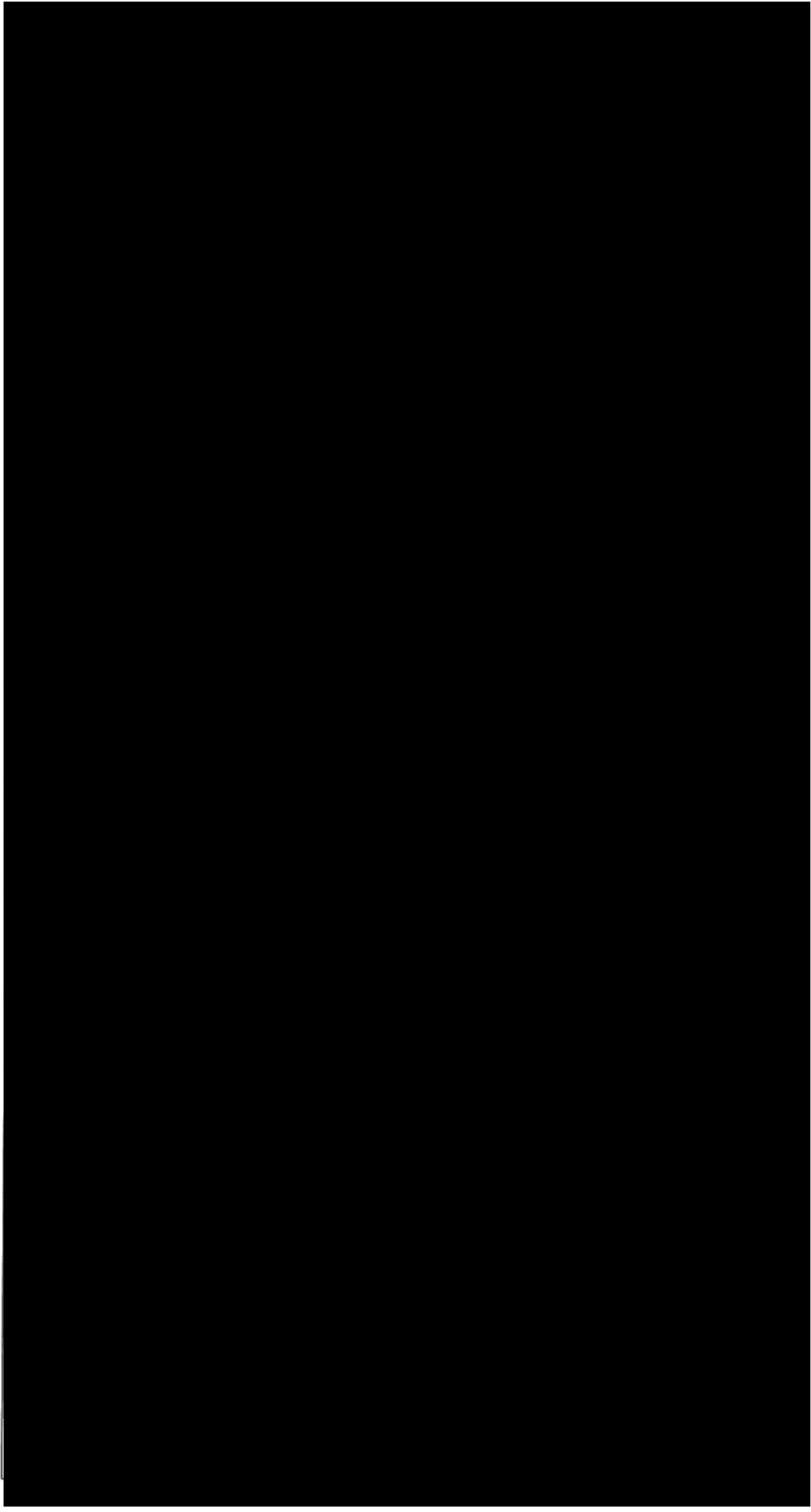
NAME	POSITION	ATTENDED	APOLOGY	ABSENT
Chatham, Elizabeth	Executive Director, WY&C	✓		
Faichney, Karen	Director of Nursing & Midwifery, WY&C	✓		
Carlisle, Hazel	Clinical Director, Neonatology CHWC	✓		
Chaudhari, Tejasvi	Deputy Clinical Director, Neonatology CHWC	✓		
Colliver, Deborah	A/g Director WYC Community Health Program	✓		
Davis, Deborah	Professor of Midwifery			✓
Maher, Penny	ADON&M Maternity & Gynaecology	✓		
Edwards, Stephanie	A/g Operations Manager, WY&C	✓		
Kecskes, Zsuzsoka	Professor, Department of Neonatology		✓	
Mohamed, Abdel- Latif	Professor, Department of Neonatology	✓		
Moore, Alison	A/g ADON Neonatology & Paediatrics	✓		
Lang, Samantha	Executive Officer, WY&C	✓		
Raco, Ida	A/g PA to ED, WY&C, Secretariat	✓		
Lim, Boon	Clinical Director, Obstetrics & Gynaecology	✓		
Mitchell, Anne	Clinical Director, Paediatrics		✓	
Thomas, Carolyn	A/g ADON Community Health Program	✓		
Golley, Pip	A/g Director Allied Health		✓	
Peek, Michael	Professor, Department of Obstetrics & Gynaecology		✓	
Sansum, Cath	Deputy Clinical Director, Community Paediatrics	✓		
Warwick, Linda	Manager, ACT Genetics Service	✓		
Brims, Felicity	Deputy Clinical Director, Obstetrics & Gynaecology			✓
Gwynn-Jones, Toni	Quality & Safety Representative	✓		
O'Neill, Cathy	Assistant Director of Nursing Project Officer for Division of Women Youth and Children	✓		
Leerdam, Carol	Senior Staff Specialist, Dept of Paediatrics	✓		
Rampersad, Rajay	Medical Rep, Paediatric Surgery	✓		
Roberson, Bronwyn	A/g Manager Child Health Targeted Support Services	✓		
Rai, Priyanka	Consumer Representative	✓		

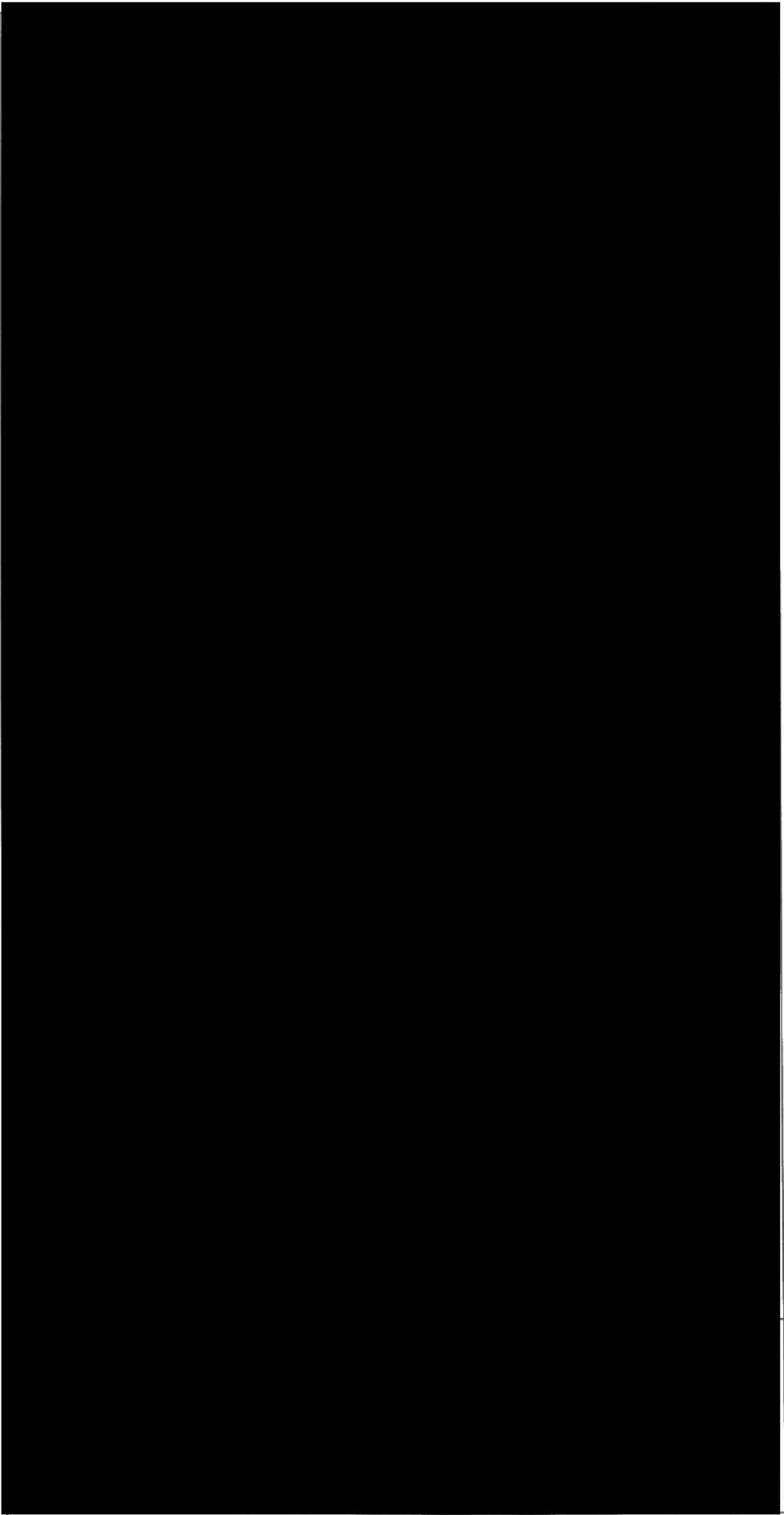
1. **ATTENDANCE, APOLOGIES, PURPOSE OF MEETING**
 - 1.1. **Attendance:**
 - 1.2. **Apologies:** *noted*
 - 1.3. **Chair welcomed committee members:**
 - 1.4. **Welcome to Country**

2. **PREVIOUS MINUTES, ACTION MINUTES AND ACTIONS ARISING, OUTSTANDING ACTIONS FROM PREVIOUS MEETINGS**
 - 2.1. **Previous Action Minutes from April 2018:**
 - 2.2. **Outstanding Actions Arising from Previous Meetings –.**
 - 2.3. **Item/s to be removed:**
 - 2.4. **Outstanding Action Arising from previous meetings:**
 - 2.4.1 **Updates on progress against actions noted.**
Running Sheet of Outstanding Actions Arising from previous meetings:
Refer to the Outstanding Actions Arising Running Sheet for updates and ongoing actions.

Related to Action Required	Outstanding Action	Person(s) Responsible	From Meeting	Due	
					







	<ul style="list-style-type: none"> 11/07/2018 – Liz to provide 				
<p>Paediatric & Maternity In-patient Survey</p>	<p>Liz to present in-patient survey information</p>	<p>Liz Chatham/ Karen Faichney</p>	<p>July 2018</p>	<p>November 2018 Sept-2018 Aug-2018</p>	<ul style="list-style-type: none"> 10/10/2018 – Liz and Karen to present information at next meeting on 14 November 2018. 08/08/2018 – Liz and Karen to present information. 11/07/2018 – Liz to present Paediatric information & Karen