## St George Hospital Consumer Advisory Group

Tuesday 28 September 2021 at 9.00am Skype Meeting



Citypi	Minutes			
	Description			
1	Present			
	Paul Darcy, General Manager			
	Jan Denniss, Consumer Representative			
	Samantha Gifford, Aboriginal Hospital Liaison Officer			
	Sandra Grove, Clinical Quality Manager			
	<ul> <li>Susan Hanrahan, Consumer Representative</li> </ul>			
	Advija Huseinspahic, Consumer Representative			
	Gregory Lill, Consumer Representative			
	Rod Lynch, Consumer Representative (Chair)			
	Elizabeth Martin, Consumer Representative  And the sum of the			
	<ul> <li>Lorena Matthews, Nurse Manager, Women's and Children's Health</li> <li>Brett Moxon, Corporate Services Representative</li> </ul>			
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	Apologies  Apologies			
	Lauren Sturgess, A/Director of Nursing and Midwifery Services			
	Nick Skleparis, Director, Corporate Services			
	In Attendance			
	Kim Wrightson, Community Relations Officer (Secretariat)			
	Suzanne Ibbotson, Community Relations Manager			
	Allan Ajami, Redevelopment Project Manager			
	Ella Stathis, Communications and Engagement Coordinator			
	Vanessa Paterson, Clinical Redesign Officer			
	Welcome – Rod Lynch			
	Rod Lynch thanked all for attending the skype meeting.			
	Special welcome to Suzanne Ibbotson who recently commenced as			
	Manager, Community Relations Department; Daniela Quijano and Brett			
	Moxon as representatives for the September Consumer Advisory Group			
	(CAG) meeting, and Allan Ajami, Ella Stathis and Vanessa Paterson from			
	the St George Hospital Redevelopment Team.			
	The committee was advised that the agenda has been modified but not			
	intended to restrict the involvement of all.			
2	Presentation			
	2.1 Redevelopment Update – Allan Ajami, Ella Stathis, Vanessa Paterson			
	Allan Ajami provided an update on the stage 3 redevelopment process for			
	St George Hospital (SGH).			
	SGH received \$385 million for stage 3. This project will bring together a			
	range of ambulatory, outpatient and community services that are currently			
	dispersed throughout the campus. The project will:			
	- Enable the co-location and centralisation of services			
	<ul> <li>Improve clinical integration and care coordination to help patients achieve better health outcomes</li> </ul>			
	achieve petter nealth outcomes			

Offer future-focused facilities to support best practice models of care Provide staff, patients, families and carers with a first-class facility to meet the health needs of the community now, and into the future We are currently in the functional brief phase of the project in which architects are putting basic concept plans together. Six options were presented for the stage 3 potential development zone. When choosing the preferred option, consideration had to be made on: Sustainability Business continuity to minimise impact - Urban design as it will be the main entry to the hospital - Link study to improve existing flows, horizontal connectivity and minimise travel distances. Separate patient/staff and public flows to minimise cross overs Value for money Future proof of the design and location Question raised on how tall the building will be? The committee was advised that it will be eight storeys high. Discussions were also held on additional parking. Committee was advised that we are exploring several options including the extension of the current car parks and external facilities. At this stage there will be one level underneath the new building. "Register your Interest" campaign will assist in capturing meaningful and timely community input on the design of stage 3. Co-design is a way of bringing consumers, carers, families and health workers together to improve services. It creates an equal and reciprocal relationship between all stakeholders, enabling them to design and deliver services in partnership with each other. Planning, designing and producing services with people that have experience of the service means the final solution is more likely to meet their needs. Question was raised on ensuring wider corridors and walkways. Committee was advised that we are guided by the Australian Health Facility Guidelines and that consideration will be around ramps, stairs, lifts and the suitability of the department location. Key time frames Concept design finalised – Late October 2020 Schematic design complete - Early 2022 Detailed design complete – Mid-2022 **Approval of Minutes** 3 Minutes dated 22 June 2021 were confirmed as a true and accurate record. 4 Items Arising from Action Plan Circulate National Standards Version 2 presentation. Circulated with the minutes on 23 June 2021. 2022 Business Plan and hospital restructure to be presented at the 8.12 next CAG meeting. Action: Paul Darcy advised that he will present at the November 2021 CAG meeting.

	8.14	Invite Kate Christopher, Clinical Governance Manager to July CAG		
		meeting.		
		Action: Extend invitation to Kate Christopher to attend the		
		November CAG meeting. Complete		
5	Declaration of Conflict of Interest			
	•	Nil		
6	Gene	ral Business		
	6.1	Report from the Chair – Rod Lynch		
		52 pages of documentation have been reviewed since our last meeting.		
		Thank you to Susan Hanrahan for her assistance with the recent CAG		
		advertisement "Why I became a consumer representative".		
	•	Two people have expressed an interest in applying to join our CAG from		
		the recent SESLHD Facebook post. CAG advertisement has also been		
		forwarded to the Volunteer Manager to circulate to the hospital volunteers;		
		the CAG consumers to circulate to friends, family, local community		
		contacts/groups and Samantha Gifford, Aboriginal Hospital Liaison Officer		
		to circulate to the Kurranulla Aboriginal Corporation, networks and services.		
		Current recruitment closes 26 November 2021.		
	•	Community Relations are currently working on a revised Consumer		
		Participation Manual. Once approved, it will be circulated to all consumers		
		and be available for new consumers. The document will be circulated		
		electronically and hard copies made available.		
	•	CAG meetings will be held bi-monthly via Skype for the remainder of 2021.		
		Next meeting to be held in November. We will reassess face-to-face		
		meetings early 2022.		
7	Gove	rnance Items		
	•	Nil.		
8		ling Items		
	8.1	Clinical Council Report – Rod Lynch		
	•	Reports have been circulated.		
	•	At the Clinical Council meeting held on 17 September 2021, Rod Lynch		
		raised the negative articles in the St George Leader regarding the lack of		
		information being supplied by the Health District covering unacceptable		
		delays in urgent radiology and pathology tests at SGH and ICU's in critical		
		situation prior to the pandemic. Rod Lynch advised that he was pleased to see a recent article in the St George Leader on 22 September 2021		
		involving the Chief Executive although it did not address the issues raised		
		in the previous articles.		
	8.2	General Manager Report – Paul Darcy		
	0.2	Response to COVID-19		
	100	- Staff continue to display extraordinary commitment to their work in		
		response to COVID-19.		
		- Currently we have three COVID Wards in the Acute Services Building.		
		- Due to current NSW Government restrictions, the public has been		
		asked not to visit healthcare facilities at this time.		
		Susan Hanrahan asked if there is any consideration for families during		
		an end-of-life care pathway. Paul Darcy advised that they are reviewed		

- by a case-to-case basis at a local level.
- We have not yet received notification on when we can open up to visitors.
- Our priority is investigating ways we can assist with our staff wellbeing.
   One initiative is to ensure that our staff have suitable areas to have their breaks. We are in the process of refurbishing the courtyard area at the back of James Laws House with a recent supply of donated furniture.
   Plans are also continuing on the upgrade of the garden/lawn space in front of James laws House.
- Vaccination Hub on level 4 remains busy.
- Paul advised that Channel 9 news will be airing a story on the SGH Intensive Care Unit on 28 September 2021.
   "Inside the negative pressure chambers where contagious coronavirus patients are being treated" <a href="https://www.9news.com.au/national/coronavirus-update-sydney-inside-st-george-hospital-negative-pressure-chamber/252bc97b-84f1-41f2-a9f0-acc0c0fa319d">https://www.9news.com.au/national/coronavirus-update-sydney-inside-st-george-hospital-negative-pressure-chamber/252bc97b-84f1-41f2-a9f0-acc0c0fa319d</a>

## 8.3 Nursing Update – Daniela Quijano

- Nursing staff continue to work through the ward changes due to COVID.
- Working with Adopt-a-Healthcare worker on wellbeing initiatives.
- Cupcakes delivered to nursing staff on Thursday 9 September 2021 for "R U OK?" Day.

## 8.4 Quality and Safety Update – Sandra Grove

- CPIU have received an increased number of complaints due to the visitor restrictions.
- We have seen an increase in the number of falls and pressure injuries.
   These could be contributed to visitor restrictions or acuity of the ward(s).
- CPIU has been working with the Emergency Department Staff Wellbeing
  Committee on a quality improvement project "We are here to care for your
  families" in response to the visitor restrictions. Posters have been produced
  and placed around key areas which say "Your loved ones are not alone...
  St George Hospital staff are here to support everyone." In conjunction with
  these posters, compassionate cards have been created for patients and
  visitors (poster and cards attached). The cards are also being translated
  into five different languages.
- CPIU staff have been conducting open disclosure calls to families to discuss any concerns raised by COVID outbreaks.
- Rod Lynch raised the increase data on pressure ulcers. The Committee
  was advised that the new reporting system IMS+ reports pressure injuries
  differently than the prior database. The Clinical Nurse Consultant has
  confirmed that this was the case and that there was not an increase during
  that period.
- Elizabeth Martin asked that with the restriction on visitors, how are we relaying the patient's condition to the family? The Committee was advised that the medical team contact the next of kin or if we receive a phone enquiry, we confirm with the patient if they are happy for an update to be relayed. We have also put in place the use of iPads to assist with calls/updates with family members. Another avenue for family members to receive updates is to contact the Patient Experience Manager, CPIU.

## Corporate Services Update - Brett Moxon 8.5 Funding is pending on the garden project, grassed area in front of James Laws House. Refurbishment of the courtyard at the back of James Laws House. Area has been pressure washed and painted. Furniture has been donated and waiting to be installed. Also investigating artificial turf and a shade cloth across part of the area. We have re-opened the Zouki outdoor area. 14 tables have been set up allowing one person per table. This has offered staff an additional area to Signage has been installed around open areas to ensure social distancing is adhered to. Bollards were installed outside the vaccination clinic to assist with the queues. 9 **Reports for Noting** Due to the change in meeting format, the following consumer reports were circulated with the Agenda paperwork: National Standards 2: Partnering with consumers - 1 July 2021 Safe Use of Medicines - 29 July 2021 Patient Safety and Clinical Quality Committee - 3 August 2021 - Diversity Health Committee - 9 August 2021 Clinical Council Committee - 16 July 2021 Clinical Council Committee - 20 August 2021 Clinical Council Committee – 17 September 2021 **Business Without Notice** 10 Article in the Leader - Rod Lynch 10.1 Article in the St George Leader dated 15 September 2021 - Open letter by 'nurses' to the Premier, stating "It is our professional conclusion that ICUs were in crisis before the current COVID-19 pandemic" and went on to describe the impact. Rod Lynch asked was this the status for our ICU? Paul Darcy advised that our staff in the ICU do a fantastic job and continue to investigate new models of care. The new ICU allows us to isolate care with our negative pressure pods. The management team meet daily to discuss and review any concerns raised. Raising concerns - Rod Lynch 10.2 Rod advised that even though we are not having our usual monthly CAG meetings, do not hesitate to raise any issues of importance via email to either the Chair or Secretariat. Consumers will always have the input with Hospital staff. Paul Darcy seconded the comment. One thing we have learnt is how important connectivity is. Always bring issues or feedback to our attention. This is the power of our partnership. Infection Control - Jan Denniss 10.3 Jan Denniss wanted to thank the infection control staff for their amazing work at this present time. Rod Lynch and Greg Lill supported the comments.

	10.4 Staff Wellbeing – Rod Lynch
	<ul> <li>Rod Lynch advised that he thought it was great that we are doing so much</li> </ul>
	work around our staff's wellbeing.
11	Confidential Items
	• Nil
12	Meeting Closed
	Meeting closed at 10.10am.
	Next Meeting
	Tuesday 23 November 2021 at 9am to 10.30am via Skype
CERTIF	IED A CORRECT RECORD
Name	RODNIN E LYNCH
Signatur	e h. E. Lyd
Date	23-11-2021