

# MINUTES

For the meeting of the TSH Consumer Advisory Group  
JULY 4, 2018. 3pm, Level 4

ITEM	DESCRIPTION	CARRIAGE
1	Attendance:	
	<b>Staff</b> Broom Ryan (RB) Quality Manager TSH Dent, Colin (CD) TSH Comm. Engagement and Fundraising Manager Heiler, Jan (JH) TSH Director of Nursing  Ciccarello, Valmai Consumer Feedback & Medico-Legal Manager <b>Consumer Reps</b> Lee, Rosemary (RL) Candidate CAG Hankins, Jim (JH) Consumer Representative Lewis, Peter (PL) Consumer Representative (Chair) Ricker, Malcolm(MR) Consumer Representative Bennett ,Sharyn, (SB) Consumer Representative Wood, Debbie (DW) Consumer Representative Hughes, Virginia (VH) Consumer Representative Church, Jenny Deputy Chairperson (Dep Chair) Kelly, Stephanie Consumer Representative Markoff, Sonia (SM) Candidate Consumer Rep <b>Apologies:</b> Newbury, Joanne TSH Acting Director of Nursing & Midwifery Jovanovic, Valerie General Manager Wulf, Marion Consumer Representative Smith, Shirley Consumer Representative Katerina Volas (KV) Dir Corporate Services <b>Guests:</b> Jenny Read Highfield Committee Idris Kamara TSH Revenue Manager	
	Welcome guests:	Peter Lewis
2	Presentation: Idris Kamara presented on Revenue management at TSH and took questions.	Idris Kamara
3	Approval of JUNE minutes - AGREED	Peter Lewis
4	Items Arising – See Action list-redistribute information on training	Peter Lewis
5	Declaration of conflict of interest- None	All
6	General Business	
	6.1 REACH document discussed	
	6.2 Report from the chair	
	<ul style="list-style-type: none"> <li>• Virginia suggested speakers from innovation</li> <li>• Colin discussed the new payment</li> </ul>	Peter Lewis
7	Standing Items	

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	7.1 GM report : Apology J heiler will feed back at next	GM Valerie J
	7.2 KPI stats presented and elaborated on key issues. <ul style="list-style-type: none"> <li>• Patient information brochure also presented for revue</li> </ul>	Jan Heiler
	7.3 Corp Services - Apology	Katarina Volas
	7.4. Standards / Accreditation- Accreditation almost ready. Discussed the process.	Ryan Broom
	7.5 TSH Food and Nutrition- 'Nil by Mouth' signs addressed. Food services into'd new document to track patient intake – My Food Choices.	Jenny Church
	7.6 Clinical Council-MRI trying to acquire new machine. License required. Outpatients clinics at capacity. 30-40 in a 3 hr period.	Jenny Church
	7.7 Emergency Department- GM appeared with pres. Struggling in a number of ways. Short stay unit announced as opened but not yet. Staffing issues. Patients appropriate placement in ED. Registrars on request is issue. Radius model inv. Southcare that may be redirected from to Southcare team. 'Lightfoot' presented by GM (capturing hospital data)	Malcolm Ricker
	7.8 PeePs - Persons Centre Care – nothing specific from meeting	Debbie Wood
	7.9 Patient Feedback – Usually lack of communication or inappropriate communications are the key. Complainant is always contacted. Parking concession machine moved and Corp Services will follow up. Provision of disability parking issue. Patient Opinion role out. Patient assist icon introduced on all NSW websites.	Valmai Ciccarello
	7.10 Falls Prevention Committee.	Sonia not att yet
	7.11 TSH Emergency Response Working Group. <a href="#">Flu vaccination compulsory for certain staff. Fire Testing procedure change. Emergency Exercises testing including 'white powder' test. POW had mother and daughter with toy gun as an example of incorrect response.</a> <ul style="list-style-type: none"> <li>• <a href="#">PA Announcement scripts for Fire Alarms and/or Codes being developed.</a></li> <li>• <a href="#">Emergency Department Signage – being reviewed eg new signage with directions to ED being organised &amp; Warinda also requires signage.</a></li> <li>• <a href="#">Infection Prevention &amp; Control / Staff Health - Administered 1811 flu vaccinations – an increase of 711 from 2017. For all high risk category areas, compliance for nursing staff = Recovery 98%. 99% Maternity, 100% CCM and 100% ODC &amp; Gunyah. LSL and Maternity Leave data</a></li> </ul>	Sharoy <del>n</del> Bennett

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	<p><u>has been removed. Medical staff are 82.6 compliant. Letters have been sent to all non-compliant staff from the GM</u></p> <ul style="list-style-type: none"> <li>• <u>Exercise, Exercise, Exercise - the hospital had 2 exercises – 10 April and 29 May 2018.. A summary has been sent in regards to the feedback received but overall Sutherland Hospital did fairly well. The exercises are being run to allow facilities to test processes around communication and Business Continuity Plans The last exercise highlighted the different responses across the LHD in regards to a white powder incident outside an ED. It identified the importance of having relationships with other emergency services. We are doing well with this.</u></li> <li>• <u>Exercises will continue but will be as least disruptive as possible. There will be an airport exercise coming up in August – mainly testing ambulance capacity.</u></li> <li>• <u>The GRN radio was tested yesterday. This is tested every 2 months</u></li> <li>• <u>J Heiler and J Philp will meet to discuss Sutherland Hospital’s Pandemic Flu Plan</u></li> <li>• <u>Discussed the incident at PoW in regards to girl with a toy gun which was all over social media. Someone rang security and said it was only a toy gun. Many phone calls to people including GM but not the police were made. The concern is that the girls were on a ‘casing exercise’. As a result of this J Heiler has invited Derek from the Emergency Operation Centre to do an exercise with staff in regards to Code Black and Code Purple. J Hellier advised Sutherland has a good relationship with local police and emergency operation centre.</u></li> <li>• <u>Access to level 1 H Whiting to investigate possible swipe access or possibility of keeping doors closed with a sign advising the area is for staff only because hospital visitors often get lost in the staff only areas looking for the exit.</u></li> <li>• <u>Controller trainer is being reviewed and organised. The first 4 components of the training matrix as should be completed as part of the Emergency Management Committee Group</u></li> </ul>	
	<p><b>7.12Volunteer Report –</b></p> <ul style="list-style-type: none"> <li>• Minutes and volunteer businesses</li> <li>• Colin away</li> <li>• Orientation walk around discussed</li> </ul>	Colin Dent

**TSH Consumer Advisory Group**

ITEM	DESCRIPTION	CARRIAGE
	7.13 Diversity Report- Almost finished draft strategy plan for 2018-21. Pres on adult migrant English program. NAIDOC week next week. Will provide minutes.	Jim Hankins
	7.14 DCCC reps update Peter Lewis reporting. ED admission to become user friendly  Survey so all CAG are involved for feedback. Signage in the hospitals.	Virginia / Peter Lewis
	7.11 Pressure injury prevention committee – seeking written	Virginia will attend
	7.12 infection control nil report	Lisa symonds
	7.13 patient flow and demand management	Part of Jan’s Report
8	Reports for Noting	
	8.1 Diversity reports pending	Yu Dai
9	Governance items – None	
10	New Business	None
11	Business without notice <ul style="list-style-type: none"> <li>Jen – Contact security to find out about contacting police RE SITUATION ON SITE. Colin will assist with feedback to Valmai. Colin will relay to Katerina.</li> </ul> <p>NEXT Meeting INCLUDES Walk through of Hospital with an executive. Colin to try to set up for August meeting. Looking out for signage and for brochure/so short meeting and walk through.</p>	Chair
12	Confidential items	None
13	Meeting Closed 5pm	
	Date of next meeting Date: August 1 Time: 3pm Venue: Exec. Meeting Room	
	12.2 Review of new patient information material	Consumers
	12.3 Payment voucher collection	
	12.3 Review final copies of patient information material	Consumers

	<p>CERTIFIED AS A CORRECT RECORD</p> <p>_____</p> <p>Name</p> <p>_____</p>
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ITEM	DESCRIPTION	CARRIAGE
	Signature _____ Date _____	

## TSH Consumer Advisory Group

Minutes Ref /Date	Agenda Item	Action	Responsibility	Progress
July 4	7.	Colin to check sub committees to make sure we have numbers to attend committees	CD	List updated
Apr 18	6 General	Colin to write to Pressure Prevention committees for written report to be given	CD	Virginia assigned
1.11.17	3.3	PL to look into sourcing a Training Manual for CAG Committee	PL CD	Ongoing Colin has been seeking support from the original manual produced by Directorate Planning Population Health & Equity
March 18	2.	Johanna Waide for discussion on Communications	CD	Sept
May 18	2.	CAG input for speakers	CAG reps	Ongoing
July 4	7.10	Falls Prevention Committee- seeking another member replacing Shirley. Distribute list	CAG and CD	Sonia to take up