

Minutes

	Description
1	<p>Present</p> <ul style="list-style-type: none"> • Christina Cook, Consumer Representative • Samantha Gifford, Aboriginal Hospital Liaison Officer • Sandra Grove, Clinical Quality Manager • Susan Hanrahan, Consumer Representative • Ai-Ling Hayes, Consumer Representative • Advija Huseinspahic, Consumer Representative • Angela Karooz, General Manager • Gregory Lill, Consumer Representative (A/Chair) • Elizabeth Martin, Consumer Representative • Helen Scarr, Consumer Representative • Ella Stathis, Communications and Engagement Coordinator • Lauren Sturgess, Director of Nursing and Midwifery Services <p>Apologies</p> <ul style="list-style-type: none"> • Allan Ajami, Redevelopment Project Manager • Sonia Giaouris, Consumer Representative • Lorena Matthews, Divisional Director, Women's and Children's Health <p>In Attendance</p> <ul style="list-style-type: none"> • Suzanne Ibbotson, Community Relations Manager • Kim Wrightson, Community Relations Officer (Secretariat) • Malcolm Ricker, Chair, Consumer Advisory Group, Sutherland Hospital (Presenter) • Patrice Thomas, Patient Safety Manager, Sutherland Hospital (Presenter)
2	<p>Presentation</p> <p>2.1 Engaging consumers – Consumer Advisory Group, Sutherland Hospital – Malcolm Ricker and Patrice Thomas</p> <ul style="list-style-type: none"> • Patrice Thomas, Patient Safety Manager, Sutherland Hospital (TSH) presented the TSH Consumer WalkArounds. • Case for Change <ul style="list-style-type: none"> - Leadership WalkArounds are undertaken by members of TSH Executive - Consumer WalkArounds offer another approach to seeking feedback about the care and treatment provided to our community. • Opportunity for CAG members to: <ul style="list-style-type: none"> - Obtain important feedback about our patient's journey that otherwise may not be communicated back to us. - Participate in quality improvement initiatives. - Complimentary to the role of a CAG member. - Assists in National Standards 2: Partnering with consumers. • Aim of the Consumer WalkAround <ul style="list-style-type: none"> - Engage patients to provide feedback on key domains, such as: <ul style="list-style-type: none"> Quality of Care – what is or is not working, any concerns

	<p>Safety of Care – How safe do you feel?</p> <p>Shared Decision Making – How much are you involved in decisions about your care and treatment?</p> <p>Knowledge of Staff – Are staff able to answer any queries from you or your family?</p> <p>Staff Working Together – Have you observed staff communicating with each other about your care and your treatment?</p> <p>Compassion of Staff – Are you given the time to provide feedback on your care and treatment?</p> <ul style="list-style-type: none"> • Evaluation 12 months post <ul style="list-style-type: none"> - 10 clinical areas were visited. - 55% of comments focused on Patient Safety and Clinical Quality of care. - 45 of the 56 comments made by patients required an action. 100% of actions were complete at the end of December 2019. • Benefits of Consumer WalkArounds <ul style="list-style-type: none"> - Another avenue to participate in improving service delivery. - Increased CAG representative satisfaction/sense of value. - Program is easily transferable (already tested and preliminary work has been done). - Minimal impact if scheduled on CAG meeting day. - CAG Chair assists in nominations for the next month Consumer WalkArounds. • Malcolm Ricker, Chair, TSH CAG raised the following; <ul style="list-style-type: none"> - Would like to see future collaboration between TSH and SGH CAGs. - Consumer representatives visiting and speaking to local community groups. - Consumer WalkArounds. - There is a CAG noticeboard at TSH main entrance which includes photos of consumer representatives, information on who to contact and how to apply to join the CAG. - “Advocacy” on CAG Agenda. - Ideas/brainstorming sessions. - Using personal experiences. - Consumer training – Health Consumers NSW and “The Wrap”. - Document review team – consumers to be at the development side of brochures before they are sent for consumer feedback/review. - Committee reporting by consumer representatives to CAG (minutes of committees consumer representatives attend to be circulated). - CAG recruitment – widen advertising to include social media; increase diversity of group.
3	Approval of Minutes
	3.1 Minutes dated 24 May 2022 were confirmed as a true and accurate record.
4	Items Arising from Action Plan
	<ul style="list-style-type: none"> • All items listed on the action plan were completed by the CAG Secretariat.
5	Declaration of Conflict of Interest
	<ul style="list-style-type: none"> • Nil

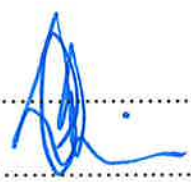
6	General Business
	6.1 Report from the A/Chair – Greg Lill <ul style="list-style-type: none"> • Nil
7	Governance Items
	<ul style="list-style-type: none"> • Nil
8	Standing Items
	8.1 SGH Cancer Services Patient Safety and Clinical Quality Committee – Susan Hanrahan <ul style="list-style-type: none"> • Cancer Services now falls under the Division of Medicine and Cancer Services. Susan Hanrahan advised that with this change the Committee is yet to recommence. Action: Follow up meeting dates with Christine Day, Divisional Director, Medicine and Cancer Services – CAG Secretariat
	8.2 SGH Infection Prevention and Control Committee – Helen Scarr <ul style="list-style-type: none"> • Helen advised that she was unable to attend the recent Committee meeting.
	8.3 SGH Patient Safety and Quality Committee – Greg Lill <ul style="list-style-type: none"> • Committee met on 7 June 2022 and discussed the following: <ul style="list-style-type: none"> - Prescriber related errors. - Lost property strategies. - Associated risks and best ways to use Ambu bags. - Securing medication trollies when unattended.
	8.4 SGH Falls Prevention and Management Committee – Elizabeth Martin <ul style="list-style-type: none"> • Committee met on 14 June 2022 and discussed the following; <ul style="list-style-type: none"> - Hospital-wide Delirium Education. Four more sessions will be delivered during June/July. Future scheduling of these will be based on attendance and the feedback received. - National Standards 5 – Comprehensive Care. The assessors were very complimentary towards the staff and expressed that they work well together and put patients at the centre of care. There were no recommendations. - Falls data for the month of May: <ul style="list-style-type: none"> 1 x Harm Score 2 Falls 4.80 per 1000 occupied bed days. Staff continue to implement standard falls prevention strategies. Feedback from the May District Falls Committee indicated that minimising falls continues to be challenging across the District. Expressions of interest are being canvassed for the establishment of a group to consider new initiatives on falls prevention. Olivia Paulik has expressed an interest to represent SGH on this Committee. She is keen to advance the use of technology and pursue funding for the possible use of 'remote observation'. - Falls prevention and management for people admitted to acute and sub-acute care – Post Fall Management – Annual Post Fall audit 2021. <ul style="list-style-type: none"> Summary of findings: <ul style="list-style-type: none"> There has been a slight improvement in compliance with repeating the Ontario Modified Stratify (OMS) risk screen after an inpatient fall from 73% in 2020 to 74% in 2021. Education around this requirement is reinforced via a Post Fall Management Take 5 presentation developed for educators in

	<p>2021 and the HUDDLE UP safety huddle process. Online education also continues via the My Health learning HETI falls modules.</p> <p>An improvement was also noted in the documentation of falls risk and/or falls history being included in the medical discharge summary from 62% in 2020 to 68% in 2021. While this area remains a challenge across the Local Health District (LHD), ongoing improvement has been noted since 2019 (55% in 2019). JMO education to address this requirement continues.</p> <ul style="list-style-type: none"> • The Committee was advised that we are focusing work in the Aged Care Precinct around delirium and falls. <ul style="list-style-type: none"> - Patient Safety Boards in the wards. - External review regarding management of aggression/early detection of delirium. - Length of Stay (LOS) for Aged Care patients – reinvigorated process for those going to an Aged Care Facility.
	<p>8.5 SGH Safe Use of Medicines (SUM) Committee – Greg Lill</p> <ul style="list-style-type: none"> • Medication Review clinical business rule (CIBR) has received interim approval. The document defines different types of medication review, outlines responsibilities for completing these activities, provides some guidance regarding prioritisation of patients for different medication review types and offers practical examples of how these activities are to be documented. • “Know your Insulins” poster had been updated and available on the SGH Medication Matters SharePoint. • The SGLT2 Inhibitor consumer information leaflet was discussed.
	<p>8.6 SGH Food and Nutrition Committee – Susan Hanrahan</p> <ul style="list-style-type: none"> • Committee meets quarterly.
	<p>8.7 SGH Access Improvement Committee – Greg Lill/Christina Cook</p> <ul style="list-style-type: none"> • The Committee was advised that the demand for our emergency service has been profound. We continue to investigate initiatives that will assist this service. • New model - SHIP 10 bed SHIP (Short Stay Inpatient) has been established on 3 East. The SHIP provides an interim (short term) inpatient ward bed for suitable, admitted patients who have been allocated an inpatient bed but the best is not yet ready. • Patient Flow: There is a huge demand for paediatrics after hours and on weekends. Looking at a Paediatric SHIP model. • Work Flow: Investigating after hours bed management initiatives. Due to the increased on-site activity, Patient Flow Managers are often confined to their office. We have increased the Patient Flow Nurse Manager position in the afternoon with the primary focus on outreach. This has been in place for a week and has had a positive impact. • Angela Karooz advised that our focus is to ensure that our wards are well supported and thanked Lauren Sturges and her team for their continual hard work. • Greg Lill advised that the Committee is currently reviewing their terms of reference (TOR).
	<p>8.8 SGH/TSH Diversity Health Committee – Elizabeth Martin</p> <ul style="list-style-type: none"> • Next meeting to be held in August 2022.

	<p>8.9 Clinical Council Report – Vacant</p> <ul style="list-style-type: none"> With the resignation of Rod Lynch there is currently a vacancy for a consumer representative to attend the Clinical Council meeting. The Committee agreed that the CAG Chair will attend this Committee. It was also discussed the attendance of an additional consumer representative to attend the Clinical Council. An EOI/TOR will be circulated to the consumer representatives. If there are several interested, a rotating roster will be created. <p>Action: Circulate Clinical Council EOI/TOR to consumer representatives – CAG Secretariat</p>
	<p>8.10 General Manager Report – Angela Karooz</p> <ul style="list-style-type: none"> <p>SESLHD Consumer and Partners forum</p> <p>On 18 May 2022, consumers from across SESLHD sites and services came together, with representatives from more than 20 of our partner organisations, for the SESLHD Consumers and Partners Forum. This is the second year running that we have been able to bring everyone together for a face-to-face event.</p> <p>Accreditation – SGH</p> <p>SGH has successfully been accredited against the ACHS National Standards. SGH met every standard, which is an outstanding reflection of a great organisation and a celebration of collaboration at every level. The resilient nature of SGH teams to thrive in challenging environments was recognised by every member of the ACHS Survey Team who commended Unit after Unit for their achievements and the strong sense of pride and commitment to quality, patient safety and out community.</p> <p>Launch of the Wolli Creek Hub</p> <p>On 1 June 2022, Minister Hazzard launched the Wolli Creek Hub, a collaboration between SESLHD's Child and Family Health, Women's Health Program, SGH Maternity Service and not for profit organisation, Karitane. The service is Monday to Friday, clinic hours.</p> <p>The hub will offer a broad range of services ranging from midwifery, child and family health, parenting support and women's health and aims to increase health and wellbeing of women, children and families in the area by providing integrated early intervention and prevention services for new families.</p> <p>Wolli Creek has been identified as a location in particular need of family support. The service will focus on community engagement and partnering with local services to meet the area's community health needs.</p> <p>Crazy Socks 4 Docs</p> <p>SGH Doctors, together with medical staff across the District, donned their most outrageous pairs of socks on Friday 1 June 2022 for Crazy Socks 4 Docs Day. The movement begun on the back of the reaction that the founder Dr Geoff Toogood experienced when he happened to wear odd coloured socks to work. The talk behind his back was that he was failing. In reality he was well, and his socks had all been eaten by his new puppy. Rather than a discussion about whether he was okay, colleagues were whispering behind the scenes. As a result of this experience, Dr Toogood established Crazy Socks 4 Docks Day in an attempt to address the stigma around mental health in doctors, and to make</p>

	<p>it okay for doctors not to be okay.</p> <ul style="list-style-type: none"> ● Integrated Onsite Support To embrace and help support our staff and Managers we have set up a six month trial called Integrated Onsite Support. The consultant/psychologist is available two days per week to provide counselling support service designed to assist staff in meeting the challenges and demands of work and personal life. Trial commenced on 28 June 2022.
	<p>8.3 Nursing Update – Lauren Sturgess</p> <ul style="list-style-type: none"> ● Wellbeing Initiatives <ul style="list-style-type: none"> - Integrated Onsite Support (Counselling Service) as mentioned in Item 8.10. - SGH Pet and Paw Event – 22 July 2022. Staff in non-clinical buildings are invited to bring their dog to work. - NAIDOC Week – SGH holding events on 5 July 2022 which include a ceremony; cultural talk, weaving and art workshops. - Wellbeing calendar circulated for each month with activity suggestions for staff. ● Site demands are not unusual this time of the year. We have however received higher than usual increase in presentations in the Emergency Department. SHIP model is assisting with this. ● Hospital in the home (HiTH) is re launching their service on 4 July 2022. ● We continue to work though recruitment and workforce challenges. We have received approval to commence overseas recruitment. ● Industrial action – stop work meeting being held on 28 June 2022. Minimal impact for SGH, all clinical areas are covered.
	<p>8.4 Quality and Safety Update – Sandra Grove</p> <ul style="list-style-type: none"> ● We have observed in the last five months a downward trend in clinical incidences. ● Spike in pressure injuries for the past three months. This can be contributed to COVID isolation issues. ● Report for the month of May: <ul style="list-style-type: none"> - 107 Compliments - 9 Complaints - No Harm Score 1's reported - 10 x Harm Score 2's <p>We continue to review actions around complaints received.</p> <ul style="list-style-type: none"> ● Quality Safety Boards have been installed in all wards and the Boardroom. ● 2022 SESLHD Healthcare Awards is an opportunity to recognise and acknowledge the achievements of our clinical and non-clinical staff and volunteers. There are eight team award categories and two individual award categories. SGH has submitted: <ul style="list-style-type: none"> <i>Health Research and Innovation Award</i> – Use of innovative shielding system to lower radiation and Covid-19 transmission in the Cardiac Catheter Laboratory. <i>Integrated Value Based Care Award</i> – The Integrated Care – Chronic Diseases Working Party at SGH was established in 2017 to help support the development of improved communication between General Practice and St George and Sutherland Hospital clinicians. <i>Keeping People Healthy Award</i> – P.A.R.T.Y Program – The Prevention Alcohol and Risk Related Trauma in Youth program is dynamic, interactive health

	<p>promotion program aimed at youth and promotes injury prevention through reality education.</p> <p>Two other nominations for the Volunteer Award and Collaborative Staff Member of the Year.</p> <ul style="list-style-type: none"> • National Standards – we were assessed against 393 sub actions. Received one recommendation which was to continue with our plans.
	<p>8.5 Stage 3 Redevelopment Update – Ella Stathis</p> <p>June report:</p> <ul style="list-style-type: none"> • Perioperative works progress. • Priority works progress: <ul style="list-style-type: none"> - Chapel Street clinic – Slab poured and lightweight steel frame erected. Anticipated Go Live date is 19 August 2022. - New Clinical Skills – Demolition complete and wall framing commenced. Anticipated Go Live date is 7 September 2022. • Schematic design revisions on Ambulatory Care Building (ACB) <p>Original design combines most ambulatory care services on Level 2 with minimal office space, and additional office space available on Level 7. Multiple clinical teams raised this as a concern. Blocking and stacking has been revised to split ambulatory care services over levels 2 and 4, with office space for each service available on each level.</p> • Next steps for design approval: <ul style="list-style-type: none"> - Finalised schematic design will be endorsed by project governance. - Further consultation on space requirements. - Test fits within the endorsed neighbourhoods. - Timeline for schematic design endorsement/submission has been updated to late July. • Aboriginal community consultation (Design Jam) <ul style="list-style-type: none"> - Design Jam hosted on 7 June 2022 in the Bidjigal Lounge, SGH. - Good community participation from both local Indigenous people and Aboriginal health workers. - Generally positive feedback on incorporation of Connecting to Country principles into building design (eg colour schemes for different floors, significant local flora/fauna). - Some concern around changes to external façade of ACB but this will be reviewed as part of schematic design approvals.
	<p>NB: Meeting closed due to time. Agenda items not discussed at June meeting to be carried over to July CAG meeting.</p>
	<p>Reports for Noting</p>
	<ul style="list-style-type: none"> • Nil
10	<p>New Business</p>
	<p>10.1 Clinical Business Rule – Patient information channel approval process for content – St George Hospital – Sandra Grove</p> <ul style="list-style-type: none"> • So not to hold up the endorsement process, consumers were asked to forward any concerns/updates to Sandra Grove (via Secretariat).

	<p>10.2 Clinical Business Rule – Partnering with consumers – Sandra Grove</p> <ul style="list-style-type: none"> • So not to hold up the endorsement process, consumers were asked to forward any concerns/updates to Sandra Grove (via Secretariat).
	<p>10.3 CAG Chair / Co-Chair – Ange Karooz</p> <ul style="list-style-type: none"> • Deferred to the July CAG meeting. <p>Action: CAG Secretariat to re-circulate EOI to all consumers.</p>
	<p>10.4 Consumer Recruitment – Suzanne Ibbotson</p> <ul style="list-style-type: none"> • Suzanne Ibbotson made mention of consumer recruitment during the presentation discussions. Consumers are encouraged to promote the CAG with their local community groups to identify anyone interested in joining.
11	<p>Business Without Notice</p> <ul style="list-style-type: none"> • Nil
12	<p>Confidential Items</p> <ul style="list-style-type: none"> • Nil.
13	<p>Meeting Closed Meeting closed at 10.40am. Next Meeting Tuesday 26 July 2022</p>
<p>CERTIFIED A CORRECT RECORD</p> <p>Name GAEG LILL </p> <p>Signature </p> <p>Date 26/07/22</p>	