


# MINUTES

## TSH Consumer Advisory Group


Wednesday 6 April 2022 at 2:00pm - via Microsoft Teams



ITEM	DESCRIPTION	CARRIAGE
1	<b>Attendance:</b>	
	<b>Staff / Consumer Representatives:</b> Malcolm Ricker (MR)      Consumer Representative (Chair) Sharon Bennett (SB)      Consumer Representative (Co-Chair) Robyn Riley (RR)          Consumer Representative Gen Webb (GW)              Consumer Representative Jim Hankins (JH)          Consumer Representative Peter Lewis (PL)            Consumer Representative Debbie Wood (DW)         Consumer Representative Carole Goodyer (CG)      Consumer Representative Vicki Weeden (VW)        General Manager Joanne Newbury (JN)      Director of Nursing and Midwifery Liz Mason (LM)             Manager, Clinical Governance Unit Josie Julian (JJ)            Quality, Risk and Patient Safety Manager  <b>Apologies:</b> Sonia Markoff (SM)        Consumer Representative Godfrey Ross (GR)        Consumer Representative Cheryl Hall (CH)          Consumer Representative Patrice Thomas (PT)      Patient Safety Manager Valmai Ciccarello (VC)    Consumer Feedback Manager Naomi Dean (ND)          Manager, Community Engagement & Fund Raising Mary Hughes (MH)         Secretariat	
	<b>Welcome Guests</b>	Chair / Co-Chair
3	<b>Declaration/s of Conflict of Interest – Nil</b>	All
4	<b>4.1 Approval of the minutes from the meeting held on 2 March 2022 – approved by Robyn Riley</b>  <b>4.2 Items arising – refer to action list</b> <b>1. Food &amp; Nutrition Committee - new CAG representative</b> Update DL and organise calendar invitation to be sent to C Goodyer <b>Action: Completed</b>  <b>2. Mental Health First Aid Course Consumer representatives to send their interest and availability to MR asap</b> The committee acknowledged the benefit of this course, however time constraints is currently preventing confirmation of attendance <b>Action: Ongoing</b>  <b>3. Outstanding matter regarding ICU being named CCM. CAG has requested this issue be followed up with TSH General Manager</b>  LM advised she had raised CAGs concern with TSH General Manager and Co-Director Nursing & Operations, Critical Care, Emergency and Surgery. LM explained that CCM was chosen to align with what services come under that name. Discussions will continue in the medium/long term to understand if that is the right terminology to use in the future.	Chair / Co-Chair

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	<p>It was noted that signage was more the issue than the name CCM.</p> <p>Action: LM to continue discussions to continue with Co-Director Nursing &amp; Operations, Critical Care, Emergency and Surgery with a medium/long term approach to understand if CCM is the right terminology to use in the future.</p> <p><b>Review at June 2022 meeting</b></p> <p><b>4. Resend TOR to committee for review and feedback by 8 February 2022</b>  <b>Disseminate the Code of Conduct form to the committee to read, sign and return</b></p> <p>MR requested all representatives complete and return their forms asap.</p> <p>Action: Consumer representatives are requested to sign and return Conduct of Conduct to MH as soon as possible</p> <p><b>5. Invitation to contribute to Clinical Governance Newsletter</b></p> <p>Action: Ongoing</p>	
5	<b>Management Reports</b>	
	<p><b>5.1 – General Manager Report</b></p> <ul style="list-style-type: none"> <li>• Thank you to the CAG representatives for your contribution towards accreditation</li> <li>• CGU team did amazing job guiding the hospital through the Accreditation process. Three recommendations were received however none were related to patient safety and quality. Positive feedback was received from staff around the positivity of the care they give, the site they work at and the team they work with</li> <li>• Have started experiencing winter activity. Challenges are furloughing staff due to Covid which is having an impact on the workforce. Staff are being encouraged take a break</li> <li>• Being mindful of the current industrial action and the impact for the hospital</li> <li>• Flu vaccinations will commence in early April</li> <li>• Winter planning and budget planning has commenced</li> <li>• There are restructures in surgical services as well as clinical workforce services in medicine, nursing and (eventually) allied health. Garrawarra is undergoing a restructure in both clinical and back of house</li> <li>• Amber zones remain within the hospital</li> <li>• A risk assessment has been done regarding the resumption of Consumer Walkarounds and face-to-face meetings. This will be reviewed in four weeks</li> </ul>	Vicki Weeden
	<b>5.2 – Nursing and Midwifery Update</b>	Joanne Newbury

ITEM	DESCRIPTION			CARRIAGE	
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex: 1;"> <h2 style="margin: 0;">Patient Flow and Demand Statistics- The Sutherland Hospital</h2> </div> <div style="text-align: right;">  <div style="margin-left: 10px;"> <b>Health</b>            South Eastern Sydney            Local Health District         </div> </div> </div>					
	Definition	Mar-22	Target	Numbers	
Emergency Treatment Performance (ETP)	Total patients who have departed from the Emergency Department within 4 hours of presentation.	49.5%	81.0%	5,692	
Admitted ETP	Patients who have been admitted to inpatient beds from the Emergency Department within 4 hours of presentation.	16.9%	50.0%	1,671	
Discharge ETP	Patients who have been discharged from the Emergency Department within 4 hours of presentation.	63.1%	90.0%	4,008	
Transfer of Care	Patient brought in by ambulance who are "offloaded" within 30 mins	73.5%	90.0%	1,271	
Pre 10am Discharges	Patients who are discharged before 10am	7.1%	15.0%	81	
Pre 12pm Discharges	Patients who are discharged before 12pm	21.7%	40.0%	247	
Patients in hospital for over 9 days	Admitted patients with a Length of Stay greater than 9 days	72.7	65		
Triage 1	Patients must be reviewed immediately	100%	100.0%	24	
Triage 2	Patients must be reviewed within 10 minutes	71.8%	95.0%	943	
Triage 3	Patients must be reviewed within 30 minutes	66.3%	85.0%	2,379	
Surge Beds	Un-funded beds required to be open, due to capacity reasons	8.6	0		
CCM Sign Out (hours)	Time taken to transfer a patient out of Critical Care Medicine once "signed out"	6.6	6.0	68	
Elective Surgery Access Performance (ESAP) CAT 1	Patients who have elective surgery completed within CAT 1 timeframe of 30 days	100%	100%	data not cleansed, expecting 100%	
ESAP CAT 2	Patients who have elective surgery completed within CAT 2 timeframe of 90 days	55.7%	97%	Pause in elective surgery impacting on totals	
ESAP CAT 3	Patients who have elective surgery completed within CAT 3 timeframe of 365 days	48.8%	97%	Pause in elective surgery impacting on totals	

- A lot of Covid has coming into the emergency department
- Performance has been poor with many medical and nursing staff furloughed with Covid. This effects the wait time in ED which has been up to 7hrs recently. There are only 3 single rooms in ED
- There is a backlog on elective surgery with over 187 people listed as category 3 (to have their operation within 365 days of when they booked). Elective surgery is the only surgery that can be controlled and is

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	<p>one of the first things cancelled. The private hospitals are being used for elective surgeries under a collaborative care arrangement</p> <ul style="list-style-type: none"> <li>Recent industrial action had an impact with a flow on effect</li> </ul> <p><b>TSH Workforce Overview</b></p>  <p>Workforce update February 2022 v1.pdf</p> <ul style="list-style-type: none"> <li>Refer to presentation at the end of the minutes</li> <li>The “baby boomer” is the largest workforce and this group may intend to retire within the next few years</li> <li>90% RN workforce and 10% EN/AIN. Predications indicate within the next 5 years there will be a nursing shortage. Alternative team based nursing models will need to be considered</li> </ul>	
	<p><b>5.3 Overview of Patient Feedback</b></p> <ul style="list-style-type: none"> <li>Next report due in June 2022</li> </ul>	Valmai Ciccarello
6	Presentation/Discussion - Nil	
7	General Business	All
	<p><b>7.1 Report from the Chair</b></p> <ul style="list-style-type: none"> <li>MR thanked GW, RR, GR and CH for attending the accreditation meeting with the assessor</li> <li>CAG Information Board has been located in the main entrance. There are outstanding photos that will be added to the board when received</li> </ul> <p><b>Actions:</b></p> <p>DW and SM to supply a photograph for the notice board and return their signed code of conduct form to MH</p>	Chair / Co-Chair
	<p><b>7.2 Community Engagement &amp; Fundraising update</b></p> <ul style="list-style-type: none"> <li>N/A</li> <li>MR advised he is trying to organise a tour of the Dharawal Aboriginal Lounge for the CAG representatives. A hospital tour will also be arranged in the near future</li> </ul>	Naomi Dean
	<p><b>7.3 Corporate Services update</b></p> <ul style="list-style-type: none"> <li>A weekly email update on cleaning and basic maintenance</li> <li>The recruitment for the TSH Corporate Services Officer is being finalised</li> <li>Reviewing options for a covered walkway to the back carpark</li> </ul>	Vicki Weeden
	<p><b>7.4 Standards/ Accreditation update</b></p> <ul style="list-style-type: none"> <li>JJ thanked the CAG representatives for their involvement with accreditation. The assessors recognised and were complimentary of the consumer engagement they saw while onsite</li> </ul>	Josie Julian

ITEM	DESCRIPTION	CARRIAGE
	<p>Report for TSH CAG Committee March 2022</p> <h2 style="text-align: center;">TSH Clinical Governance Unit – Quality Report March2022</h2> <p>Audits completed in February 2022</p> <ul style="list-style-type: none"> <li>Delirium Management Audit; delirium risk assessment and monitoring – 44 audits completed, 80% compliance overall. 59% of pt's had risk screen completed (improving)</li> <li>Clinical Handover Patient Engagement Audit; Compliance: 94%. A total of 89 audits completed. Improved - At conclusion of the Clinical handover the patient/family/carer is provided with the opportunity to ask questions and a response is provided32</li> <li>Blood Product Ordering Administration; 80% compliance - need improvement in the written information provided to patients.</li> </ul> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>TSH Accreditation feedback</b> TSH 3 years Accreditation status granted</p> <ul style="list-style-type: none"> <li>Evidence of Patient Safety Culture and excellent patient care</li> <li>Evidence of Collegiality among MDT</li> <li>Strong Consumer Engagement</li> <li>All standards achieved a “Met” status</li> <li>3 recommendations</li> <li>Colonoscopy Clinical care standard implementation</li> <li>Informed Financial consent</li> <li>Medication Reconciliation.</li> </ul>  </div> <div style="width: 45%;"> <p><b>Accreditation Partnering with the Consumer Feedback</b></p> <ul style="list-style-type: none"> <li>Shared decision making and planning goals of care is well understood</li> <li>Great engagement with consumers in care planning</li> <li>Risk identification is excellent</li> <li>Quality Boards are informative and great to see staff using them</li> <li>Aboriginal engagement compliance is a highlight</li> <li>Diversity well identified</li> <li>CAG are well informed and welcomed</li> </ul> <p><b>Risk Report</b> Currently 32 Risks <b>High Risks</b></p> <ul style="list-style-type: none"> <li>Falls rates</li> <li>Cytotoxic exposure management</li> <li>Nuclear medicine equipment</li> <li>Patient Safety: Clinical Deterioration</li> </ul> <p><b>New Risks</b></p> <ul style="list-style-type: none"> <li>TSH Satellite Dialysis Unit Electrical Power Supply and lack of access to single rooms</li> <li>Bedside phones – operational concerns</li> <li>Air conditioning inconsistencies sterile stock risk</li> </ul> <p><b>NATIONAL STANDARDS – future direction</b></p> <ul style="list-style-type: none"> <li>Compliance Driven</li> <li>Short Notice Surveys</li> <li>Advisories and Clinical care standards new and updates to focus progress</li> </ul> </div> </div>	 <p>To be started again in May2022</p>
8	<p><b>Document Reviews</b></p> <p><b>8.1 Incontinence Associate Dermatitis (IAD) Management Patient Information</b></p> <ul style="list-style-type: none"> <li>Overall a good brochure that is easy to understand and read</li> </ul> <p>Action: CAG endorses the brochure. MH to send CAG endorsement logo to Apryl Repole</p> <p><b>8.2 Pressure Injury Patient Education Video - <a href="https://we.tl/t-bl7ENbIBW1">https://we.tl/t-bl7ENbIBW1</a></b></p> <ul style="list-style-type: none"> <li>Some representatives have not been able to download</li> <li>The video is informative and well done. A suggestion is to have it available in other languages</li> <li>Concern regarding the obvious product/company advertising as it can be considered biased</li> <li>The length of the video may be too long. A shorter version may be more suitable</li> <li>Observation - moving the position of the body to relieve the pressure on a specific area, the whole image moved on the pictures on the screen however the pressure point did not change.</li> </ul> <p>Action: MH to provide the above CAG feedback to Apryl Repole</p>	<p>Apryl Repole</p> <p>A Repole</p>
9	<p><b>Standing Items</b></p>	
	<p><b>9.1 TSH Clinical Council</b></p> <ul style="list-style-type: none"> <li>Refer to Cardiology M&amp;M presentation attached with the papers</li> </ul>	Robyn Riley
	<p><b>9.2 TSH Executive Governance</b></p> <ul style="list-style-type: none"> <li>Pharmacy - The pharmacists have taken on board the feedback from the accreditation survey and are trying to make themselves more visible by recording their work in EMR. They are also engaging more with clinicians. ED medical staffing remains an issue: ten people from the UK have been interviewed for ED JMO positions.</li> <li>Greatest risk relates to elective surgery and the number of breached patients in both Categories 2 &amp; 3. With the reintroduction of elective surgery for non-urgent</li> </ul>	Malcolm Ricker

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	<p>cases in Private Hospitals (up to 75% from next Monday), we will start to transition some of our breached patients. MR discussed the concern felt by the community about 1) having to wait for elective surgery and 2) avoiding hospital due to the COVID outbreak. He queried if this had caused a reduction in the surgical waiting lists. JN advised that TSH continued to receive a large number of recommendations for admission, however the operation dates are currently on hold as we respond to the COVID crisis. In the interim, we are continuing to do urgent elective surgery. We are awaiting advice from the MoH to recommence non-urgent elective surgery.</p> <ul style="list-style-type: none"> <li>TSH mandatory training compliance is below the 80% target (with the exception of hand hygiene training). There has been an increase in biological needle stick injuries – RM’s team will contact Staff Health to ascertain the causes. Aggression incidents continue to be the highest number of reported incidents.</li> </ul>	
	<p><b>9.3 TSH Food and Nutrition (bi-monthly)</b></p> <ul style="list-style-type: none"> <li>The Committee would like to forward their thanks to Jenny Church for all the good work she had done. The Committee wish her well in a speedy recovery</li> </ul>	Carole Goodyer
	<p><b>9.4 Patient Safety and Clinical Quality Meeting</b></p> <ul style="list-style-type: none"> <li>HS2 Incidents – The CEC will review all HS1 and HS2 incidents that are Covid related including the consistent themes across the facilities and the state relating to pressure injuries, falls and delays in being able to get to patients because of decrease supervision and donning and doffing</li> </ul> <p>There were 8 endorsed reports – 7 for TSH and 1 from SHC: 1 x fall - themes include staff gaps in terms of undertaking risk assessment within a timely manner and making sure strategies are in place. Gaps around pressure injuries refers to incorrect stage. CNC Wound Care has commenced additional training for CNEs - 2 x HAI - 3 x pressure injuries - 1 x maternal newborn - 1 x SHC complication – learnings include patients with issues with devices should consult with the proceduralist. This was also sent to ED for their learning. The themes for the last 12 months of HS2 show communication is still the highest followed by inadequate risks assessments being done</p> <ul style="list-style-type: none"> <li>IMS+ slight increase in pressure injuries mostly due to Covid, unable to do proper assessments and delays in staging. There were 2 Deteriorating Patient incidents notified in January 2022. There are no incidents related to deterioration or delays to patients with previous calls being made. Feedback from the wards is positive from both medical and nursing staff. Staff are grateful for the clinical support and the encouragement to escalate. Having a senior presence and a management plan in place is why repetitive calls are not happening for the same patient.</li> <li>Clinical Risk Report – ERMS. In the 12 month period from February 2021 there has been a decrease in risks from 43 risks to 31 risks across the facility. Top 3 high risks for TSH include cytotoxic occupational exposure, clinical deterioration and falls</li> </ul>	Malcolm Ricker
	<p><b>9.5 Infection Control Committee</b></p> <ul style="list-style-type: none"> <li>The committee advised the fourth Covid booster for people over 65 years is now available</li> </ul>	Gen Webb
	<p><b>9.6 Falls Prevention Committee</b> N/A</p>	Sonia Markoff
	<p><b>9.7 Skin Integrity Prevention and Management</b> N/A</p>	Godfrey Ross



ITEM	DESCRIPTION	CARRIAGE
	<b>9.8 Safe Use of Medicines Committee</b> Nil	Cheryl Hall
	<b>9.9 TSH Emergency Response Working Group (quarterly)</b> Nil	Sharon Bennett
	<b>9.10 NS2 Partnering with Consumers</b> Nil	Sharon Bennett
	<b>9.11 End of Life Care Committee (EOLCC)</b> <ul style="list-style-type: none"> <li>This was our first meeting since November, with cancellations due to lack of quorum. The invitation list has been streamlined, resulting in a smaller quorum being needed.</li> <li>Helen Moore, CNC Palliative Care, would like to give a presentation on Bereavement in a few months' time.</li> <li>Bianca Warner, SESLHD Palliative Care Aboriginal Coordinator, would be happy to speak on Grief, whenever we can accommodate her.</li> </ul>	Carole Goodyer
	<b>9.12 Wayfinding Committee</b> Nil	Gen Webb and Peter Lewis
	<b>9.13 Blood Transfusion Committee</b> Date for the next meeting to be confirmed	Deb Wood
	<b>9.14 Consumer Walk Around (feedback/follow-up)</b> On hold due to Covid	Malcolm Ricker
<b>10</b>	<b>Reports for Noting</b>	
	<b>10.1 Diversity (Quarterly)</b> <ul style="list-style-type: none"> <li>Refer to attachment - <i>5 steps for responding to abuse of an older person or adult with disability. Service Providers – St George</i></li> </ul>	Jim Hankins
	<b>10.2 Diversity Report</b> <ul style="list-style-type: none"> <li>N/A due to the Diversity Health position being vacant</li> <li>MR enquired about the virtual tour of TSH which was created a few months ago as it would be beneficial while Covid is preventing representatives attending the hospital</li> </ul> <p>Action: LM to follow up with Diversity Health</p>	Position Vacant
	<b>10.3 Infection Control</b> – attached with papers	Lisa Symonds
<b>11</b>	<b>Advocacy</b> <ul style="list-style-type: none"> <li>Items on the “ideas log” will be discussed at the June meeting</li> <li>MR reminded all representatives to record any issues they would like to advocate for</li> </ul>	All
<b>12</b>	<b>Correspondence</b> – Nil	
<b>13</b>	<b>Governance Items</b> MR advised Jenny Church’s membership has been deferred due to ill health. Mutual discussions regarding her continued membership will be held in June 2022	Chair
<b>14</b>	<b>Items to escalate to PSCQ Committee and/or TSH Executive Governance</b> - Nil	All
<b>16</b>	<b>Business Without Notice</b> <b>Safety Attitudes Questionnaire</b>	Liz Mason

ITEM	DESCRIPTION	CARRIAGE
	<p>A survey was launched across SESLHD with the aim to improve the culture of safety and quality. The survey is open from 4-29 April 2022. CAG representatives are invited to participate</p> <p>Action: Survey details to be emailed to CAG representatives</p>	
17	Confidential Items – Nil	All
18	Meeting Closed – 3.40pm	Chair / Co-Chair
	<p><b><u>Date of next meeting:</u></b>  Date: Wednesday 4 May 2022  Time: 2.00pm  Venue: Microsoft Teams</p> <hr/> <p>CERTIFIED AS A CORRECT RECORD</p> <p>Verbally endorsed by Robyn Riley</p> <hr/> <p>Name</p> <p style="text-align: right;">4 May 2022</p> <hr/> <p>Signature <span style="float: right;">Date</span></p>	



**Action Items:**

<b>Minutes Ref / Date</b>	<b>Agenda Item</b>	<b>Action</b>	<b>Responsibility</b>	<b>Progress</b>
6/4/22	16	Safety Attitudes Questionnaire	LM / MH	To be disseminated to CAG reps
6/4/22	10.2	Virtual tour of TSH	LM	Follow-up with Diversity Health
6/4/22	8.2	Pressure Injury Patient Education Video	MH	CAG feedback to be provided to Apryl Repole
6/4/22	7.1	Supply a headshot for CAG information Board Return signed Code of Conduct	DW & SM	
2/2/22	7.1	Mental Health First Aid Course Consumer representatives to send their interest and availability to MR asap	All	Ongoing
2/2/22	11	Outstanding matter regarding ICU being named CCM. Discussions to continue with Co-Director Nursing & Operations, Critical Care, Emergency and Surgery with a medium/long term approach to understand if CCM is the right terminology to use in the future.	LM	Review in June 2022
		Invitation to contribute to Clinical Governance Newsletter	All	Ongoing

**ATTENDANCE LIST**

Name	Position	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec
Malcolm Ricker (MR)	Consumer Representative (Chair)		✓	✓	✓								
Sharon Bennett (SB)	Consumer Representative (Co-Chair)		✓	✓	✓								
Debbie Wood (DW)	Consumer Representative		✓	Apol	✓								
Carole Goodyer	Consumer Representative		✓	✓	✓								
Godfrey Ross (GR)	Consumer Representative		✓	✓	Apol								
Jenny Church (JC)	Consumer Representative												
Jim Hankins (JH)	Consumer Representative		✓	✓	✓								
Genevieve Webb (GW)	Consumer Representative		✓	✓	✓								
Cheryl Hall (CH)	Consumer Representative		✓	✓	Apol								
Peter Lewis (PL)	Consumer Representative		✓	Apol	✓								
Robyn Riley (RR)	Consumer Representative		✓	✓	✓								
Sonia Markoff (SM)	Consumer Representative		Apol	Apol	Apol								
Vicki Weeden	General Manager		✓	✓	✓								
Joanne Newbury	Director of Nursing and Midwifery		✓	✓	✓								
Elizabeth Mason	Manager, Clinical Governance Unit		✓	✓	✓								
Josie Julian	Quality, Risk and Patient Safety Manager		✓	Apol	✓								
Patrice Thomas (PT)	Patient Safety Manager		Apol	Apol	Apol								
Valmai Ciccarello (VC) <i>(quarterly attendance)</i>	Consumer Feedback and Medico-Legal Manager			Apol									
Naomi Dean	Manager, Community Engagement & Fundraising		✓	✓	Apol								
TBA	Corporate Services Manager												
Mary Hughes	CAG Secretariat		✓	✓	Apol								
<b>Name</b>	<b>Written Updates Provided</b>	<b>Jan</b>											
Lisa Symonds	Clinical Nurse Consultant, Infection Control & Prevention		x	✓									
Yu Dai	Diversity Health Coordinator		x	✓									
Sharon Nathaniel or Delegate	Nurse Manager Demand Management/WOHP		✓	X									-

## ENROLMENTS NOW OPEN FOR 2022

### ACCREDITED 2-DAY PROGRAM

#### Mental Health First Aid Program Overview

This is a 2-day education program designed to provide people with the skills to give first aid to others experiencing a mental health crisis and become an accredited Mental Health First Aider.

This is an evidence-based training course which gives you the skills and confidence to have supportive conversations with co-workers and help guide them to professional help if needed. It has been shown to increase knowledge, confidence and helping behaviours, and reduce stigma.

#### Who can attend this program?

Anyone with an interest in supporting staff and community members in crisis situations, managers and team leaders.

#### What is covered in an MHFA course?

You will learn to recognise common mental health problems, how to provide initial help to someone experiencing a mental health problem using a practical, evidence-based Action Plan, and how to respond in a crisis situation. During the course, you will have the opportunity to practice new skills in a safe environment.

*Note: This is not a therapy or support group program.*

#### Why is Mental Health First Aid important?

More and more workplaces are realising the impact of mental health problems at work on their people and productivity. Encouraging early help-seeking is one way to promote a mentally healthy workplace. This is where Mental Health First Aid can help.

Register now via [My Health Learning](#) for the workshop dates listed on the following page.

**\*\*you must be able to attend both days of the workshop\*\***

**For more information please contact:** [SESLHD-OrganisationalDevelopmentLearning@health.nsw.gov.au](mailto:SESLHD-OrganisationalDevelopmentLearning@health.nsw.gov.au)

	Workshop Dates	Venue
1	Thurs 31st March @ 8am - 5pm Fri 1st April @ 8am - 5pm	The Sutherland Hospital
2	Thurs 31st March @ 8am - 5pm Fri 1st April @ 8am - 5pm	The Sutherland Hospital
3	Tues 10th May @ 8am - 5pm Tues 17th May @ 8am - 5pm	Garrawarra Function Centre
4	Tues 10th May @ 8am - 5pm Tues 17th May @ 8am - 5pm	Garrawarra Function Centre
5	Thurs 12th May @ 8am - 5pm Fri 13th May @ 8am - 5pm	The Sutherland Hospital
6	Thurs 12th May @ 8am - 5pm Fri 13th May @ 8am - 5pm	The Sutherland Hospital
7	Wed 1st June @ 8am - 5pm Wed 15th June @ 8am - 5pm	The Sutherland Hospital
8	Wed 1st June @ 8am - 5pm Wed 15th June @ 8am - 5pm	The Sutherland Hospital
9	Wed 12th Oct @ 8am - 5pm Thurs 13th Oct @ 8am - 5pm	The Sutherland Hospital
10	Wed 12th Oct @ 8am - 5pm Thurs 13th Oct @ 8am - 5pm	The Sutherland Hospital

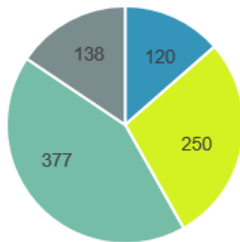


# TSH Nursing & Midwifery Workforce overview



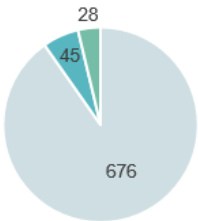
February 2022

Nursing & Midwifery Generations  
(headcount not including casuals)



- Baby Boomers
- Generation X
- Generation Y
- Generation Z

Nursing & Midwifery classifications  
(headcount) FT & PPT



90:10 RN : EN/AIN

- RNs / RMs
- ENs
- AINs

Casual Pool – Headcount



60:40 RN : EN/AIN

- RN / RM
- EN
- AIN



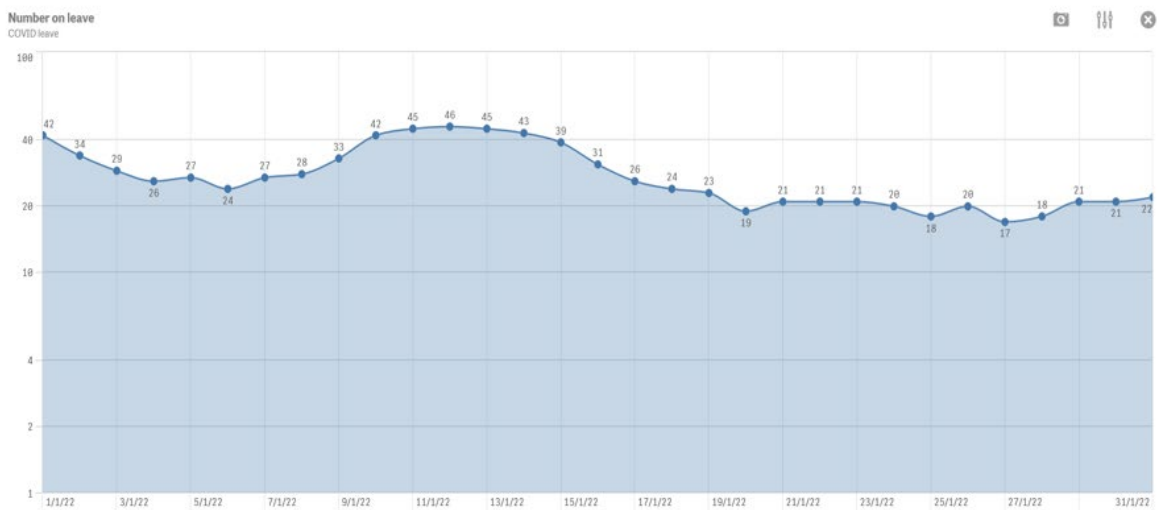
# COVID-19 - staff furloughed January 2022

## Nursing & Midwifery



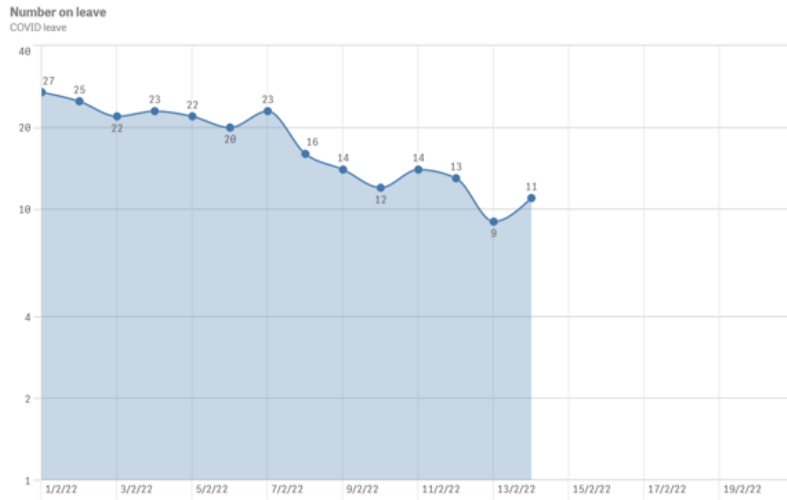
# COVID-19 - staff furloughed January 2022

## Nursing & Midwifery





## Nursing & Midwifery



Back fill of these positions resulted in significant increase in overtime during FNs 14 - 16



# Current challenges & opportunities



There is a need to develop new support strategies as our workforce recovers from the pandemic

- January 2022 = 23 new starters
- February 2022 = 48 new starters (24 [GradStart RNs](#))
- Working with LHD recruitment team to streamline processing & communications to improve staff 'onboarding' timeframes
- Applicants are slow to upload documentation – delays due to virtual recruitment process
- AIN applicants > 60 joining Casual Pool
- LHD N & M team assisting with communications to universities to recruit undergraduate students into AIN positions
- Regular information sessions to be conducted by [GradStart](#) Co-ordinator to 3<sup>rd</sup> year students as they undertake clinical placement @ TSH. According to the [ClinConnect 2020](#) report TSH was ranked 9<sup>th</sup> in NSW for nursing placements – from UTS, [UoW](#) and TAFE being the top 3 education providers
- Staff returning to TSH from secondments to COVID-19 environment. (deployment feedback questionnaire)
- Upskilling of staff in Emergency Departments and Critical Care areas to continue – focus is now on ongoing education for staff (that was missed or delayed due to pandemic)
- Continue to enhance the use of digital / virtual education opportunities that were offered during the pandemic



## Workforce recovery & retention strategies

### RESOURCES TO SUPPORT OUR STAFF:

CHECKING IN – beginning of shift wellbeing tool includes contact details for Nurse & Midwife Support (24/7 availability) & EAP

Trial of CARE KIT for ward staff (based on code lavender principles)

HAVE A CUPPA WITH TSH EXECUTIVE – based on success of the strategy introduced by the CE

AFTER HOURS CERS CNC – additional resource to provide expert support, direction and guidance to clinical staff in relation to the care and management of deteriorating, complex, acute medical and surgical patients (commenced December 2021)

### RETENTION INITIATIVES:

GradStart RNs: 85% retention rate for February & March 2021 groups

ECCY PROGRAM: (Emergency Cardiology & Critical Care Year) – offered to RNs beyond 2<sup>nd</sup> year – provides exposure to critical care environment. Currently 100% retention rate at completion of program

TAPS PROGRAM: (Theatre, Anaesthetics, PACU and Surgery) currently being developed to commence as the operating theatre redevelopment progresses

LEADERSHIP DEVELOPMENT PROGRAM: offered annually to nurses and midwives interested in NUM or MUM roles in the future





## Who Do You Call? ST GEORGE Local Contacts

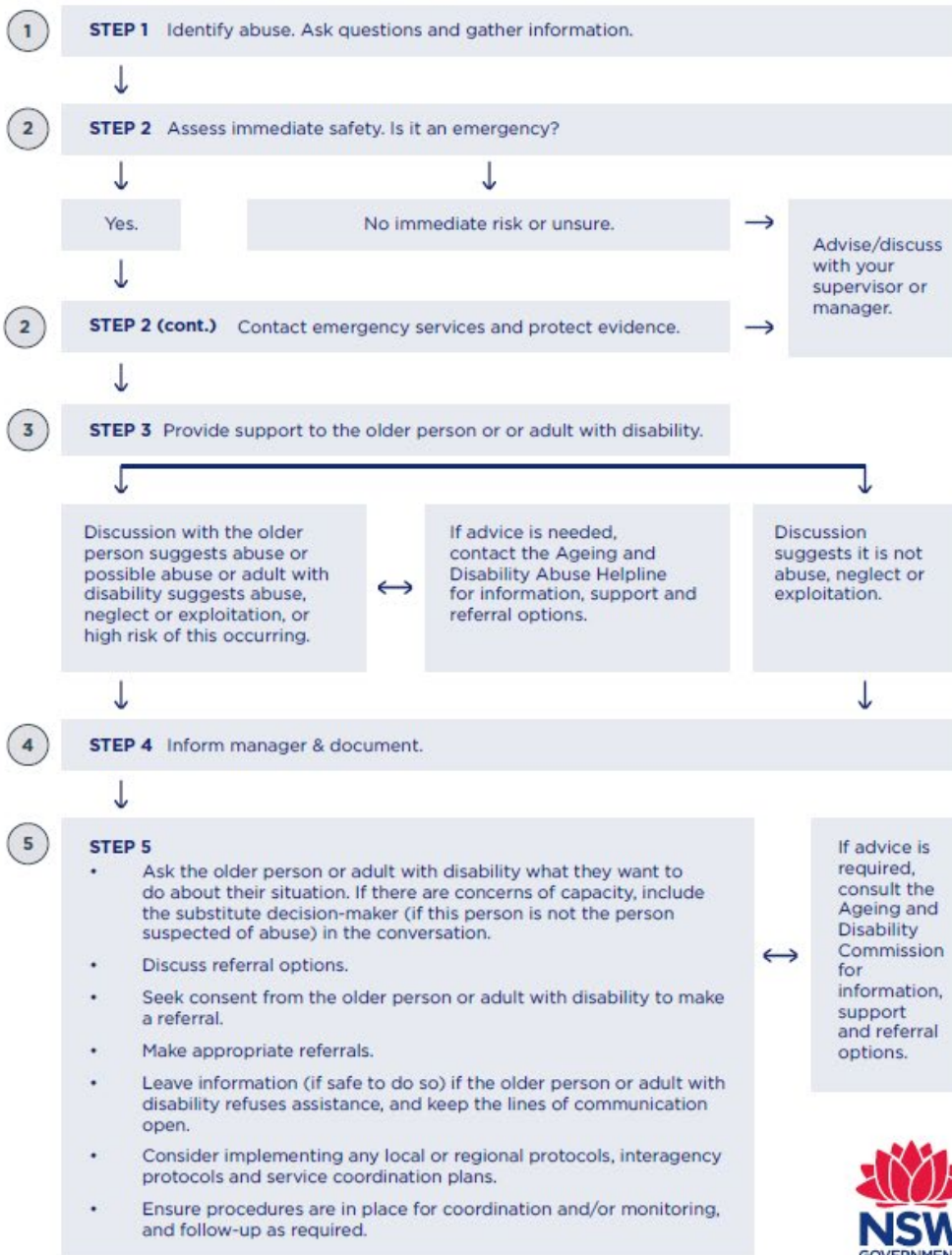
St George Police	8566 7499
Hurstville Police	9375 8599
Riverwood Police	9584 1899
Social Work - Calvary Community Health	9553 3033
St George/Suth. Dom. Violence Service	9113 2495
Southern Sydney Sexual Assault Service	9113 2494
Kurranulla Aboriginal Corporation	9528 0287
Advance Diversity Services	9136 4788
Sutherland Legal Aid	9521 3733

## State Contacts

Police or Ambulance	000
Ageing and Disability Abuse Helpline	1800 628 221
NSW Rape Crisis	1800 424 017
Domestic Violence Line	1800 656 463
Seniors Rights Service	1800 424 079
TIS (language interpreters)	13 14 50
My Aged Care (assessment for services)	1800 200 422
Carer Gateway	1800 422 737
National Dementia Helpline	1800 100 500
Link2Home (emergency housing)	1800 152 152
Mental Health Line	1800 011 511

## 5 steps for responding to abuse of an older person or adult with disability.

Note: The older person or adult with disability could also be the carer. Identify if it is appropriate to talk with the person first before proceeding.



## Behaviours

## Abuse Types

## Signs

**Financial abuse** is threatening to take someone's money or assets, misusing another person's money without permission, or stealing and abusing power for financial gain.



### Financial

Significant bank withdrawals, that may include changes to a Will.

No money to pay for essentials for the home, including food, clothing, and utilities.

**Psychological abuse** is threatening, pressuring or intimidating someone verbally, or emotionally blackmailing them. This also includes threatening to isolate someone from friends and family.



### Psychological

Resignation, shame, depression, and tearfulness.

Social withdrawal, worry or anxiety after a visit by specific person or people.

**Neglect** is a type of abuse that means a vulnerable person's basic needs are not being met. This could be not providing adequate food, clothing or shelter, not keeping someone safe, or refusing to meet a vulnerable person's healthcare needs.



### Neglect

Inadequate clothing, complaints of being too cold or too hot.

Poor personal hygiene with an unkempt appearance.

Unexplained weight loss, dehydration, poor skin integrity, malnutrition.

**Physical abuse** is intentionally pushing, shoving, kicking or injuring someone else. This includes physically restraining or locking someone up in their home.



### Physical

Internal or external injuries (sprains, dislocations and fractures, pressure sores, unexplained bruises or marks on different areas of the body, pain on touching).

**Sexual abuse** is having non-consensual contact with someone. This could be enforcing nudity, or inappropriate washing or handling.



### Sexual

Unexplained STD or incontinence (bladder or bowel).

Injury and trauma, for example scratches, bruises to face, neck, chest, abdomen, thighs or buttocks.

Anxiety around the perpetrator.

The most common type of **exploitation** is financial. This means someone takes money, assets or allowances from a vulnerable person for their own use and without permission.

Exploitation can also be someone who sells, transfers or changes property titles



### Exploitation

Similar to financial abuse, signs can include unpaid bills, unexplained shortage of money or unusual activity appearing on bank statements.