

St George Hospital Consumer Advisory Group

Tuesday 23 November 2021 at 9.00am

Skype Meeting



Health
South Eastern Sydney
Local Health District

Minutes

	Description
1	<p>Present</p> <ul style="list-style-type: none">• Paul Darcy, General Manager• Sandra Grove, Clinical Quality Manager• Susan Hanrahan, Consumer Representative• Advija Huseinspahic, Consumer Representative• Gregory Lill, Consumer Representative• Rod Lynch, Consumer Representative (Chair)• Elizabeth Martin, Consumer Representative• Helen Scarr, Consumer Representative• Lauren Sturgess, Director of Nursing and Midwifery Services <p>Apologies</p> <ul style="list-style-type: none">• Jan Denniss, Consumer Representative• Samantha Gifford, Aboriginal Hospital Liaison Officer• Lorena Matthews, Nurse Manager, Women's and Children's Health <p>In Attendance</p> <ul style="list-style-type: none">• Kim Wrightson, Community Relations Officer (Secretariat)• Suzanne Ibbotson, Community Relations Manager• Vivianne Ajaka, Manager Diversity and Aboriginal Health• Meng Chen, Multicultural Health Worker• Kate Christopher, Clinical Governance and Risk Manager
	<p>Welcome – Rod Lynch</p> <ul style="list-style-type: none">• Rod Lynch thanked all for attending the skype meeting.• Special welcome to Kate Christopher, Clinical Governance and Risk Manager and our presenters for the November Consumer Advisory Group (CAG) meeting, Vivianne Ajaka and Meng Chen, Diversity and Aboriginal Health.• On behalf of the members of the CAG, we would like to extend our congratulations to Lauren Sturgess to her permanent appointment as Director of Nursing and Midwifery Services.• The committee was advised that the agenda has been modified but not intended to restrict the involvement of all.
2	<p>Presentation</p> <p>2.1 SGH/TSH Diversity Health Implementation Plan 2022-2024 – Vivianne Ajaka and Meng Chen</p> <ul style="list-style-type: none">• Vivianne Ajaka and Meng Chen provided an update on the SGH/TSH Diversity Health Implementation Plan 2022-2024. Vivianne acknowledged the support from Jack Roach, A/Senior Executive Officer.• Achievements:<ul style="list-style-type: none">- Steady rise of interpreter use for surgical consent- Development and/or delivery of diversity health related as well as health literacy and teach-back training sessions

	<ul style="list-style-type: none"> - Staff capacity building activities including development of “Did you know” slides - Culturally and Linguistically Diverse (CALD) community outreach – facilitating multiple educational or support programs including virtual training sessions • The Implementation Plan identified: <ul style="list-style-type: none"> - Top 10 CALD communities in the St George Area (based on the 2016 ABS Census) - The interpreter use at SGH in 2019/2020 (top 10 - per major language groups and by clinics/services) • Performance data – No show 2020/2021 <ul style="list-style-type: none"> - Data showed the total number of occasions of service for the Antenatal and Liver Clinics, identifying the top ten languages of “no show” presentations • Diversity Health Implementation Plan - Key Strategic Priorities for 2022-2024 <ul style="list-style-type: none"> - Leadership, policy and planning - Workforce capacity building - Improving the quality and safety of care - Improved health literacy and health promotion activities in CALD communities • Diversity Health Implementation Plan 2022-2024 to be launched in January 2022. • Committee was offered an opportunity to ask questions. Advija Huseinspahic questioned why Bosnia was not listed even though they are part of our District. The Committee was advised that data was collated on the top 10 languages as per the 2016 ABS Census. Advija raised her concerns regarding the availability of Bosnian Interpreters. Vivianne advised that the role of the SGH/TSH Diversity Health team is to promote, educate and train hospital staff about the importance of using professional interpreters for CALD patients. Interpreters are booked through the Sydney Healthcare Interpreter Service https://www.slhd.nsw.gov.au/interpreters/ . Vivianne is happy to organise a meeting with the Director of this service and Advija to discuss her concerns further. Paul Darcy supported the facilitation of this meeting. • Rod Lynch referred to the “no show” statistics and asked if patients are advised that it is their personal responsibility to attend? The Committee were advised that this will become a quality project for Diversity Health to identify the gaps and work with the departments regarding this issue.
3	Approval of Minutes
	3.1 Minutes dated 28 September 2021 were confirmed as a true and accurate record.
4	Items Arising from Action Plan 8.12 2022 Business Plan and hospital restructure to be presented at the next CAG meeting – Paul Darcy Paul advised that our progress on the 2022 Business Plan was stalled due to our focus on COVID. We are currently in the process of refining the business plan which will be presented at the February CAG meeting.


	Action: 2022 Business Plan to be presented at the February CAG meeting – Paul Darcy.
	8.14 Invite Kate Christopher, Clinical Governance Manager to July CAG meeting. Kate attended the November CAG meeting.
5	Declaration of Conflict of Interest <ul style="list-style-type: none"> • Nil
6	General Business
	6.1 Report from the Chair – Rod Lynch <ul style="list-style-type: none"> • 89 pages of documentation have been reviewed since our last meeting. • Expressions of interest for the CAG Chair and Co-Chair positions will be circulated early 2022. Discussions and voting will be held at the February CAG meeting. Rod invites all consumers to consider these positions. • Committee survey will be circulated by the end of the year. Results will be discussed at the February CAG meeting. Questions are based on the CAG Charter which can be located in the Consumer Participation Manual.
7	Governance Items <ul style="list-style-type: none"> • Nil.
8	Standing Items
	8.1 Clinical Council Report – Rod Lynch <ul style="list-style-type: none"> • Reports for the months of October and November have been circulated. • Rod Lynch made positive comments on the changes to the recent Clinical Council meetings.
	8.2 General Manager Report – Paul Darcy <ul style="list-style-type: none"> • Recruitment Appointments to Senior Management Executive positions: <ul style="list-style-type: none"> - Lauren Sturgess, Director of Nursing and Midwifery Services - Dawn Fowler, Director of Operations – commencing 29 November 2021 - Deputy Director of Nursing and Midwifery and Divisional Director positions to be advertised in the upcoming weeks • Response to COVID-19 We are still seeing a relatively low admission rate to the Hospital. COVID cases are now being managed in our negative pressure rooms. We are bringing the hospital back to “business as usual”. The screening process will remain in place at the Emergency Department and the hospital entry points. We are also working through the elective surgery lists. • Christmas planning We have an opportunity to reflect on the year and now plan for 2022. A focus is to ensure that our staff have an opportunity to take leave over the Christmas period. Major focus on staff wellbeing. • Clinical Council Committee were advised that there have been changes to the format of the Clinical Council Committee making it more informative. Paul agreed with the previous comments made by Rod Lynch that these are positive changes.

8.3 Nursing Update – Lauren Sturgess

- The Committee were advised that there have been challenges in relation to the workforce caused by fatigue and burnout during the COVID period, especially amongst nursing staff. Our focus is to encourage our staff to take leave when needed.

8.4 Quality and Safety Update – Sandra Grove

- Nine HARM Score 2's reported for the month of September 2021.
- We have seen a drop in compliments and complaints. We believe complaints have decreased as visitor limits have now opened.
- Hand Hygiene Compliance October 2021
We have seen an increase in hand hygiene compliance for the period of July to October 2021.
Compliance for the month of October 2021:
Nursing 90%
Medical 83%
Allied Health 89%
Other 72%
- Quality and Safety Board
The Committee was advised that we are installing a quality and safety board near the lifts/Zouki cafeteria. Information will be placed on a 65 inch screen. We are considering the following information to be included:
 - Patient Experience
 - Consumer Feedback
 - You Said . . . We Did!
 - Falls
 - HAI's
 - Audit results
 - Top 10 languages for SGH patients
 - Hand Hygiene
 - Blood WastageInformation will be updated quarterly. Advija Huseinspahic agreed that quarterly updates were better than annual updates.
We are more than happy to investigate any other suggestions regarding information for this board.
Action: Email the CAG secretariat if you have any suggestions regarding information for the board – All consumers
The Committee were also advised that we are looking at the quality and safety boards in the wards.
- Update – Kate Christopher
 - Kate advised that she commenced as Clinical Governance and Risk Manager in May 2021, joining a passionate team to improve patient safety
 - CPIU is changing its name to Clinical Safety Improvement team (CSI)
 - We are investigating ways to improve the reporting of information to ensure that what is going on in the wards is transparent
 - Early next year we will be working on a key project on how we can share our quality safety information with the community. Looking at updating information on the internet page; patient TV's etc

9	<p>Reports for Noting</p> <ul style="list-style-type: none"> • Due to the change in meeting format, the following consumer reports were circulated with the Agenda paperwork: <ul style="list-style-type: none"> - Patient Safety and Clinical Quality meeting – 7 September 2021 - Patient Safety and Clinical Quality meeting – 5 October 2021 - National Standards 2: Partnering with Consumers – 4 November 2021 - SGH/TSH Diversity Health Committee – 8 November 2021 - Clinical Council Committee – 15 October 2021 - Clinical Council Committee – 19 November 2021 - SGH Infection Prevention and Control Committee – 6 October 2021 - SESLHD Infection Prevention and Control Committee – 26 October 2021
10	<p>New Business</p> <p>10.1 Enhanced Texture Modified Food (TMF) Pilot/Trial (Information only)</p> <ul style="list-style-type: none"> • Information/presentation circulated to committee. • Questions raised: <ul style="list-style-type: none"> - Is the food artificially coloured? - They refer to patients and residents. Who are the residents? - Do they require consumers (not patients) to trial the food? <p>Action: Forward these questions to Marilou Agustin, Manager, Delivery Experience – CAG Secretariat</p>
11	<p>Business Without Notice</p>
11.1	<p>Minutes of the Patient Safety Committee - Rod Lynch</p> <ul style="list-style-type: none"> • Discussions were held on two items raised by Rod Lynch from the Patient Safety Committee meeting minutes dated 3 August 2021.
12	<p>Confidential Items</p> <ul style="list-style-type: none"> • Discussions regarding item 11.1 (as above).
13	<p>Meeting Closed Meeting closed at 10.02am.</p> <p>Next Meeting Tuesday 22 February 2022</p>
<p>CERTIFIED A CORRECT RECORD</p> <p>Name <u>RODNEY E. LYNCH</u></p> <p>Signature </p> <p>Date <u>22-2-22</u></p>	