

## Day 1

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The role of the Board and Executive in championing and driving the embedding of consumer and community engagement within the organisation

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### **Ian Langdon, Board Chair, Gold Coast Hospital and Health Service**

**Mark Tucker-Evans:** It's now my pleasure to welcome Ian Langdon to the stage, Ian is the board chair of the Gold Coast hospital and health service, and will be presenting on the role of the board and executive in championing and driving the embedding of consumer and community engagement with within the organisation so can I ask you to join me in welcoming Ian?

APPLAUSE

**Ian Langdon:** Thank you. Right at this point in time that I stop and think why did I volunteer to speak? You know, it's interesting when you attend sessions like this and I've attended many sessions in different industries over the years, what you want more than anything else is at the end of the program you want to be able to go away with at least three or four, perhaps four or five different ideas that you can't have before and you follow up on them and already today I've got two very important ideas coming out of the presentations this morning. First and foremost, congratulations to the Metro North team, I could see a number of things they were doing, that we're not doing at the Gold Coast and I know we're doing a few things at the Gold Coast they may not be doing so I will be talking to Mark and Kirsten and also Paul Woodhouse the chair and is here today and say to each of them that at least once or twice a year I'd like the chairs of the various consumer advisory groups to get together to talk about what they do, there's nothing wrong in exploiting the ideas of other people and then taking them back to your own organisation so I really encourage them to do that.

SCATTERED APPLAUSE

And in my Naomi's presentation I know what I'm going do when I go back to the Gold Coast, that is, I want to get some of those training modules and I want to get

the self-assessment modules because they seem to be really geared towards helping the consumers. First and foremost I'd like to recognise the traditional owners of the land on which this meeting is being held and pay my respects to elders past, present and emerging, I'll go through the slides, I'll never stick to whatever I'm supposed to be doing, I run out of time so I probably won't finish all of them, and I'll wandering every now and again so that will be fine, going through the presentation, first and foremost I want to indicate the Gold Coast is really blessed with its facilities, we got marvellous facilities at the University Hospital, Robina Hospital has been upgraded and we recently took over Varsity Lakes for day surgery. We're a confined area on the Gold Coast but we have many community-based facilities as well.

In presenting my talk I want to indicate to you perhaps the most significant meeting I've had with consumers perhaps with anyone, since my appointment as chair in 2012. I'm one of the few survivors from then, it's been - I say that with all due respect, there's a couple of others here I think, Paul's a survivor as well aren't you mate? The most important interaction I had was very early in 2012 after my appointment, I went to Palm Beach and there was a consumers carer forum there and they asked know speak so I went down there, there was about 20 people present and I started off by doing my normal thing saying how good we are, how big we are, how many staff we have, what what our budget is and after about five or six minutes I could see looking around the room they just weren't interested. Nor should they have been, because they had asked me to go down there not to talk at them but to listen to them.

It was a real lesson because I stopped after those five or six minutes and I said to them "you're not interested in what I'm saying, I'm not critical of that, and I said, "In stopping all of a sudden I realise I don't know what you guys do." And they opened up and told me about what their programs were, what they were doing as carers particularly of people with mental illness and it's the first time the very first time I realised that we had start who were in fact past consumers in the mental health division, I still remember that, and it really hit home to me that the role of the board starts with listening rather than telling. So as I go through the programs we have at Gold Coast, I want to emphasise that the importance of the programs we have only exists and only has an impact if we at the board level and then at the

executive level and right down among the clinicians are in listening mode rather than telling mode. OK.

APPLAUSE

That is our vision. The reason I put the vision up there is to highlight the fact that we cannot deliver that vision with a big budget, beautiful facilities and outstanding staff unless that vision embraces the consumers within the organisation. We cannot deliver on that vision, by being remote from the consumers and the community, the community even beyond the consumers. I should be looking at my notes but it's easier to get a pain in the neck this way, as long as I'm not giving you the same pain in the neck, alright? Our community representation, I think this is very important to emphasise, the community representation must be embedded within the organisation itself. It's no good having a consumer advisory group and then ticking that box saying "we have a consumer advisory group."

That in itself is nowhere near enough. The consumer within the consumer advisory group must be involved in the body of the organisation, they must have interaction with the clinicians, not simply the board. The interactions with the board may be valuable and hopefully it is valuable, it's probably more valuable for me than it is for them, because the interaction I get by setting on that consumer advisory group - and that's another point I want to emphasise - and I'd really stress, it is important that the board demonstrate to their consumers that they take them seriously, and if the chair's not sitting on that committee, at least some other director should be sitting on the committee and senior clinicians need to come along to those meetings to listen to the consumers as well as briefing the consumers on what is happening within the organisation. The key here that I am emphasising is that the consumers must be embedded in the organisation itself.

We have within our organisation approximately 49 operating committees, clinical-type committees within the organisation, all the HHSs have that. Our consumer representatives sit on 45 of those 49 and they sit as members, not as observers, as member, not observers. That's important. As chair of the board, I periodically go along to a variety of those committees as an observer and I can see the contributions not only of the clinical staff but the way in which the clinical staff listen to, in fact seek, the advice of the consumers, I think there's one of our groups

from memory, it was the discharge process for aged patients, I fall into that category at least on the age part of it! I don't expect any laughter on that because it's true. The clinicians asked for a consumer representative to go down and talk to them about it. They knew the clinicians knew that they needed that additional assistance. Moving on. When you look at the effect of engagement of consumers in an organisation, it's not going to happen by chance. You got to make certain that the composition of the committee is structured in such a way that it truly is representative of the diversity within our communities. I think each and every one of us surely are making that point and that we're doing that successfully.

At the Gold Coast, in 2017 we went through the process of revitalising our committee. And when we revitalised the committee I think one of the most important steps in revitalising it was to in fact to have the - somebody elected and appointed as chair of the committee. The fact that we now have a chair of that committee and some structure within the committee means that we are giving them a voice, for instance I have a board meeting for the hospital and health service next week, Dr Joan Killarney will in fact be coming along to the board and talking about what the consumer advisory group is doing, so I've consciously created a situation for our board to be continually briefed, by the consumer advisory group, we're briefed by the chief executive, we're briefed by the chief operating officer, by the chief financial officer, it's equally important that we're briefed by the representatives of the people that we service on a day in, day out basis. What has happened since we have appointed and revitalised that committee is that there is a renewed energy, enthusiasm and passion.

They're represented on 45 of the 49 committees, they have their own mission, vision and four priority areas, health literacy, diversity and inclusion, food nutrition, aged care, take aged care as an example and general you Hobart one of our members heads up that particular group. You have to be in listening mode. Remember when I talked about the Palm Beach episode applies to the CAG as well. She came to me because she has a passion in that area and off her own bat she had started to ask questions within the bowels of our organisation, and she came to me and said, "Did you realise that that X% - I think it was 12.5% - of the patients who go through our emergency department at the University Hospital and it's the busiest emergency department in Australia, not just Queensland, so it's a busy one,

she said, "Did you realise 12.5% of the people who go through and end up in a bed in the hospital actually come from a retirement home?" I said, "No I didn't." Now that's a staggering statistic. Staggering.

So I spoke to the chief operation officer and I spoke to Ron our chief executive and said I didn't know, that board wasn't aware of that, that is such a staggering amount. I'd like to ask questions because I haven't asked questions in that area before. Now as soon as I started to ask questions it I merged that the 12.5 is not right. But it's fine, because I asked a question I was able to now ask a second question, if it's not right, what is right? I think it's next week if I remember correctly Jenny and I will meet with the internal manager who will give us the right figures, the point I'm making, I'm not talking about residential care and the number of people coming to emergency, I'm talking about if you're in listening mode at a board level, to the consumers, there was a prompt that I'd never had even though I've been chair for six years. I should have, I'm not criticising anyone, if it's so significant to be not 12.5% but 10 or 8 or 7, it's important enough for the board to be saying "OK, why is that so? What are we doing about it? Are there some of those patients in the residential care facility who should be serviced by us, our staff, in the residential care facility rather than in the hospital? Because you put aged and infirm people on a stretcher, you pull them out of the hospital, you bring them into emergency, you take them off a stretcher, you put them in emergency bed, you take them out of an emergency bed and put them in another bed and each and every time there's a clinical handover, each and every time there's a deterioration in the quality of life and perhaps the health of that individual." I'm labouring the point, make certain that when you've consumer advisory groups you listen to them, you don't deploy them, you listen to them, our consumer advisory group has its own small Facebook arrangement.

Their members and say to talk about your experience on that committee and we will have management staff in the room when that is occurring. So their experiences will be brought back to the people who can note the experience and then do something about it. Other achievements, as with Metro North our CAG chair addressing new employees in staff orientations we also have a very strong presence in getting organisational support for health literacy, strategy, influential in models of care reform, participation in staff consumer engagement training,

significant input into simple language patient information, and it's produced their own video which I'll show you in a few minutes. As a result of the work we're doing with the CAG - as a result of the work the CAG is doing with the hospital and health service when we went through our accreditation process last year, was interesting and very important to note that the accreditation committee and all hospital and health services believe me they take this accreditation process extremely seriously, and this - the remarks you see in front of you are the remarks made by the accreditation committee and I was incredibly proud in the first instance, I was proud of the Gold Coast Hospital and health service for getting that sort of response, and then you step back and say, "Hey it was the CAG who got that response for us, not us getting it for ourselves." I felt extremely proud to have such an effective group there. The CAG group or consumer advisory group produced a small video which is shown at every orientation, on average Gold Coast health through its normal staff turnover and because we've been in growth mode, we employ approximately 8 to 900 new staff each year.

If you were to go to Metro North or metro South the numbers would be even bigger than that again, probably to the tune of nearly double that. Therefore, it's a marvellous opportunity to get your incoming staff educated on the role of the consumer and the consumer advisory group. (MUSIC) The CAG have a number of key priorities for 2018 and in particular they are staff to patient ratios in residential aged care, health literacy, diversity and inclusion as well as food quality and perception. My role as the chair is to support the 22 members that we have, our members sit on approximately 47 committees within the health service, so I assist the members in bringing all this information together and making sure they're informed and able to inform their other networks. My main driver in becoming a health consumer was the fact that I myself use the hospital pretty often and I have two children that have been in and out of the hospital quite a lot so I felt I had a bit to give back to the community in terms of my point of view on how things could be done differently, so I joined the CAG when I was a student at Griffith University and basically I was interested in medical research, but also I was interested in finding the best outcomes for patients in the Gold Coast region. The consumer advisory group or the CAG as we call them, an essential part of this organisation, they've actually been in existence for nine years, but over the last one or two years they've become very active and that's to our benefit. They are the consumers' voice, an

absolutely essential part of our organisation. We are really pleased to have them. One of the committees that I'm part of is the safety, quality and clinical engagement committee and that basically covers over a large portion of the hospitals' functions to ensure that it is the highest quality it can be. If you're really interested this and have a passion with health or what about to be heard, being part of a health consumer group at your local hospital is an excellent way to get your information through and have your voice heard.

### APPLAUSE

It's only a short video, but it makes the point to all the staff who join us that first of all we have a consumer advisory group and secondly it makes the point that the consumers are really at the centre of the union verse if I can put it that way that they must bear that in mind. There are so many examples at the Gold Coast and I'm certain is replicated at every other HHS throughout Queensland, so many examples of the way in which you can utilise consumers an interesting one and what didn't stem from the CAG, an interesting one is our physiotherapists when they operate and run their rehab gyms for people who have recently had strokes etc they have recently brought in consumers who have been through the process, had a stroke, been - went through rehab in our facilities and they bring them in to stand beside the new group, of consumers, facing the hurdles associated with recovery from stroke and other problems. That's what you call consumer engagement. The consumer engagement is not just at that top level talking to the board or talking to the chief executive, it's involvement inside embedded in the bowels of the organisation, and it works best when the clinicians themselves put their hands up and say, "We think we can do, we know we can do our job better by getting consumers in." That's an example with our physiotherapists, we have outstanding examples in mental health, where in mental health past consumers become part of the staff.

Part-time and anyone full-time and there's a whole group of them, and I've heard the story, the stories where senior clinicians have difficulty engaging with patients and then when they bring in a consumer carer, it's a good expression isn't it? A consumer carer, to assist them the communication lines open and it works. But it's not just consumer engagement, we should be talking about community engagement as well. The staff within the Gold Coast Hospital conducted over 400



engagement activities in the last 12 months whether it be the Gold Coast marathon, the schoolie, careers festivals, and other community events, the drug and alcohol forums for families in need supporting fund raising initiatives and events, the role of the board in all of this is to make certain that the whole concept of the consumer and community engagement is at the forefront of planning going forward, it doesn't happen by accident. You need to have the KPIs for instance, I have a KPI within the organisation in terms of community engagement by bringing people with disabilities into our employment where we are not achieving anywhere near enough, nowhere near enough, and I don't just mean the people with disabilities who are high achievers and we must look after them because frequently they're forgotten but the one who could who are always forgotten are those who are not the high achievers. Recently I've been chair of Autism Queensland and I know from personal experience that if you provide opportunities for individuals who we believe are low achievers they can achieve miracles, if you give them an opportunity. So I've become a bit...

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We also had significant involvement in the Commonwealth Games, that is a community involvement. All of that is relevant. Our staff come back with experiences, and knowledge that you don't just get in the wards and the ED department, it's a matter of - I'm trying to move on... Fortunately we got some experts down the back and they'll move it on for me, I hope! OK. Thanks, guys. I don't know what I would have done, I would have just gone off track and you wouldn't have had any time for questions which I always aim for anyway because I have trouble hearing people and then I have trouble answering when I do hear them, it goes on at the board level too by the way! Understanding our stakeholders, we sent a survey out to the community last year, and asked our stakeholders various community leaders, what they thought of us, that sort of engagement with the community is as important as consumer engagement that I was talking about earlier on, what does the community expect of a hospital and health service? Where you don't know if you don't ask the question, so it's interesting that we got a lot of positive responses back and I'll show you some of those responses now. I think Gold Coast health has done an amazing job etc, etc, but I'll show you the next one as well, Peter Beattie, wrote back, there is an enormous opportunity for Gold Coast



health to position itself and it should be proactive about that which is his gentle way of saying "I don't think you guys are proactive enough about that."

And then Tony Cochrane chair of the Gold Coast Suns, now that's a tragic story, isn't it? I'm a mad keen Aussie rules fan, and for seven years I've sat in the stands looking at the Gold Coast Suns, and it's been getting worse and worse, and I take my autistic grandson along and earlier on behaving himself a bit better on but earlier on because every game we'd lose, still the same I might add, at the end of every game I'd walk behind him far enough away I so that nobody thought he belonged to me, but close enough to grab when when he was going to do a runner and he'd be taking off his membership tag and because he doesn't really care what people think about him or his grandfather behind him he'd be saying "there's no f...ing good." He was right. But so is Tony. Have a look at what Tony said and this really hit home to me because he is right. I would like to see Gold Coast health being a stronger community advocate. They need to have more of a public face, they are a huge part of the Gold Coast community. So in bringing consumers on, and marrying that with those comments of Tony Cochrane, we at Gold Coast health must now think how can we be more effective in the community?

How can we build our brand? You may think why should a hospital and health service build a brand? I'll tell you why, a brand I want to build, I want to build a brand at Gold Coast Hospital are the Gold Coast community seeing us as part of them, we're not simply the place to go to when you're sick. If in fact our brand is the right brand, when a patient or a visitor, a family member, when they walk through the front door particularly with patients when they walk through the front door they walk through with warmth towards the organisation and if they walk through with warmth, and confidence in the organisation, then care has already commenced.

If they walk through with negativity because they've been reading a local magazine or a local media which only focuses on bad news stories, if they walk through with negativity you really have to turn that around before you can start providing the quality of care, that you're capable of providing so it is important for us to use our consumers to use our community and to use our brains to build a brand recognition that builds confidence and security within the community itself. In

recent times, I've undertaken a program of visiting a large number of community leaders. I'll finish very quickly. I sat sad I wouldn't get through the whole lot didn't I? But it's those guys up the back's fault because I waited 30 seconds to get the video going! I've been visiting some local leaders, this is community engagement and it is separate but important to have alongside consumer engagement. And each time I visit a community leader I come back with a new idea which I then put in front of the chief executive because all I do is get other people to do all the work so my job is to find the work for the chief executive and give it over and then make him accountable for delivering it. It's a great job. I'll give you a few examples. I visited and spoke for an hour with the incoming Assistant Commissioner of police. We do a lot of work proactively with the police force. But when I sitting there they said, "If only." They referred to some activities in other hospital and health services that were more advanced than we were in some respects, hate admitting that, but it's true, you have to accept it and do something about it. For instance every time there is a call from a patient with a mental health history, invariably the paramedics will say, "I need police presence with me." Yet in more than 50 - far more than 50% of the cases they don't need the police presence, because it antagonises the patient, it concerns the patient, it stigmatises the patient, we now have in our coordination hub a mental health nurse, who will immediately look up the electronic record of that patient, get through immediately to the police department saying "this patient has got a mental health problem but it's not the sort of problem that will create a need for police presence."

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And the police department save a car and two police going out on an unnecessary call which then creates havoc for the patient. I'm giving you just one example of some of the benefits of community engagement. I'll just move on very quickly and finish with one or two slides. I want to finish with this one. When you talk about community engagement and consumer engagement, separate but similar, complementary. Our engagement with the university sector is incredibly important for us. If we're going to deliver our vision of being world class, then we have to have a massive improvement in our research output because every time one of our clinicians is involved in a publication, then you're able to demonstrate to the community our people are so much at the forefront of innovation and research, that their material is being published and it's being read. If that is the case, when

you as a patient or a family member comes in, you're dealing with clinicians who are at the forefront, so you can have confidence in them. That's part of brand building, it's also part of building the morale of the staff.

Over the last five years our publications from clinical staff have gone from a low 40s to 188 and then there's thousands of citations of those and I know some of the others have more publications, particularly Metro North and also Metro South. I'm using that as an example of saying to you when you think of engagement think of consumer engagement, think of community engagement, think of branding, building confidence in the community and making yourself relevant. And I will finish with this one here, I mentioned before, and I think many people in the room can identify with this - we as hospital and health services in aggregate together with the department employ in excess of 80,000 people. And we have targets to make certain that we reach certain levels in terms of employment opportunities for people with disabilities.

A lot of those people with disabilities have minor to average-type disabilities, they are disabilities I'm not discounting that, but I think with a few exceptions, I really take my hat off to Lady Cilento Hospital in this area but with few exceptions most of us including the Gold Coast are not doing enough to create employment opportunities traineeship opportunities learning experiences for people with very significant disabilities both at the high achieving end and the low achieving end and I'll use one example as to things we can do. I was walking through our organisation a month ago and one of the managers in the environmental area said, "Ian will you come downstairs with me?" I did. I walked into a backroom and he was showing me with great pride.

The only people who are going to be employed to clean them will be those with significant disabilities and there will be two FTEs doesn't sound much but it's a start and five possessions. That's five people whose lives baby changed by the way, that is consumer engagement, thank you.

APPLAUSE