


# MINUTES

## TSH Consumer Advisory Group


Wednesday 1 September 2021 at 2:00pm - via Skype

| ITEM | DESCRIPTION   | CARRIAGE         |
|------|---|------------------|
| 1    | <b>Attendance:</b>  |                  |
|      | <p><b>Staff / Consumer Reps:</b></p> <p>Malcolm Ricker (MR)      Consumer Representative (Chair)<br/> Vicki Weeden (VW)      General Manager<br/> Peter Lewis (PL)      Consumer Representative<br/> Godfrey Ross (GR)      Consumer Representative<br/> Robyn Riley (RR)      Consumer Representative<br/> Debbie Wood (DW)      Consumer Representative<br/> Gen Webb (GW)      Consumer Representative<br/> Sharon Bennett (SB)      Consumer Representative<br/> Jim Hankins (JH)      Consumer Representative<br/> Carole Goodyer (CG)      Consumer Representative<br/> Cheryl Hall (CH)      Consumer Representative<br/> Jenny Church (JC)      Consumer Representative<br/> Elizabeth Mason (EM)      Manager, Clinical Governance Unit<br/> Josie Julian (JJ)      Quality, Risk and Patient Safety Manager<br/> Jan Heiler (JHe)      Director of Nursing and Midwifery<br/> Mary Hughes (MH)      Secretariat</p> <p><b>Apologies:</b></p> <p>Patrice Thomas (PT)      Patient Safety Manager, CPIU<br/> Sonia Markoff      Consumer Representative<br/> Simone Payn      A/Consumer Feedback Manager</p> |                  |
|      | <b>Guests Welcomed</b>  | Chair / Co-Chair |
| 3    | <b>Approval of August 2021 minutes</b> – <i>Approved by Robyn Riley</i>   | Chair / Co-Chair |
| 4    | <b>Declaration/s of Conflict of Interest</b> – Nil  | All              |
| 5    | <b>General Business</b>   | All              |
|      | <p><b>Report from the Chair</b></p> <p><i>Meeting Chaired by Malcolm Ricker</i></p> <p>5.1 Report from the Chair</p> <ul style="list-style-type: none"> <li>• CAG will from this month (Sept '21) have representation on TSH Executive Governance Committee. This is a significant escalation of the consumer voice to the highest levels of TSH Governance. Thank you to Vicki Weeden for the invitation</li> <li>• SESLHD 2022-2025 strategy development presentation planned for this month has been postponed and will be rescheduled for a later date due SESLHD staff being redeployed to the Covid vaccination drive</li> <li>• I have made an initial contribution to TSH Safety &amp; Quality monthly newsletter to briefly explain who we are and what CAG's all about. Please consider contributing in the coming months. See the newsletter included with this meeting's papers. Feedback can be sent to EM or JJ</li> </ul>  | Chair / Co-Chair |

| ITEM | DESCRIPTION   | CARRIAGE                                   |
|------|---|--|
| 6    | <b>Management Reports</b>   |  |
|      | <p data-bbox="280 215 655 248"><b>6.1 – General Manager Report</b></p> <ul data-bbox="280 271 1222 1223" style="list-style-type: none"> <li data-bbox="280 271 1222 371">• MR was welcomed as the CAG representative on the TSH Executive Governance committee. The September meeting was cancelled due to Covid priorities</li> <li data-bbox="280 394 975 427">• Accreditation readiness survey will be held in October</li> <li data-bbox="280 450 1222 584">• Covid activity across greater Sydney continues to be a challenge. TSH has admissions in the ward but not in ICU. SGH is heavily occupied with Covid positive patients. Outflows will occur to TSH and POW. Bed base and flow is being reviewed and revised</li> <li data-bbox="280 607 1222 775">• TSH is on the matrix for the State Health Accommodation (SHA) which has over 900 patients including staff and families at risk or a close contact. Approximately 700 patients are Covid positive. Being on the matrix for presentations from the SHA means taking Covid positive patients who are unwell which has resulted in increase in activity</li> <li data-bbox="280 797 1222 943">• TSH remains heavily occupied with normal business and patient loads and work is being done to have staff onsite to manage both cohorts of patients. Staff are also supporting the District and MoH in respective to contact tracing, vaccination hubs, Covid clinics</li> <li data-bbox="280 965 1222 1178">• Predictive numbers at the moment are good. Staff vaccination rates for the District are 85% for dose 1 and 79% for dose 2. Staff from the 12 LGAs at risk are expected to have their first dose by 6 September 2021. The first dose for all other health care workers is required by 30 September and the second dose by 30 November. Employment will be terminated if staff do not comply</li> <li data-bbox="280 1200 1206 1223">• Dr Maryanne Gale from our District is acting Deputy Chief Health Officer</li> </ul> | Vicki Weeden                               |
|      | <p data-bbox="280 1245 727 1279"><b>6.2 – Nursing and Midwifery Update</b></p> <ul data-bbox="280 1301 1222 1872" style="list-style-type: none"> <li data-bbox="280 1301 1222 1335">• Surgical capacity has been reduced to urgent cases only to create capacity</li> <li data-bbox="280 1357 1222 1458">• In the process of preparing a contract to move aged care and medical patients and urgent surgery to Kareena Private to utilise their staff and beds</li> <li data-bbox="280 1480 1222 1547">• Staffing has been challenged due to staff deployment to Covid clinics, vaccination hubs and public health contract tracing</li> <li data-bbox="280 1570 1222 1637">• Nursing staff reallocation is being reviewed to be able to service our ward activity</li> <li data-bbox="280 1659 1222 1727">• Ongoing recruitment is occurring for the casual pool. Critical Care Unit are upskilling and re-training in preparation for an increase in activity in ICU</li> <li data-bbox="280 1749 1222 1872">• Dr Andrew Finckh has resigned as the Director of ED. Dr Oliver Barrett is A/Director of ED. Currently working together with roster changes with respect to ensuring patients where possible are treated, and appropriately discharged or admitted, within 4 hours</li> </ul>   | Vicki Weeden<br>on behalf of<br>Jan Heiler |

| ITEM  | DESCRIPTION  |               |               |                | CARRIAGE          |
|---|--|---------------|---------------|----------------|-------------------|
| <div style="display: flex; justify-content: space-between; align-items: center;"> <div> <h2 style="margin: 0;">Patient Flow and Demand Statistics-<br/>The Sutherland Hospital</h2> </div> <div style="text-align: right;">  <div style="font-size: small; margin-left: 5px;"> <b>Health</b><br/>           South Eastern Sydney<br/>           Local Health District         </div> </div> </div> |  |               |               |                |                   |
|   | <b>Definition</b>  | <b>Aug-21</b> | <b>Target</b> | <b>Numbers</b> |                   |
| Emergency Treatment Performance (ETP)   | Total patients who have departed from the Emergency Department within 4 hours of presentation.   | 59.0%         | 70.0%         | 2769/4693      |                   |
| Admitted ETP  | Patients who have been admitted to inpatient beds from the Emergency Department within 4 hours of presentation.                          | 30.6%         | 50.0%         | 508/1659       |                   |
| Discharge ETP   | Patients who have been discharged from the Emergency Department within 4 hours of presentation.  | 75.2%         | 90.0%         | 2342/3165      |                   |
| Transfer of Care  | Patient brought in by ambulance who are "offloaded" within 30 mins   | 91.6%         | 90.0%         | 1005/1097      |                   |
| Pre 10am Discharges   | Patients who are discharged before 10am  | 7.8%          | 15.0%         | 78/996         |                   |
| Pre 12pm Discharges   | Patients who are discharged before 12pm  | 18.5%         | 35.0%         | 184/996        |                   |
| Patients in hospital for over 9 days  | Admitted patients with a Length of Stay greater than 9 days  | 60.9          | 65            |                |                   |
| Triage 1  | Patients must be reviewed immediately  | 100%          | 100.0%        | 17/17          |                   |
| Triage 2  | Patients must be reviewed within 10 minutes  | 72.6%         | 95.0%         | 573/789        |                   |
| Triage 3  | Patients must be reviewed within 30 minutes  | 75.7%         | 85.0%         | 1530/2022      |                   |
| Surge Beds  | Un-funded beds required to be open, due to capacity reasons  | -2.0          | 0             |                |                   |
| CCM Sign Out (hours)  | Time taken to transfer a patient out of Critical Care Medicine once "signed out"   | 5.9           | 6.0           | 42             |                   |
| Elective Surgery Access Performance (ESAP) CAT 1  | Patients who have elective surgery completed within CAT 1 timeframe of 30 days   | 100%          | 100%          |                |                   |
| ESAP CAT 2  | Patients who have elective surgery completed within CAT 2 timeframe of 90 days   | 97.6%         | 97%           |                |                   |
| ESAP CAT 3  | Patients who have elective surgery completed within CAT 3 timeframe of 365 days  | 100.0%        | 97%           |                |                   |
|   | <b>6.3 – Overview of Patient Feedback</b> <ul style="list-style-type: none"> <li>Next report due in October 2021</li> </ul>              |               |               |                | Valmai Ciccarello |
|   | <b>6.4 – Corporate Services</b> <ul style="list-style-type: none"> <li>N/A - No current representative</li> </ul>                        |               |               |                | N/A               |
| <b>7</b>  | <b>Document Reviews</b><br><b>Antimicrobial Stewardship Program (AMS)</b> <ul style="list-style-type: none"> <li>Easy to read</li> </ul> |               |               |                | Laura Fagan       |






| ITEM | DESCRIPTION   | CARRIAGE     |
|------|---|--------------|
|      | <ul style="list-style-type: none"> <li>• Clearer wording on why it is necessary to take the full course. Expand this to explain why this is important</li> <li>• Include “consult with your healthcare professional before stopping the course”</li> <li>• Consumer Medicine Information – suggestion is to give this patient leaflet with the antibiotics as a standard practice</li> <li>• Under the “Receiving antibiotics in hospital for patients and carers” section – provide a copy to the visiting nurses who are the first person in touch with the patient returning home and their new/changes to their medication</li> <li>• More information about the differences between an allergic reaction compared with a side effect would be helpful</li> <li>• Antibiotic Allergy Labels – can you please clarify what they are, do they stay on the record indefinitely etc?</li> </ul> <p style="color: red;">Action: MH to forward CAG feedback to AMS secretariat</p> <p><b>CCM Brochure – A Guide to Critical Care Medicine for Patients and Carers (v2)</b><br/>MR welcomed Laura Fagan, CNC Critical Care Medicine. Feedback from Committee:</p> <ul style="list-style-type: none"> <li>• Typing and grammatical errors to be changed, otherwise the brochure is very good</li> <li>• Discussion occurred regarding the possible confusion of the name CCM instead of ICU. L Fagan advised that the rename to CCM is not a recent change. The change occurred more than 10 years ago after the merger of Intensive Care and High Dependency Unit and is unique to TSH. ICU is used at other hospitals. Signage across TSH is branded as CCM</li> </ul> <p style="color: red;">Action: CAG endorsed the brochure subject to the typing and grammatical errors being changed. MH to send CAG logo to L Fagan for inclusion on their brochure</p> <p><b>End of Life Brochure (v 4)</b><br/>Feedback from Committee:</p> <ul style="list-style-type: none"> <li>• Remove full stops, colons from the bullet points for consistency in grammar</li> <li>• Lighten the colour on the front page to be able to write and see the Social Workers contact details</li> <li>• Typo on the middle panel on the back page in the “Recording Stories” section – should be “loved one” (not loves one)</li> </ul> <p style="color: red;">Action: MH to forward CAG feedback to J McIlleevan. CAG endorsed the brochure subject to the above changes being made</p> <p><b>Consumer Engagement Clinical Business Rule</b></p> <ul style="list-style-type: none"> <li>• EM advised the CBR is still under review. The revised document will be tabled at the October meeting.</li> </ul> |              |
| 8    | <b>Presentations / Discussions:</b> - Nil   |              |
| 9    | <b>Standing Items</b>   |              |
|      | 9.1 Standards / Accreditation   | Josie Julian |

| ITEM  | DESCRIPTION   | CARRIAGE          |      |                   |   |             |           |   |     |                   |   |      |         |
|---|---|-------------------|------|-------------------|---|-------------|-----------|---|-----|-------------------|---|------|---------|
|   | <p>Report for TSH Clinical Council<br/>Sep 2021</p> <h3>TSH Clinical Governance Unit –Quality Audits August 2021</h3> <p><b>Pressure_Injury_Audit 87% compliance</b><br/> <b>Doing well;</b> 97% of patient’s understood the term “pressure injury”<br/> When a pressure injury was identified, 100% of pt’s had a wound management chart completed.<br/> <b>To Improve</b><br/> Pressure Injury Risk Assessment (Braden, Waterlow or Glamorgan), been completed within 8 hours of patient admission to hospital- 77%</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Bedside Clinical Audit</b></p> <p><b>Doing well;</b> Pressure Injury risk screening, assessment and management 97%</p> <p><b>Areas of concern;</b></p> <ul style="list-style-type: none"> <li>ED handover; Evidence of an Emergency Department Clinical handover transfer of care form 47 % Y=22, N=25</li> <li>Delirium assessment.management 37%</li> </ul> <p><b>Actions</b></p> <ul style="list-style-type: none"> <li>ED NM informed</li> <li>Delirium Working party has been set up to implement strategies to improve delirium assessment and management.</li> </ul> </div> <div style="width: 45%;"> <p><b>RISK REPORT New Risk</b><br/> Patient Safety: #5191 – New Risk,<br/> Access: Service Demand - TSH ED requires additional equipment to provide timely ventilation support to neonates, children and adults presenting to ED with COVID-19 to improve EDs ability to provide timely access to quality care.</p> <p><b>Accreditation TSH</b><br/> Readiness Assessment 13 – 15<br/> October 2021 Virtual assessment for TSH (Covid)</p> <p>1. Acute coronary syndrome<br/> 2. Acute stroke<br/> 3. Antibiotic stewardship<br/> 4. Colonoscopy<br/> 5. Delirium<br/> 6. Heavy menstrual bleeding<br/> 7. Hip fracture<br/> 8. Osteoarthritis of the knee<br/> 9. Management of PIVC<br/> 10. third + fourth degree perineal tears<br/> 11.VTE prevention</p> </div> </div> <div style="width: 45%; margin-top: 10px;">  <p><b>5. CONSUMER CORNER</b><br/> <b>Focus on CAG - What is CAG?</b><br/> <b>Consumer Advisory Group</b><br/> A group of 12 Southland Shareholders members from a culturally diverse background and life experience, of differing vocations and ages, motivated to see continuous improvement at TSH.<br/> <b>What is the purpose of CAG?</b><br/> Provide input regarding consumer expectations and experiences from local community networks. Advocate for the community regarding hospital services.<br/> Assist in planning, development and evaluation of local health services.<br/> CAG communicates between TSH and SESLHD enabling decision making and ensuring SESLHD aligns to local health priorities.<br/> <b>What is new?</b><br/> Monthly meeting, review patient information, Consumer Walkabouts, represent on other TSH Committees, focus groups and surveys.<br/> supplied by Mr Malcolm Ricker - CAG Chair</p> <p><b>NATIONAL STANDARDS – focus on clinical care standards</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>What?</th> <th>Who?</th> <th>By When? / status</th> </tr> </thead> <tbody> <tr> <td>1. Discussed at NS Exec meetings and clinical council</td> <td>Liz and Van</td> <td>Completed</td> </tr> <tr> <td>2a. Medical leads nominated for each standard and 2b. to raise at H&amp;D meeting</td> <td>Van</td> <td>Completed 2b. Aug</td> </tr> <tr> <td>3. Templates sent out to HOD's for completion</td> <td>SMDs</td> <td>Sep '21</td> </tr> </tbody> </table> </div> | What?             | Who? | By When? / status | 1. Discussed at NS Exec meetings and clinical council | Liz and Van | Completed | 2a. Medical leads nominated for each standard and 2b. to raise at H&D meeting | Van | Completed 2b. Aug | 3. Templates sent out to HOD's for completion | SMDs | Sep '21 |
| What?   | Who?  | By When? / status |      |                   |   |             |           |   |     |                   |   |      |         |
| 1. Discussed at NS Exec meetings and clinical council                         | Liz and Van   | Completed         |      |                   |   |             |           |   |     |                   |   |      |         |
| 2a. Medical leads nominated for each standard and 2b. to raise at H&D meeting | Van   | Completed 2b. Aug |      |                   |   |             |           |   |     |                   |   |      |         |
| 3. Templates sent out to HOD's for completion                                 | SMDs  | Sep '21           |      |                   |   |             |           |   |     |                   |   |      |         |

- CAG representatives are invited to contribute to the monthly newsletter. Ideas to be sent to JJ by the 3rd Thursday of the month (max 120 words)
- Pressure Injury Audit – the audit is usually done quarterly, however it is currently being done monthly due to a recent increase in Harm Score 2 injuries.  
Compliance in August was 87%. The Pressure Injury Risk Assessment, which needs to be completed within 8hrs of a patient arriving in hospital, was 77% and has been identified as an area for improvement
- Bedside Clinical Audit – five questions were added to include delirium, risk assessment and screening. The five questions had a compliance rate of 37%. A delirium working party has been established to implement strategies to improve delirium assessment and management
- Risk report – there is a need to increase ventilation capability in the emergency department for patients, particularly neonates and babies under 5kg that present to emergency
- Readiness assessment will be held 13-15 October 2021

| ITEM | DESCRIPTION   | CARRIAGE      |
|------|---|---------------|
|      | <p>promote improvement work · Frequent fallers are contributing to the numbers.</p>   |               |
|      | <p><b>9.6 Infection Control Committee</b></p> <ul style="list-style-type: none"> <li>• No special points to be brought forward for discussion at CAG. Everyone is focussed on coping with the pandemic and any potential problems that may arise, so understandably most of the meeting dealt with these issues.</li> </ul>   | Gen Webb      |
|      | <p><b>9.7 Falls Prevention</b></p> <ul style="list-style-type: none"> <li>• SAER (Serious Adverse Event Review) Report- in January, an aged care patient had unwitnessed fall in the bathroom in acute medical ward, sustained serious injuries, they had deteriorated and pass away.</li> <li>• Warada need to implement: <ul style="list-style-type: none"> <li>○ pre and post audit including completion of management plans for high-risk patients and verbal handover of strategies in place between shifts</li> <li>○ Project plan that outlines goals, objectives and measures based on audit results and staff feedback</li> <li>○ Summary report to be completed and tabled at TSH Falls Prevention Committee within 9 months.</li> </ul> </li> <li>• Completion of FRAMP – a number of issues were arisen: <ul style="list-style-type: none"> <li>○ Different reason why for falls prevention strategies is not being implemented such as availability and access to equipment e.g.: posey mats and lack of resources</li> <li>○ There is not enough beds in high-risk observation room results in 2 nurses off the floor.</li> <li>○ Other Patient factors such as independent patient who didn't ask for help slipped in shower. Strategies were implemented however patient didn't ask for help.</li> <li>○ There are number of environment and bathroom variables e.g.: flooring, lighting, doors, equipment, rails are not consistent across the wards.</li> <li>○ Lack of effective storage spaces</li> <li>○ Escalation procedures and support received.</li> <li>○ There will be amending to IMS+ falls template by adding reason that falls prevention strategies are not implemented.</li> </ul> </li> <li>• Mandatory Falls Training will now include delirium in the training and staff will need to be completed it.</li> <li>• A Fall Prevention and Management Presentation will be presented at next August meeting.</li> </ul> | Sonia Markoff |
|      | <p><b>9.8 Skin Integrity Prevention and Management</b></p> <ul style="list-style-type: none"> <li>• Audit</li> <li>• Bed Replacements</li> <li>• Skintember</li> </ul>  | Godfrey Ross  |
|      | <p><b>9.9 Safe Use of Medicines Committee</b></p> <ul style="list-style-type: none"> <li>• Medication: changes during patient stay – Medication changes are discussed directly with the patient. A “discharge summary of medications” prescribed during the patients stay is provided to the patient and GP upon discharge. A summary of changes to patient medication during their stay</li> </ul>   | Cheryl Hall   |

| ITEM | DESCRIPTION   | CARRIAGE                                |
|------|---|---|
|      | <p>can also be requested</p> <ul style="list-style-type: none"> <li>Generic vs Brand Names of drugs. Snr Chemist (STG) explained, prescriptions are written using generic name, patients are encouraged to discuss generic and alternative brand names with their Chemist. The SUM committee commented there are many “brand” names and write the generic name of the drug prescribed</li> </ul> <p><b>Feedback from CAG</b><br/>CAG is reassured that patients are always informed of a change of medication and is also reflected in discharge summaries by health professionals. It is noted that a summary of changes to medication made during a patient's stay in hospital can also be requested.</p>   |   |
|      | <p><b>9.10 TSH Emergency Response Working Group (quarterly)</b></p> <ul style="list-style-type: none"> <li>N/A – next meeting 9 September 2021</li> </ul>   | Sharon Bennett                          |
|      | <p><b>9.11 NS2 Partnering with Consumers</b></p> <ul style="list-style-type: none"> <li>N/A – P Lewis an apology</li> </ul>   | Peter Lewis and Sharon Bennett (backup) |
|      | <p><b>9.12 End of Life Care Committee (EOLCC)</b></p> <ul style="list-style-type: none"> <li>Dying to Know Day: Planning was going ahead for an online education session across TSH/SGH for D2K day – Sunday 8 August. There will be presentations on Record of Discussion and resources for ACP; 10 Things to Know Before You Go; How to go about difficult conversations and also a Case Study (This took place on the 12/08)</li> <li>No family are allowed to visit unless under compassionate grounds – EOL (Garrawarra and TSH)</li> <li>Record of Advance Care Planning (ACP) Discussions – continues to take place in eMR, often by the medical team and senior nurses (CNC's)/Clinical nurse consultant.</li> <li>Family visits at Garrawarra – working on a program to set up a cottage specifically for family visits. Residents and families will be separated by a perspex screen</li> </ul> <p><b>Feedback from CAG</b><br/>CAG applauds the effort to facilitate visits by family to residents via the Cottage</p> | Carole Goodyer                          |
|      | <p><b>9.13 Wayfinding Committee</b></p> <ul style="list-style-type: none"> <li>No special points to be brought forward for discussion at CAG. There was discussion on external and main internal signage and decisions were made regarding the wording and the layout.</li> </ul> <p><b>Feedback from CAG</b><br/>CAG is concerned about any confusion that may arise by the use of the name CCM as distinct from ICU and HDU and wonders why this is unique to TSH.</p> <p>It is acknowledged that the ward names at TSH have an Aboriginal meaning, however CAG is concerned that this could cause confusion for patients and visitors, as most other hospitals are referred to by what the ward is eg: orthopaedics, maternity etc</p>   | Gen Webb and Peter Lewis                |
|      | <p><b>9.14 Community Engagement &amp; Fundraising</b></p> <ul style="list-style-type: none"> <li>Office restructure to support the needs of TSH – Change from 1x Manager</li> </ul>   | Liz Mason on behalf of                  |

| ITEM      | DESCRIPTION  | CARRIAGE   |
|-----------|--|--|
|           | <p>to 1X Manager and 2 x.5 admin assistance. The office will be looking at the division of duties, the Manager of Fundraising and Community Engagement will oversee the running of the office and continue working with the fundraising consultant to develop a sustainable donation system and profile for TSH.</p> <p>The 2 part time admin officers will support in the duties 0.5 volunteer manager and 0.5 communication and database management. The business case for the restructure is currently being drafted as is the roles, responsibilities and expectations of the team positions</p> <ul style="list-style-type: none"> <li>• All volunteer work has been stopped due to Covid, the office has initiated a project for the volunteers, called 'TSH through the eyes of the volunteers'. This has been released this week, we are asking the volunteers to contribute their memories, stories, photos etc to the office to be compiled into a book that we will have available to purchase early next year</li> <li>• We have been doing a clean-up of the databases, both the volunteer and donor database</li> <li>• We are developing governance and compliance frameworks to support a sustainable donation system</li> <li>• Fundraising Consultant is in discussions with the redevelopment team about leveraging donation opportunities for the new theatre development</li> </ul> | <p>Michaela Humphries,<br/>Director of Finance</p> |
|           | <p><b>9.15 Consumer Walk Around</b></p> <ul style="list-style-type: none"> <li>• On hold due to Covid</li> </ul>   |  |
| <b>10</b> | <b>Reports for Noting</b>  |  |
|           | <p><b>10.1 Diversity (Quarterly)</b></p> <p>Promotional items from the Safe Haven Suicide Initiative - attached to the minutes</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <br/>       ClinCouncil Pres - Safe Haven Initiative     </div> <div style="text-align: center;"> <br/>       SH Information February.pdf     </div> <div style="text-align: center;"> <br/>       SafeHaven Poster final 2021.pdf     </div> <div style="text-align: center;"> <br/>       SafeHaven Brochure final 2021.     </div> </div>   | <p>Jim Hankin</p>                                  |
|           | <p><b>10.2 Diversity Report – for information</b></p> <div style="text-align: center;"> <br/>       Diversity Health Report - Consumer     </div>   | <p>Yu Dai</p>                                      |
|           | <p><b>10.3 Infection Control – Nil</b></p>   | <p>Lisa Symonds</p>                                |
| <b>11</b> | <p><b>Advocacy – Nil</b></p>   | <p>All</p>   |
| <b>12</b> | <p><b>Correspondence – Nil</b></p>   |  |
| <b>13</b> | <p><b>Governance Items</b></p> <ul style="list-style-type: none"> <li>• Training for Consumer Representatives has been rescheduled to 29-30 November 2021. Online training will be considered as the last resort</li> </ul>  | <p>Chair</p>                                       |
| <b>14</b> | <p><b>Items to escalate to PSCQ Committee and / or TSH Clinical Council - Nil</b></p>  | <p>All</p>   |
| <b>15</b> | <p><b>New Business - Nil</b></p>   | <p>Liz Mason</p>                                   |
| <b>16</b> | <p><b>Business Without Notice</b></p> <p>Cheryl Hall will attend the TSH Emergency Management meeting on 9 September 2021 on behalf of Sharon Bennett</p>  | <p>All</p>   |



| ITEM      | DESCRIPTION   | CARRIAGE         |
|-----------|---|------------------|
| <b>17</b> | <b>Confidential Items – Nil</b>   | All              |
| <b>18</b> | <b>Meeting Closed – 3.50pm</b>  | Chair / Co-Chair |
|           | <p><b><u>Date of next meeting:</u></b><br/> Date: Wednesday 6 October 2021<br/> Time: 2.00pm<br/> Venue: Executive Meeting Room (<i>unless advised otherwise</i>)</p>   |                  |
|           | <p>CERTIFIED AS A CORRECT RECORD</p> <p>Robyn Riley</p> <hr/> <p>Name</p> <p>Approved electronically                          6 October 2021</p> <hr/> <p>Signature    Date</p> |                  |

**Action Items:**

| Minutes Ref / Date | Agenda Item | Action                                     | Responsibility | Progress  |
|--------------------|-------------|--|----------------|---|
| 4/8/21             | 7           | Consumer Engagement Clinical Business Rule | JJ/LM          | <p><b>1/9/21 – Held over to October meeting</b></p> <p>More changes to be made to the CBR. Revised document will be distributed to representatives for review and feedback at September meeting</p>   |
| 4/8/21             | 9.1         | Standards/Accreditation Monthly newsletter | All / JJ       | <p>CAG representatives are invited to contribute to the monthly newsletter. Contributions can be sent to JJ.</p>  |
| 5/8/20             | 10          | Training for Consumer Representatives      | KS             | <p><b>1/9/21 – Confirmed for 29-30 November 2021. October training dates have been cancelled due to Covid restrictions.</b></p> <p>4/8/21 – Rescheduled training dates are 15 and 18 October 2021 subject to Covid restrictions. Backup dates are 29-30 November 2021. Online training will be considered as a last resort.</p> <p>7/7/21 – Rescheduled training dates 29-30 July 2021. Subject to review of Covid restrictions. RSVP to MR</p> <p>02/06 – MR to confirm rescheduled dates for 2 day training at TSH</p> <p>06/05 – Closed, registration for Consumer Rep Training in progress.</p> <p>07/04/2021 – Budget and approval to proceed with Consumer Rep. Training with Health Consumers NSW. KS contacted HC NSW on 08/04 to request some date options for May.</p> <p>11/03 – KS requested upcoming training dates for <b>'Consumer Representative Training'</b> from Health Consumers NSW. Will provide an update to all at the April CAG meeting.</p> |

**ATTENDANCE LIST**

| Name  | Position  | Nov  | Dec  | Jan | Feb  | Mar  | Apr  | May  | Jun  | July | Aug  | Sep  |
|---|---|------|------|-----|------|------|------|------|------|------|------|------|
| Debbie Wood (DW)  | Consumer Representative                                   | Apol | ✓    |     | Apol | Apol | Apol | Apol | ✓    | S    | S    | S    |
| Carole Goodyer  | Consumer Representative                                   |      |      |     |      |      | ✓    | ✓    | ✓    | Apol | S    | S    |
| Godfrey Ross (GR)                                       | Consumer Representative                                   | ✓    | ✓    |     | ✓    | ✓    | ✓    | ✓    | ✓    | S    | S    | S    |
| Jan Heiler (JH)   | Director of Nursing and Midwifery                         | ✓    | Apol |     | ✓    | ✓    | ✓    | ✓    | Apol | Apol | S    | S    |
| Jenny Church (JC)                                       | Consumer Representative                                   | ✓    | ✓    |     | ✓    | ✓    | ✓    | Apol | Apol | Apol | Apol | S    |
| Jim Hankins (JH)  | Consumer Representative                                   | Apol | ✓    |     | ✓    | ✓    | Apol | Apol | Apol | S    | S    | S    |
| Genevieve Webb  | Consumer Representative                                   |      |      |     |      |      | Apol | ✓    | ✓    | S    | S    | S    |
| <i>Role currently vacant</i>                            | Director of Corporate Services                            | Apol | ✓    |     | Apol |      |      |      |      |      |      | S    |
| Malcolm Ricker (MR)                                     | Consumer Representative (Chair)                           | Apol | ✓    |     | ✓    | ✓    | ✓    | ✓    | ✓    | S    | S    | S    |
| Cheryl Hall   | Consumer Representative                                   |      |      |     |      |      | ✓    | ✓    | ✓    | Apol | S    | S    |
| Patrice Thomas (PT)                                     | Patient Safety Manager                                    | ✓    | ✓    |     | ✓    | ✓    | ✓    | ✓    | ✓    | Apol | Apol | Apol |
| Peter Lewis (PL)  | Consumer Representative                                   | ✓    | ✓    |     | ✓    | ✓    | ✓    | ✓    | ✓    | S    | S    | S    |
| Sharon Bennett (SB)                                     | Consumer Representative                                   | ✓    | ✓    |     | ✓    | ✓    | ✓    | ✓    | ✓    | S    | S    | S    |
| Robyn Riley   | Consumer Representative                                   |      |      |     |      |      | ✓    | ✓    | ✓    | S    | S    | S    |
| Sonia Markoff (SM)                                      | Consumer Representative                                   | ✓    | ✓    |     | ✓    | Apol | Apol | ✓    | Apol | Apol | Apol | Apol |
| Vicki Weeden (VW)                                       | General Manager   | Apol | ✓    |     | ✓    | ✓    | ✓    | ✓    | ✓    | S    | S    | S    |
| Valmai Ciccarello (VC)<br><i>(quarterly attendance)</i> | Consumer Feedback and Medico-Legal Manager                | N/A  | Apol |     | N/A  | ✓    | N/A  | N/A  | N/A  | S    | N/A  | N/A  |
| Josie Julian  | Quality, Risk and Patient Safety Manager                  |      |      |     |      |      |      |      | ✓    | S    | S    | S    |
| Elizabeth Mason   | Manager, Clinical Governance Unit                         |      |      |     |      |      |      |      | Apol | S    | S    | S    |
| Name  | Written Updates Provided                                  | Nov  | Dec  | Jan | Feb  | Mar  | Apr  | May  | Jun  | Jul  |      |      |
| Lisa Symonds  | Clinical Nurse Consultant, Infection Control & Prevention | X    | X    |     | ✓    | X    | ✓    | ✓    | x    | x    | ✓    | x    |
| Yu Dai  | Diversity Health Coordinator                              | ✓    | ✓    |     | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    | ✓    |
| Gregory Cramery / Delegate                              | Nurse Manager Demand Management/WOHP                      | ✓    | ✓    |     | ✓    | ✓    | ✓    | ✓    | x    | x    | ✓    | ✓    |

**S = skype**



## Diversity Health Report

### **CONSUMER ADVISORY GROUP, THE SUTHERLAND HOSPITAL**

Wednesday, 1 Sep 2021

- Recent Meetings and Committees
  - 3/8 Multicultural Health Services COVID Community Information session
  - 5/8 Diversity Health Implementation Plan meeting
  - 9/8 SGH/TSH Diversity Health Committee quarterly meeting
  - 10/8 Public Health Unit Support- Bilingual Health Care training COVID response
  - 19/7 Diversity/Aboriginal Health performance data meeting
  - 20/7 Exploring Sutherland Shire Information Session Feedback meeting
  - 21/7 NS2 Subgroup meeting
  - 22/7 CHIER and Patient Information portal meeting with other DHCs
  - 17/8 SESLHD Community COVID meeting
  - 18/8 Sutherland Shire Multicultural Network meeting
  - 18/8 NSW Health COVID community conference
  
- Staff Education
  - 12/8 JMO Online training on Providing Culturally Competent Care
  - Most trainings have been rescheduled to later dates due to COVID outbreak
  - Meeting with student social workers on Diversity health
  
- Interpreting service
  - Sydney Health Care Interpreter Service (SHICS) is overstretched since this round of pandemic. SHICS has sent lots of interpreters onsite with the COVID vaccination clinics along with other work. Face to face interpreting jobs at hospital have been changed to phone or video interpreting only until 13 Sep.
  - SESLHD Multicultural Health Service (MHS) has been organising and updating translated resources on COVID responses.
  
- Community Education
  - 13/8, 14/8 supporting community information sessions on COVID vaccine organised by MHS
  - a community education session delivered on 24 August on OT to Cantonese speaking elders with the interpreter service
  
- Secondment- I'll be working full time on secondment at MHS as of Monday 30 August to help with multicultural community engagement in COVID response. Please contact SGH diversity health team for any information or queries on diversity health related matters. Vivianne [vivianne.ajaka@health.nsw.gov.au](mailto:vivianne.ajaka@health.nsw.gov.au) or Meng [meng.chen@health.nsw.gov.au](mailto:meng.chen@health.nsw.gov.au)

## SESLHD MHS Alternative to the ED: SafeHaven

Max Simensen: SafeHaven Coordinator  
Sarah Reynolds: Towards Zero Suicides Coordinator  
Arna Rathgen: Recovery & Wellbeing College Manager



## Towards Zero Suicides

- Towards Zero Suicides is an \$87 million investment by NSW Health over three years in new suicide prevention initiatives that address priorities in the Strategic Framework for Suicide Prevention in NSW 2018-23 and contribute to the Premier's Priority to reduce the suicide rate by 20 per cent by 2023.
- Alternative to Emergency Department (ED) Initiative – SafeHaven funded establishment and staffing until June 30 2022 with the objectives to:
  - Reduce deaths by suicide, suicide attempts and self-harm
  - Provide rapid, appropriate and compassionate care to people at risk of suicide
  - Link people to support services to address the cause of their distress
  - Reduce pressure on ED

## Alternatives to Emergency Department



The Alternatives to Emergency Department services will redirect people to appropriate and immediate support nearby to emergency departments, where rapid and compassionate care can be provided by peer workers and mental health clinicians and in a non-clinical environment.

## NSW Health - Essential Elements



- **Co-design**
- Peer Workers with a lived experience of suicidal crisis
- **Space is accessible from ED**
- Drop in, not overnight stay
- Open outside business hours
- **No wrong door approach, no requirement to present to ED** prior to accessing program, no requirement for mental health diagnosis
- **Non-clinical, no assessment or meet eligibility criteria**
- Support and referral to access clinical and community services
- **Risk management and access policy/procedure**
- Recovery orientated support addressing psychosocial needs
- Non intrusive outcome reporting

## Values



- Person-centred
- Risk Tolerant
- Non-judgmental
- Welcoming
- Respectful
- Human Connection



"Safe Haven is an awesome place. I have been a consumer of mental health for over 20 years and this is the best service I've ever used."  
SafeHaven Guest, March 2021



## Guest Story



- A guest approximately 40 years of age has attended SafeHaven regularly for the past month.
- The guest has a long history of accessing MH and ED services. They were recently discharged from the CMH team and found the transition difficult and stressful.
- Guest reports feeling safe and understood at SafeHaven. They benefit from visiting regularly for social connections, peer support and lived experience conversations "with people who understand".
- The guest has been provided with information about SPARC and eFriend for respite and follow up support when SafeHaven is closed.
- The guest has expressed an interest in participating in the site co-design committee, is hoping to become a Peer Worker and has been supported to enrol in the Recovery & Wellbeing College.

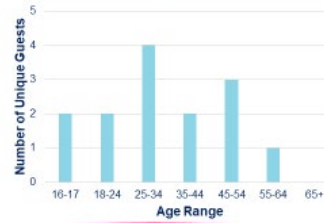


## Data Summary



Total number of visits since SafeHaven soft launch: 62  
 Total number of unique guests: 15 (on average, guests return to SafeHaven at least three times after their first visit)

| Month          | Number of Guest Visits                  |
|----------------|---|
| January, 2021  | 8                                       |
| February, 2021 | 22                                      |
| March, 2021    | 32 (as at 23 <sup>rd</sup> March, 2021) |



| Gender Breakdown      |    |
|-----------------------|----|
| Male                  | 1  |
| Female                | 13 |
| Other Gender Identity | 1  |



## Data Summary



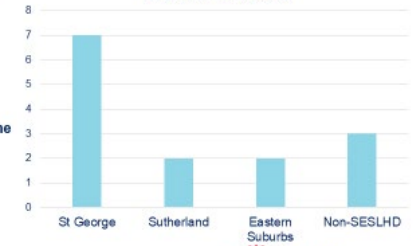
### Ethnicity / Cultural Identity

- Aboriginal
- Australian
- Chinese
- Greek
- Macedonian
- Russian

### Language(s) spoken at home

- Cantonese
- English
- Greek
- Macedonian
- Polish

### Guest Postcode of Residence (by catchment area)



## Guest Story



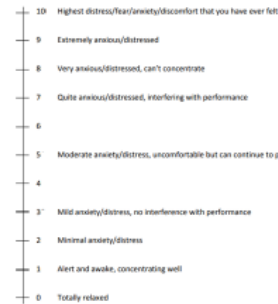
- A guest from Eastern Suburbs attended SafeHaven after promotion from a Peer Worker.
- Guest mentioned experiencing long standing suicidal thoughts and feelings. Guest discussed these openly with staff and was provided Peer Support.
- Guest reported feeling concerned about discussing their suicidal thoughts with clinical staff with the fear of being scheduled.
- SafeHaven staff were able to share purposeful lived experience stories with guest that related to her current experiences. A Wellbeing plan was developed in collaboration with the guest.
- Guest returned once after the initial visit and described feeling understood during their time at SafeHaven.



## Data Summary



### Systematic Units of Distress Scale (SUDS)



## Data Summary



SafeHaven visit data cross-referenced with OrBIT from two guests who are ED frequent presenters (Part 1).



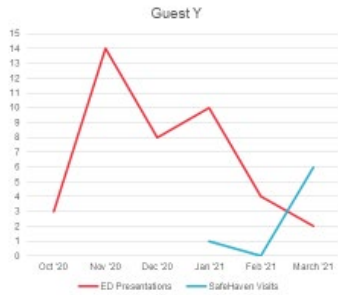
|                            | Pre-SafeHaven Launch (Oct - Dec, 2020) | Since SafeHaven Launch (Jan - March, 2021) |
|----------------------------|--|--|
| Number of ED Presentations | 9                                      | 2  |
| Total time spent in ED     | 40hours, 26mins                        | 2hours, 10mins                             |
| Number of admissions       | 5                                      | 0  |





## Data Summary

SafeHaven visit data cross-referenced with OrBIT from two guests who are ED frequent presenters (Part 2).



|                            | Pre-SafeHaven Launch (Oct - Dec, 2020) | Since SafeHaven Launch (Jan - March, 2021) |
|----------------------------|--|--|
| Number of ED Presentations | 25                                     | 16   |
| Total time spent in ED     | 59 hours, 32 mins                      | 28hours, 24mins                            |
| Number of admissions       | 0                                      | 0  |

## Guest Story

- 16 year old guest has attended SafeHaven multiple times when feeling suicidal and wanting social support.
- The guest regularly experiences suicidal feelings and presents to their local ED where they receive an assessment and are discharged home with ACT follow up.
- Guest has reported having challenges connecting with other people their age due to bullying. The guest has formed a friendship with another guest of a similar age and they now spend time together outside of SafeHaven.
- Guest reports they now utilise SafeHaven as a part of their crisis support, prioritising this over attending ED or calling ACT. They implied they are able to sit with their feelings of distress knowing SafeHaven will be open soon.

## Next Steps...

- Official Launch Date:  
**Wednesday, 21<sup>st</sup> April, 2020**
- Relocation of SafeHaven to allow for extension of operating hours and days (*new site is less than 200m from the current site*).
  - Open until 10pm, 7 days a week, 365 days a year.
- Trial of SafeHaven Peer Worker being based at SGH during SafeHaven Operating Hours

## Contacts

- Phone: (02) 9113 2981
- Email: [seslhd-SafeHaven@health.nsw.gov.au](mailto:seslhd-SafeHaven@health.nsw.gov.au)
- Website: <https://www.seslhd.health.nsw.gov.au/safehaven>
- Postal: Shop 2  
20/24 Belgrave Street  
Kogarah NSW 2217

 Search: *SafeHaven (St George)*

# What is available?

- ▶ Talking with someone with lived experience
- ▶ Peer support
- ▶ Relaxing room
- ▶ Listen to music on tablets
- ▶ Board and card games
- ▶ Activity room
- ▶ Refreshments
- ▶ Reading
- ▶ Wellbeing planning



Artist – Annette Webb

NO NEED TO MAKE AN APPOINTMENT  
**YOU CAN JUST WALK IN**  
MEDICARE IS NOT REQUIRED

For opening hours or further information please join our Facebook group by searching SafeHaven (St George) or email: [SESLHD-safehaven@health.nsw.gov.au](mailto:SESLHD-safehaven@health.nsw.gov.au) or Ph. 9113 2981

Address: 20/24 Belgrave Street  
Kogarah NSW 2217  
(Entry via Kensington Street)

On Bidjigal land of the Eora nation



Here for you.

# Feeling Overwhelmed?

Come to **SafeHaven** for a chat with people who understand

THIS SERVICE IS  
**FREE & CONFIDENTIAL**

ANYONE WHO IS OVER THE AGE  
OF 16 IS WELCOME AT SAFEHAVEN



## What is SafeHaven?

SafeHaven is a friendly, compassionate place where everyone is welcome and you won't be judged.

If you or someone you care about is experiencing emotional distress, such as suicidal thoughts, and you'd like support, SafeHaven is here for you.

You may be feeling alone and wanting social connections or you might just want a place to go where people get it.

Staff members at SafeHaven are here to listen and understand. Most of our SafeHaven team have had their own personal lived experience of suicidal distress.

## Why?

Often when people feel suicidal the only place to visit outside business hours is an Emergency Department.

SafeHaven is another option which provides a different kind of support. You can chat to us, have a tea or coffee, join in an activity or sit in a quiet spot and listen to music.

We can also support you to find out about other services that can assist you with immediate or longer term needs. You choose what is right for you.



Here for you.



Here for you.



Artist - Annette Webb

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Here for you.

**IF YOU OR SOMEONE YOU CARE ABOUT IS EXPERIENCING EMOTIONAL DISTRESS OR THOUGHTS OF SUICIDE AND YOU'D LIKE SUPPORT, SAFEHAVEN IS HERE FOR YOU.**

**OPENING HOURS FOR FEBRUARY**

**MONDAY, TUESDAY AND FRIDAY- 3PM TILL 6:30PM**

**SATURDAY - 1:30PM TILL 6:30PM**

FOR MORE INFORMATION, EMAIL US AT  
**[SESLHD-SAFEHAVEN@HEALTH.NSW.GOV.AU](mailto:SESLHD-SAFEHAVEN@HEALTH.NSW.GOV.AU)**

OR JOIN OUR FACEBOOK GROUP BY SEARCHING  
**SAFEHAVEN (ST GEORGE)**

**WE ARE BASED AT 20/24 BELGRAVE ST, KOGARAH  
ENTRANCE VIA KENSINGTON ST**