



**ST VINCENT'S
HOSPITAL**
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

***St Vincent's
Consumer and Community Participation and
Carer Recognition Plan
July 2012–July 2017***



This plan has been endorsed by St Vincent's Community Advisory Committee.

This plan is owned by the whole health service.

Background

For over 100 years, under the leadership of the Sisters of Charity and now St. Vincent's Health Australia, St Vincent's Melbourne has been providing the highest standards of care driven by our concern for others, especially those in need. This focus permeates every aspect of our work, guided by the values of compassion, justice, integrity and excellence. In line with our values, St Vincent's is committed to involving consumers in the continuous improvement of the health service at every level and across all departments. The St Vincent's Community Advisory Committee (CAC) has developed the Consumer and Community Participation and Carer Recognition Plan to drive improvements in consumer participation. The plan is owned by the entire health service and progress is overseen by St Vincent's CAC.

St Vincent's community

SVHM serves a diverse community, with the municipalities of Yarra, Boroondara, Darebin and Moreland yet only 34% of our patients live in these municipalities. A further 50.4% are from other parts of Melbourne, 12% are from rural and regional Victoria and 3.6% from interstate or overseas.

Our patient population includes:

- people from culturally and linguistically diverse (CALD) communities
- Indigenous Australians
- people who are socially and financially disadvantaged, including people with a background of homelessness
- prisoners, in respect of their health needs
- people who are deaf or hard of hearing
- people with disabilities
- refugees and asylum seekers
- Older persons with an emphasis on chronic illness and dementia
- Veterans
- people dealing with mental health issues
- people who have been affected by substance abuse

Objectives

The Consumer and Community Participation and Carer Recognition Plan has been developed and is reviewed annually to reflect the changing needs of the health service and our community. It aims to provide guidance to healthcare staff in achieving appropriate levels of consumer participation across the health service. The plan is based on five objectives:

1. Continue to strengthen the capacity of the Community Advisory Committee to fulfil its Charter.
2. Increase workforce capacity to facilitate appropriate consumer participation.
3. Increase opportunities for consumers, carers and community to participate in service planning, delivery and evaluation.
4. Strengthen partnerships to foster participation.
5. Meet and exceed the requirements of the National Safety and Quality Health Service Standards in relation to consumer participation.

Acronyms:

DHHS: Department of Health and Human Services
 HCEO: Hospital Chief Executive Officer
 HACC: Home and Community Care
 HIC: Health Issues Centre
 MOU: Memorandum of Understanding
 DP&GR Director Planning & Government Relations
 GMs: General Managers
 QM: Quality Manager
 SVHM: St. Vincent's Hospital Melbourne
 PWG: Project Working Group
 VHES – Victorian Healthcare Experience Survey

CAC: Community Advisory Committee
 VPSM: Victorian Patient Satisfaction Monitor
 CAC RO: Community Advisory Committee Resource Officer
 EDMSACC: Executive Director Medical Services and Aged and Community Care
 DM: Director of Mission
 GMQ&R: General Manager Quality and Risk
 QC: Quality Coordinator
 ECI&IC: Executive Clinical Improvement and Innovation Committee
 SVHA: St. Vincent's Health Australia
 SGHS: St George's Health Service
 AIAP – Accessibility and Inclusion Action Plan

Objective 1: Continue to strengthen the capacity of the Community Advisory Committee to fulfil its Charter

Strategy	Tasks	Responsible	Timeframe	Targets	Progress
1.1 CAC to act in an advisory role and as a resource to the SVHA Board and Executive for consumer participation	Present CAC minutes to SVHM Executive and communicate between the SVHM Executive and SVHMCAC	CAC Chair	2012-2017	Foster opportunities for the CAC to act in an advisory capacity to the SVHA Board and Executive	<ul style="list-style-type: none"> CAC minutes are tabled at SVHM Executive Provide annual reports to SVHA via the SVHM HCEO 2013 – 2014 Annual CAC Report tabled at SVHM Executive meeting 24 October 2014 2014 – 2015 Annual CAC Report tabled at SVHM Executive meeting February 2016 2015 – 2016 Annual CAC Report tabled at SVHM Executive meeting 12 October 2016 2016 – 2017 annual CAC report to be drafted.
1.2 Continue to monitor DHHS participation indicators	CAC RO to update scorecard and indicator graphs in preparation for meetings	CAC	Bi-monthly ongoing	Compliance with all DHHS Indicators	<ul style="list-style-type: none"> Participation indicators distributed by DHHS in October 2009 'Doing it with us not for us – Strategic Direction 2010-2013' Indicators reviewed bi-monthly via scorecard
1.3. Monitor the organisation's performance in relation to acceptability	Acceptability indicators are included in the CAC scorecard	CAC	Bi-monthly scorecard	Acceptability and patient experience indicators are monitored and improvements made as required	<ul style="list-style-type: none"> Bi-monthly via score card Scorecard amended to include Victorian Healthcare Experience Survey and SVHM Patient Experience Survey KPIs from March 2015.

Objective 1: Continue to strengthen the capacity of the Community Advisory Committee to fulfil its Charter

Strategy	Tasks	Responsible	Timeframe	Targets	Progress
1.4 Continue to provide opportunities for CAC members to increase their knowledge of consumer participation activities at St Vincent's	RO to liaise with Department Heads for regular presentations to CAC	CAC RO	2012-2017	Continue presentations to the CAC	<p>A presentation or tour is provided at each committee meeting. Presentations and tours to date include:</p> <ul style="list-style-type: none"> • SVHM Home Dialysis and Nocturnal In-Centre Dialysis • St. Vincent's Wayfinding Project • Tour of St. Vincent's Medical Education Centre • Management of Aggression at St. Vincent's • Patient Story presentation • Council to Homeless Persons • Presentation of patient story – Mary Jane Galon • Patient Experience in the SVHM Lithotripsy Unit • SVHM Mental Health Reducing Restrictive Interventions • SVHM Advance Care Planning program • SVHA – Person Centred Care Research - Brand Care Communications strategy • Service Planning consultation April 2016 • Patient Communication project update • A consumer perspective at SVHM Orientation DVD • SVHM Support Team Action Response (STAR) • SVHM Patient Representative Officer Process/ Outcomes • SVHM Productive Ward progress • Inspired to Care • Parkinsons Medication Project • Aikenhead Centre for Medical Discovery
1.5 Increase CAC member knowledge of contemporary health industry developments and issues	Forward HIC and Consumer Forum newsletters and information regarding seminars, briefings etc to CAC members.	CAC RO	2012-2017	CAC members are satisfied with their knowledge of health industry developments and issues	<ul style="list-style-type: none"> • Ongoing through CAC updates • Consumer Health Forum newsletters distributed regularly • Encourage membership with HIC who distribute monthly newsletters via email

Objective 1: Continue to strengthen the capacity of the Community Advisory Committee to fulfil its Charter

Strategy	Tasks	Responsible	Timeframe	Targets	Progress
1.6 Ensure timely consultation of the CAC in the planning and development of the annual Quality of Care Report	Communications Department to forward timelines, draft content and layout for inclusion in CAC agendas. CAC to provide feedback according to supplied timeframes	CAC RO Communications Department	August 2013 October 2013 August 2014 December 2015 December 2016	As set by DHHS	<ul style="list-style-type: none"> • Draft story list and summary of content of the 2013 Quality of Care Report presented August 2013. • Draft version of the 2013 QoC report presented October 2013. • Review of final draft version of the 2014 Quality of Care report emailed to CAC members and presented October 2014. • Copies of 2014 QoC report provided April 2015. • Draft 2015 QoC report distributed to CAC members for feedback December 2015. • Copies of 2015 QoC report provided February 2016. • Draft 2016 QoC report distributed to CAC members for feedback November 2016. • Copies of 2016 QoC report provided December 2016.
1.7 Receive and consider reports from key consumer focussed projects undertaken at St Vincent's,	Quality and Risk Unit to provide reports to CAC regarding relevant projects	CAC ECI&IC	As required	Increase CAC knowledge in current consumer focussed projects	<ul style="list-style-type: none"> • The Staff have been provided with education and support as well as resources such as: lanyard tags, posters and patient flyers in a number of languages. • Staff are provided with monthly reports of their incidents of Falls and Pressure Injuries. • Resources available in various languages ('Speak to your Nurse' and 'Stop the Clot') have been distributed to SGHS and Caritas Kew to encourage consumer knowledge and participation. • Wards and GM's are provided with results of the local SVHM Patient Experience surveys undertaken. • Patient and Clinician Communication PWG reports are provided to CAC each meeting. • National Standard 2 – Partnering with Consumers PWG are provided to CAC each meeting.
1.8 Monitor progress against the St. Vincent's Accessibility and Inclusion Action Plan (AIAP)	AIAP Steering Committee to report to CAC on progress	QM	Bi-monthly	CAC members are informed on AIAP progress with the ability to provide feedback on progress	<ul style="list-style-type: none"> • SCOPE has met with Emergency Department staff and frontline staff to provide tools to assist with communication. • An online training package has been developed and was launched for staff access on 31 January 2014. As at January 2017, 90 current staff have completed the training package • Refresh of DAP presented for CAC approval August 2015 • Action Plan approved and lodged with Office of Disability Sept 2015 and the Australian Human Rights Commission Oct 2015. • Refreshed AIAP presented March 2017.

Objective 2: Increase workforce capacity to facilitate appropriate consumer participation

Strategy	Strategy	Strategy	Strategy	Strategy	Strategy	Tasks	Responsible
2.1 Sustain staff training on consumer participation in high risk and high volume areas that do not have participation forums	Staff training sessions to be conducted in 2012-2013	CAC RO Education Units Medical Nursing Allied Health	2012-2017	Staff training occurs as required	<ul style="list-style-type: none"> Quality, Safety and Consumer Engagement staff training conducted in July and August 2013. An online Quality, Safety and Consumer Engagement staff training package is available to staff. As at July 2017, 93% staff have completed training. 		
2.2 Promote the benefits of consumer participation – provide examples to the CAC, St Vincent’s consumer participation forums, staff and managers	RO to utilise Q&R intranet site and newsletters to promote consumer participation.	GM and CAC RO	2012-2017	Staff awareness of consumer participation activities in their department improves in 2014-2015 compared to 33.5% result in 2011	<ul style="list-style-type: none"> Quality, Safety and Consumer Engagement staff training conducted in July and August 2013. Staff orientation sessions includes a consumer experience section. Monthly orientation sessions commenced October 2013 and are ongoing. 		
2.3 Consider strategies to enhance staff knowledge on health literacy, the value of understanding patient experience and person/patient/family centred care	Education strategies to be developed for consideration of CAC and progress initiatives as agreed	CAC RO QM GMQ&R	2012-2017	Enhance staff knowledge of health literacy and patient experience	<ul style="list-style-type: none"> Quality, Safety and Consumer Engagement staff training conducted in July and August 2013. An online Quality, Safety and Consumer Engagement staff training package is available to staff. As at July 2017, 93% staff have completed training. 		

Objective 2: Increase workforce capacity to facilitate appropriate consumer participation

Strategy	Tasks	Responsible	Timeframe	Targets	Progress
2.4 Ensure the VHES and SVHA Press Ganey survey results are reviewed and discussed at CAC	QM & RO to prepare VHES result report to CAC	QM & CAC RO	2012-2017	VHES and SVHA quarter results are reviewed and discussed at CAC.	<p>From April 2014, the VPSM has been replaced by the Victorian Healthcare Experience Survey (VHES).</p> <p>All VHES and SVHA Press Ganey results presented at CAC meetings.</p>
2.5 Consider and develop strategies to increase patient empowerment, for example support patients in helping themselves whenever possible	Implement strategies to increase patient empowerment	CAC RO	2012-2017	Increase patient satisfaction	<ul style="list-style-type: none"> • A Patient Safety Brochure 'keeping you safe during your stay in hospital' has been produced. This brochure provides information to patients about Falls, Medication Safety, Pressure Ulcers, Patient Identification, Patient Deterioration and Infection Control to assist patients to help themselves during their stay. Consumer feedback requested July 2013. • Review of brochure 'Keeping you safe at St. Vincent's' occurred December 2014. • Process to distribute to all inpatients reviewed January 2015. • Spot audits to confirm dist of brochures conducted April 2015. • Reminders at nursing handover sessions conducted May 2015. January/February 2016 results indicate 69.3% of patients have received the 'Keeping you safe at St. Vincent's' brochure. • May/June 2016 results indicate 60.5% of patients have received the 'Keeping you safe at St. Vincent's' brochure. • July/August 2016 results indicate 58% of patients have received the 'Keeping you safe at St. Vincent's' brochure. • Sept/Oct 2016 results indicate 49% of patients have received the 'Keeping you safe at St. Vincent's' brochure. Currently reviewing process with key stakeholders to improve result. • Nov/Dec 2016 results indicate 53% of patients have received the 'Keeping you safe at St. Vincent's' brochure. Currently meeting with Patient Services Clerks and Nurse Unit Managers to ensure process is suitable and sustainable. • Jan/Feb 2017 results indicate 66% of patients have received the 'Keeping you safe at St. Vincent's' brochure. • Mch/Apr 2017 results indicate 55% of patients have received the 'Keeping you safe at St. Vincent's' brochure. • May/June 2017 results indicate 66% of patients have received the 'Keeping you safe at St. Vincent's' brochure.

Objective 3: Increase opportunities for consumers, carers & community to participate in service planning, delivery & evaluation

Strategy	Tasks	Responsible	Timeframe	Targets	Progress
3.1 CAC to review information received on consumer participation activities	RO to maintain consumer participation register. Department heads and leaders to present on projects to CAC as required/requested	CAC RO CAC	Bi-monthly	Increase consumer participation at St Vincent's	<ul style="list-style-type: none"> Register maintained on consumer participation activities updated July 2017.
3.2 Ensure consumer participation in service, strategic, quality and business planning to improve outcomes for consumers	Seek consumer input into ongoing development and improvement of the organisational planning framework	DP&GR	2012-2017	Consumer participation occurs at all levels of department and health service planning	<ul style="list-style-type: none"> SVHM improvement and project plan templates allow for consumer participation and input. SVHA Consumer Experience surveys commenced December 2013. Data is collated on an ongoing basis. SVHM Consumer Experience surveys commenced April 2015. To date, 816 surveys have been conducted. Reports have been distributed to relevant wards, GMs and CAC members and Executive Clinical Improvement & Innovation Committee.
3.3 Provide advice to staff on information requirements of consumers through multiple media	RO to utilise intranet, newsletters, email and meetings to update staff on requirements relating to consumer participation, including distribution of flyers	CAC	2012-2017	Increase staff awareness of CAC and consumer participation	<ul style="list-style-type: none"> Quality, Safety and Consumer Engagement staff training conducted in July and August 2013. Accreditation newsletters and weekly email bulletins. Brochure development/review process formalised to ensure consumer input November 2013. Sub group of Patient and Clinician Communication PWG reviewing Written Information for Consumers policy and process for ensuring appropriate health literacy levels and compliance with consumer consultation.

Objective 3: Increase opportunities for consumers, carers & community to participate in service planning, delivery & evaluation

Strategy	Tasks	Responsible	Timeframe	Targets	Progress
3.4 Monitor and increase the Consumer Register membership which was implemented to address the increase in demand for consumer feedback on patient information resources	Evaluate effectiveness of consumer register and report to CAC including any recommendations for improvement	CAC RO	2012-2017	Increase membership during 2012-2016	<ul style="list-style-type: none"> Twelve consumer register members recruited Review of consumer register membership conducted January 2016. Nine consumer register members remain active. Register maintained on input from consumers on brochures/forms/information sheets updated July 2017 Consumer Register members have participated in providing feedback on 46 occasions since June 2012.
3.5 Liaise with the Communications Department to provide advice on the strategies to improve dissemination of patient information on rights and responsibilities, the complaint process and the Australian Charter for Healthcare Rights in Victoria	Review Patient Information Kit and seek consumer feedback regarding effectiveness of distribution methods.	CAC RO Communications Department	2012-2017	Increase VPSM/VHES results on rights and responsibilities and how to make a complaint	<ul style="list-style-type: none"> The full Australian Charter for Healthcare Rights in Victoria made available to all staff on the intranet in 27 languages. A summary of the charter is also available online and placed in the Patient Information kits Bedside Audit includes patient information question to gauge compliance with distribution process. March/April 2016 results indicate 57.9% of patients have received the 'Keeping you safe at St. Vincent's brochure. May/June 2016 results indicate 60.5% of patients have received the 'Keeping you safe at St. Vincent's brochure. July/August 2016 results indicate 58% of patients have received the 'Keeping you safe at St. Vincent's brochure. September/October 2016 results indicate 49% of patients have received the 'Keeping you safe at St. Vincent's brochure. Nov/Dec 2016 results indicate 53% of patients have received the 'Keeping you safe at St. Vincent's brochure. Meeting with Patient Services Clerks and Nurse Unit Managers to ensure process is suitable and sustainable. Jan/Feb 2017 results indicate 66% of patients have received the 'Keeping you safe at St. Vincent's brochure. Mch/Apr 2017 results indicate 55% of patients have received the 'Keeping you safe at St. Vincent's brochure. May/June 2017 results indicate 66% of patients have received the 'Keeping you safe at St. Vincent's brochure.

Objective 3: Increase opportunities for consumers, carers & community to participate in service planning, delivery & evaluation

Strategy	Tasks	Responsible	Timeframe	Targets	Progress
3.6 Liaise with the Communications Department on a strategy to ensure all new patient health information incorporates consumer feedback and is developed utilising the 'Checklist for Assessing Written Health Information' – Currie et al 2000, with the mandatory inclusion that consumers need to be involved in the development and review of all patient information	Continue to educate staff regarding the use of the 'Checklist for Assessing Written Health Information' and monitor compliance through Communications Department.	CAC RO Communications Department	Bi-monthly	>85% (as per DHHS indicator 3.1) result indicated on CAC scorecard	<ul style="list-style-type: none"> • Results reported in June and August 2015 indicate 100% usage of the checklist in line with DHHS indicator. • National Standard 2 – Partnering with Consumers PWG are improving staff awareness of the Checklist for Assessing Written Health Information. A goal and action has been placed in Improvement Plans across the health service. • Written Information for Consumers policy ratified October 2013. • Brochure development/review process formalised to ensure consumer input November 2013. • Process for data capture reviewed May 2015. • Investigate and implement a process to address the ACHS 2015 accreditation suggestion 'SVHM considers placing a logo, tick of approval or notation on each SVHM produced consumer information publication indicating that the publication has met all requirements for consumer involvement in the production of the publication. Currently under discussion at the Partnering with Consumers PWG. Will need to review the consumer information process – and the Written Information policy in order to gain consistency. • Sub group of Patient and Clinician Communication PWG including a consumer representative is reviewing Written Information for Consumers policy and process for ensuring appropriate health literacy levels and compliance with consumer consultation. Staff training modules to commence August 2017.

Objective 4: Strengthen partnerships to foster participation

Strategy	Tasks	Responsible	Timeframe	Targets	Progress
4.1 CAC to maintain and enhance links with other consumer forums at SVHM	Chairs/contacts to provide RO with minutes to meetings for inclusion in CAC agendas	GMs	2012-2017	Enhance links with other consumer forums	<ul style="list-style-type: none"> • Attachments to CAC agenda receiving minutes and progress reports from other consumer participation forums at St Vincent's
4.2 CAC minutes made accessible to other consumer participation forums at St Vincent's	RO to distribute CAC minutes as per distribution plan	CAC RO	2012-2017	CAC minutes accessible to other forums	<ul style="list-style-type: none"> • Minutes distributed bimonthly to Cultural Diversity Committee, Caritas Consumer Group, SGHS, Mental Health, Palliative Care Consumer Group and SVHM Executive • CAC minutes are tabled at the Partnering with Consumers Project Working Group
4.3 Include consumers, carers and community members in key committees and projects	RO to promote and assist with recruiting representation on to key committees and projects via networking	<p>GMs CAC RO</p> <p>CAC RO GM Working Party chairs</p>	2012-2017	Increase consumer participation in key committees and projects	<ul style="list-style-type: none"> • Consumer membership on: <ul style="list-style-type: none"> - Mental Health Clinical Quality and Risk Committee - Mental Health Services Council - Mental Health Consumer Reference Committee - Exec Clinical Improvement and Innovation Committee - Nutrition Committee - National Standard 2 – Partnering with Consumers PWG - Clinical and Human Ethics Committees - Medication Safety PWG - bestCARE Steering Committee - Pharmacy Quality Council - Specialist Clinics Advisory Committee - St. Vincent's Smoke Free Advisory Group - SVHM Cancer Services Toyota Redesign Project Team - Falls PWG - Emergency Department Quality and Safety Committee - Cardiac Rehabilitation Education Program - Better Care Victoria Improving Emergency Access Collaborative Steering Committee - Inspired to Care Grant - Engaging our consumers: providing accessible written information for all St Vincent's patients and families - Food Services Taste Testing - Rapid Access Musculoskeletal Care PWG

Objective 4: Strengthen partnerships to foster participation

Strategy	Tasks	Responsible	Timeframe	Targets	Progress
4.4 Review the Consumer & Community Participation & Carer Recognition Plan progress in conjunction with directorates/units/wards through regular reports from key stakeholders including managers and department heads and provide reports to Executive and DHHS	RO to facilitate presentations and reports to the CAC CAC to review reports and provide feedback and recommendations	CAC CAC RO	Report to Executive July each year Report to DHHS November each year	C&CPP integrated into work plans with regular reporting of achievements	2014-2015 CAC Report tabled at SVHM Executive meeting Feb 16 2015-2016 CAC Report tabled at SVHM Executive meeting Oct16 Presentations at CAC meetings to date include: <ul style="list-style-type: none"> • SVHM Home Dialysis & Nocturnal In-Centre Dialysis services • St. Vincent's Wayfinding Project • Tour of St. Vincent's Medical Education Unit • Management of Aggression at St. Vincent's • Patient Story presentation • Council to Homeless Persons • Presentation of patient story – Mary Jane Galon • Patient Experience in the SVHM Lithotripsy Unit • SVHM Mental Health Reducing Restrictive Interventions • SVHM Advance Care Planning program <i>bestCARE</i> • SVHA – Person Centred Care Research - Brand Care Communications strategy • Service Planning consultation April 2016 • Patient Communication project update • A consumer perspective at SVHM Orientation DVD • SVHM Support Team Action Response (STAR) • Patient Representative Officer Process and Outcome • SVHM Productive Ward progress • Inspired to Care • Parkinsons Medication Project • Aikenhead Centre for Medical Discovery
4.5 Maintain membership on CAC with communities of interest	RO to recruit as necessary from communities of interest	CAC CAC RO	2012-2017	Maintain membership of consumers of interest	Membership is reviewed in line with Terms of Reference. 4 consumer representatives recruited October 2013 1 community representative recruited October 2013 Consumer recruitment underway May 2015 4 new consumer representatives recruited August 2015 3 new consumer representatives recruited June 2016 2 new consumer representatives recruited August 2017

Objective 4: Strengthen partnerships to foster participation

Strategy	Tasks	Responsible	Timeframe	Targets	Progress
4.6 Increase partnerships with relevant peak consumer and advocacy bodies	Review opportunities to increase partnerships and liaise with CAC as appropriate	CAC RO	2012-2017	Increase partnerships with peak consumer advisory bodies	<ul style="list-style-type: none"> St Vincent's/Carers Victoria MOU 2006 MOU with VIC Aboriginal Health Service signed March 2011. Collaborative partnership with Council to Homeless Persons Collaborative partnership with Aust Greek Welfare Society Collaborative partnership with COASIT Italian Assistance Association Melbourne MOU with the Asylum Seeker Resource Centre signed March 2015
4.7 Ensure reliable measures of satisfaction are being collected in line with the 'Doing it with us not for us – strategic direction 2010-13' policy and indicator sets in the mental health and services areas (indicator 2.4 and 5.2)	Indicators to be collected and reported to CAC	CAC RO QM QC Mental Health QC Residential	2012-2017	Scorecard is in line with DHHS strategic direction	<ul style="list-style-type: none"> Routinely reported at CAC meetings and annually via Quality of Care Report. Second round of "Your Experience of Service" (YES) Survey in Mental Health commenced in March and completed in May 2017. The 2017 results will be tabled at CAC and the Executive Improvement & Innovation Committee when available. The In-patient Unit, Hawthorn and Clarendon Clinics have Consumer Suggestion Boxes, feedback is reviewed and collated. Improvements such as refreshing the landscaping of the Adult Inpatient Services courtyard, provision of lockers for personal items of patients and placement of laminated rights posters approved by the Consumer Reference Committee which have been posted by every bedside.

Objective 5: Meet and exceed the requirements of the National Safety and Quality Health Service Standards for consumer participation

Strategy	Tasks	Responsible	Timeframe	Targets	Progress
5.1 Provide oversight and governance of the National Standards Working Party and link with the ECI&IC	Oversee the progress of the National Standards Working Party Review Charter of CAC with reference to Standard 2 – Partnering with Consumers	CAC RO CAC Members	2012-2016	Compliance with national standard 1 and 2	<ul style="list-style-type: none"> • Four CAC members are consumer representatives on the working party. • Standard 2 – Partnering with Consumers PWG has completed a 2017 Gap Analysis and Action Plan against the National Standards. • Standard 2 – Partnering with Consumers PWG will continue meeting throughout 2017 to progress consumer participation strategies. The focus is on three key areas: Health Literacy, Consumer information and Clinician Communication. The PWG Charter was reviewed and updated in February 2017 • CAC Charter reviewed and accepted April 2015 and February 2016. • Fourth consumer representative appointed March 2017 to the Standard 2 PWG • Organisation Wide Survey held October 2015 with commendations and ongoing full accreditation status • Review of the new NSQHS Standard PC – Partnering with Consumers with a particular focus on Health Literacy • Successful application for an Inspired to Care Grant - “Engaging our consumers: providing accessible written information for all St Vincent’s patients and families” – March 2017. There is a Consumer Representative on the Implementation Working Party

Objective 5: Meet and exceed the requirements of the National Safety and Quality Health Service Standards for consumer participation

Strategy	Tasks	Responsible	Timeframe	Targets	Progress
5.2 Provide feedback and suggestions to progress the Wayfinding Project	To approach the Communications Department for involvement	Standard 2 – Partnering with Consumers PWG	2014-2016	Compliance with Standard 2 and ACHS Recommendations	<ul style="list-style-type: none"> Detailed discussion at the PWG meeting, a summary of suggestions documented Consumer/Volunteer feedback was sought during the planning of the project Phase 1 has now been completed and reviewed. Feedback from consumers has been sought and a gap analysis revealed issues with current signs, along with old signage needing to be removed. All works should be completed by October 2016. As at December 2016, a committee has been set up to examine appointment letters, to uncover and resolve issues with parts of the business (including tenants) that are not using the new signage formatting.
5.3 Further develop ward based consumer participation initiatives	Extend the use of Patient Welcome Boards to all clinical units.	Standard 2 – Partnering with Consumers PWG	2014-2016	Compliance with Standard 2 and ACHS Recommendations	Based on recommendations from the 2013 Periodic Review, all wards now have a Patient/Family Knowing How you are Doing Boards specific to their needs. This will also include information to be provided for patients and their families in relation to safety and quality and will link to the Productive Ward Program
5.4 Consider and develop partnering with consumers key performance indicators	Develop a suite of key performance indicators that reflect engagement with consumers/patients with a focus on CALD communities and people that do not usually provide feedback	Standard 2 – Partnering with Consumers PWG	2014-2016	Compliance with Standard 2 and in line with Project Working Group Goals	<ul style="list-style-type: none"> Contact with three peer health services to benchmark KPI's that have been established. Development of a small suite for St Vincent's with capacity to build on this over time. Agreed indicators are based on established systems (complaints/compliments, bedside audits and patient surveys) CALD consumer surveys have been conducted and there is a regular review of consumer feedback provided through SVHM Facebook.