

MINUTES
Thursday April 18th 2019, 11am-1pm
The Claffy Lecture Theatre
Sydney/Sydney Eye Hospital, 8 Macquarie Street, Sydney

Part A	Item 1	MEETING OPENING – 11.08am
	1.1	<p>Acknowledgement of Country</p> <ul style="list-style-type: none"> • Acknowledgement of Country was given by KB (DCCC Co-Chair)
	1.2	<p>Apologies:</p> <ul style="list-style-type: none"> • DN (HIV Outreach Team Consumer) • DP (Acting Chief Executive, SESLHD) • EF (headspace Bondi Junction Consumer) • GO (BCPC Consumer) • JR (Consumer/Community Representative) • JW (The Royal Hospital for Women Consumer)
	1.3	<p>Present:</p> <ul style="list-style-type: none"> • AJ (Manager, Community Partnerships Unit) • AS (headspace Bondi Junction Consumer) • CF (War Memorial Hospital Consumer) • CO (Director of Allied Health, SESLHD) • CW (Eastern Suburbs Mental Health Consumer) • DM (Consumer/Community Representative) • GC (Prince of Wales/Sydney Eye Hospital Consumer) • GL (St George Hospital Consumer) • GM (St George/Sutherland Mental Health Consumer) • GR (Associate Medical Director, SESLHD) • HM (Consumer/Community Representative) • HMi (Prince of Wales/Sydney Eye Hospital Consumer) • JD (Director Planning, Population Health and Equity, SESLHD) • KO (Director, Nursing and Midwifery Services) • KS (Drug and Alcohol Services Consumer) • LW (Patient Safety Manager, Clinical Governance Unit) • MM (Consumer/Community Representative) • MR (Eastern Suburbs Mental Health Consumer) • PL (Sutherland Hospital Consumer) • RL (Eastern Suburbs Mental Health Consumer) • RN (HIV Outreach Team Consumer) • SM (Sutherland Hospital Consumer) • SO (The Albion Centre Consumer) • SR (The Royal Women Hospital Consumer) <p>Chairs:</p> <ul style="list-style-type: none"> • KB (St George/Sutherland Mental Health Consumer) <p>Minutes:</p> <ul style="list-style-type: none"> • SB (Engagement and Support Officer, CPU)
	Item 2	<p>Approval of Minutes</p> <p>Minutes of the DCCC Formal Meeting held 19 March 2019, as moved by PL and seconded by KS, were approved.</p>
	Item 3	<p>Declaration of Conflict of Interest: Nil declared</p>

Part B	Standing Items	
	Item 4	<p>CAC Presentation: St George Hospital – GL Following comments were noted:</p> <ul style="list-style-type: none"> •The St George Hospital (SGH) CAG was formed in 2005 as a way to include the community and consumer perspective into SGH services and represent the concerns of the broader community •Committee members participate in orientation and training, including education on the National Standards and Health Consumers NSW Consumer Representative Training •Standing members with voting rights includes up to 12 consumers, the hospital General Manager, the Clinical Quality Manager, the Director of Nursing and Midwifery Services, and the Director of Corporate Services, while the Aboriginal Hospital Liaison Officer, Women’s and Children’s Health SGH representative and the manager of Volunteer Services are non-voting members •The SGH CAG reports to the SGH Clinical Council through the General Manager, and is supported by an Executive Lead nominated by the SGH Executive •SGH CAG members report back on the other facility committees they sit on, including “Red Bag/Green Bag” which is a sustainable approach to the management of Patient’s Own Medications (POMs) and hospital-dispensed inpatient medicines within SGH, Patient Opinion, a Falls Committee and a Geriatric Health Committee •Although things move fairly slowly in the CAG, they are a forward thinking group looking for diverse representation, including Aboriginal and/or Torres Strait Island consumer representatives. KS suggested CAC’s contact her if they are having difficulty recruiting Aboriginal and/or Torres Strait Island consumers, as she is well-connected to that community
	Item 5	<p>SESLHD District Update – JD, LW, CO Following comments were noted for the District and Directorate of Planning, Population Health and Equity (DPPHE) by JD, executive sponsor for DCCC:</p> <ul style="list-style-type: none"> • The DPPHE Planning team are currently developing an Integrated Health services Plan for The Royal Hospital for Women and just finished a Sutherland Hospital Plan, which is sitting with the Board for approval • The District has a new Chief Executive, Toby Wilson, who was the previous General Manager of Prince of Wales and Sydney Eye Hospitals • With this new leadership, comes a period of change as the new CE establishes his unique organisational vision. The DCCC can hopefully expect him at the next formal DCCC meeting to introduce himself • Budget issues across NSW have resulted in efforts to reduce waste and expenditure, with some sites trying to secure additional budget from the Ministry of Health, such as the St George Acute Services Block <p>The following comments were noted from Clinical Governance by LW:</p> <ul style="list-style-type: none"> • As part of a NSW Health requirement, a Hospital Acquired Complications (HAC) report is created every few months in order to monitor facility-reported HAC’s as well as the projects undertaken to address them

		<ul style="list-style-type: none"> • HAC’s are complications that often cause harm to patients on inpatient stays which are not related to the health care provided and can include pressure injuries, falls, surgical complications (infections), etc. • There is a financial imperative to reduce HAC’s and so, for a limited time funding is available to support projects, which can include staff education to improve the response to complications • In 2018, 2.77% of patients who went through SESLHD hospitals were discharged with one or more HAC and each hospital needs to have surgical pathways to designate best practice <p>The following comments were noted from Allied Health by CO:</p> <ul style="list-style-type: none"> • Patient compliance and appropriate use of medications has been a particular focus and one goal has been to include consumers more in projects, such as St George’s Red Bag/Green Bag and the NDIS Mental Health Working Group • The Movement Therapy program, which is for people living with upper limb issues post stroke, has also been engaging with consumers and has since expanded beyond Sutherland Hospital to all SESLHD facilities • HM queried whether CALD communities are involved in pharmaceutical-focused initiatives and although many of the multi-lingual resources are developed with CALD communities, CO mentioned that they are looking at different models of care to allow pharmacists to spend more face-to-face time with patients
Part C	New Business	
	Item 6	<p>Patient Opinion - KO</p> <ul style="list-style-type: none"> • KO is the executive sponsor for Patient Opinion in the District, which was first introduced at Sydney Eye Hospital and after a 12 month period, was rolled out across the whole District • 294 stories have been posted onto Patient Opinion, which have been viewed 94,000 times in all • Only two community based services are using Patient Opinion thus far, which include the The Langton Centre and Sydney Sexual Health • Both positive and negative stories about care are received, viewed, and responded to in a timely way and moderators rate them from on a scale from strongly critical to not critical • The majority of stories are written by the patients themselves but some are written on behalf of patients • Although not all stories require a change to be implemented, they need to be responded to and KO receives an email if a story has not been responded to in a week so that she can follow-up with the facility • RN asked how Patient Opinion is promoted and each facility has a pop up flyer, business cards in dispensed medications, posters at each facility, and HMi said that it was also sent out to his Disability Committee • CALD volunteers at facilities was a proposed promotional idea by GL • In terms of facility respondents, each has a nominated member of staff, normally the General Manager, Director of Nursing, or Director of Clinical Services <p>ACTION 1 SB to obtain and include quarterly reports on Patient Opinion in the agenda.</p>

<p>Item 7</p>	<p>DCCC Recognises: PB Inaugural DCCC member, PB, passed away in February 2019 and was recognised for his contribution to patient advocacy.</p> <ul style="list-style-type: none"> • Born in 12 Dec 1929, PB was an incredibly enthusiastic patient advocate who contributed throughout his life to a number of groups including, over 10 years on the St George Hospital Consumer Advisory Group, 14 years on Cancer Voices NSW, and Health Consumers NSW to name a few • GL sat on the St George Hospital CAG with Peter and remembered him as a very passionate and good man • CF saw him as a role model in leadership and also suggested that in future, the Council should send a card if we know that a member is unwell <p>ACTION 2 SB to create a news piece for the SESLHD internal newsletter recognising Peter.</p>
<p>Item 8</p>	<p>Committee Performance Review: Results Overall, the Committee is performing very well and only the comments and suggestions section warranted discussion:</p> <ul style="list-style-type: none"> • One suggestion was to have only one co-chair head each meeting, but it will depend upon the dynamic, strengths, and personalities of co-chairs • A consumer commented that it seemed that decisions happened behind the scenes with the co-chairs and SESLHD staff and so to increase transparency, the agenda drafting process and factors affecting it was explained and suggestions for agenda topics welcomed • In order to balance the conflicting opinions on <i>discussion vs action</i>, an updated Annual Plan and a Health Navigation World Café event will attempt to combine both preferences • Communication with the CAC's could be improved with a reintroduction of the DCCC Roadshow <p>ACTION 3 SB to send out the co-chair agenda drafting document and an Annual Plan update, along with a call from DCCC consumers for suggested agenda items.</p> <p>ACTION 4 SB to send out an offer to the CAC's for a DCCC Roadshow.</p>
<p>Item 9</p>	<p>Diversity Survey: Results The DCCC Diversity Survey results demonstrated that we are well-represented in areas of disability and cultural diversity however, sexuality and gender identity are less diversely represented.</p> <ul style="list-style-type: none"> • Youth representation was lacking in the survey results however, two new Bondi Junction headspace members have been recruited to fill that gap • We currently have no Aboriginal and/or Torres Strait Island representation however, we are working with Tim Croft, the manager of Aboriginal Health, to establish a means of representing their perspective • The Diversity surveys are being reviewed by the Equity Coordinator, Evan Freeman, and feedback from him as well as the DCCC consumers will be incorporated in to the next version <p>ACTION 5 SB to invite Tim Croft to present at the DCCC later in the year once his engagements have been completed.</p> <p>ACTION 6 Version 2 of Diversity surveys to include religion, living conditions and Evan Freeman's recommendations.</p>

Item 10	<p>DCCC Co-chair Nominations Voting for the next DCCC co-chair was cast and members nominated GC. The POWH/SSEH CAC secretariat will be notified.</p>
Item 11	<p>District Clinical and Quality Update - PL Due to the complexity of DCQC meetings and meeting papers regularly over 300 pages, a new approach with the DCCC consumer reps needs to be established. The following comments were noted:</p> <ul style="list-style-type: none"> • Although the DCQC Business Without Notice agenda item is available to consumers, a planned approach would likely be more effective, such as requesting a DCCC-specific agenda item via Toby Wilson, who is the new CE and also the meeting chair • It was suggested that GR and JD meet with the DCQC reps after the meeting to debrief about what is relevant to present at the DCCC meeting • Initially, the DCQC standing agenda item was an opportunity to present back to the Council however, the meetings are very complex and more support needs to be in place. AJ suggested that the DCCC carefully consider what agenda item they would like to put forward to the DCQC, and work would need to be completed on this item, ready for submission. • CF suggested that policy items could be presented to the DCCC however, LW stated that the DCQC is more of a decision making group <p>ACTION 7 DCCC consumer DCQC representatives, DCCC co-chairs and staff to meet and develop ideas on how we want the DCCC voice to be heard at the DCQC to be presented at the next Formal meeting.</p> <p>ACTION 8 JD to present her DPPHE overview presentation which was presented at the April DCQC at an upcoming DCCC meeting. .</p>
Item 12	<p>District Clinical and Quality Council Nominations Voting was cast for the next DCQC member and JR was nominated to join PL.</p>
Item 13	<p>Annual Plan Progression – AJ/KB The previously suggested Health Navigation Planning Day was not well supported however, a suggested solution is a World Café, where positive examples of person-centred care and health navigation from SESLHD are presented, discussed and possibly assessed. The following comments were noted:</p> <ul style="list-style-type: none"> • A Person-Centred Care paper, which maps projects and initiatives across SESLHD, was completed and can be used to drive this priority • A World Café involves groups of people discussing a different topic at several tables, with individuals switching periodically to be introduced to a person-centred care or health navigation project by the table “host” • This strengths-based idea allows the DCCC to hear about the work being done to address health navigation throughout the District and determine projects that stand out, that they support, and that could be either scaled up or adapted and applied in different areas • The My Health Questions Pocket Card initiative from the St George/Sutherland Mental Health CAC is a co-designed example of a project that could be presented at the World Café
Part D	<p>Business Without Notice – Nil declared</p>
Part E	<p>Meeting Close 12:13pm</p>
Item 14	<p>Next Meeting Date: Tuesday May 21st 2019 Time: 10:00pm-12:00pm Venue: The Claffy Lecture Theatre, Sydney/Sydney Eye Hospital Type: Informal</p>

Action Items from District Consumer and Community Council Meetings

Meeting Date	Item	Action	Who	Status
13 Aug 18	5a	2 surveys to be issued concentrating on role in DCCC to identify training needs and gaps.	SJ	2 nd survey to self-evaluate competencies is pending with Health Consumers NSW for 2019.
	6	Looking to establish a working group of 4-5 DCCC consumers to work with iiHub. An EOI will be developed.	SB	Ad hoc expressions of interest for projects will be issued instead of creating a working group. CPU meeting with iiHUB to establish how DCCC can collaborate.
18 Sep 18	1	SB to distribute information on the Remedy Project and End of Life Care Plan EOI for consumer representation to DCCC.	SB	Collaborating with GR and CAC leaders to involve consumers in facility meetings for 2019. SB met with GR at End of Life committee for Sutherland in Feb 19 and the committee are determining how to implement Paid Participation.
21 Feb 19	6	SB to use the results of the survey (Health Navigation Planning Day) to inspire the logistics for the planning day.	SB	Health Navigation World Café will replace the Planning Day.
	8	AJ to liaise with Dr Kate Charlesworth to inform her of the DCCC decision and discuss any next steps.	AJ	Dr Kate Charlesworth will present at May DCCC meeting.
	12	DCQC nominations should be sent to SB within the week, along with an expression of interest to circulate prior to the vote and inform member decisions.	DCCC members /SB	Complete
	13	Send expressions of interest to SB for the HCNSW training.	DCCC members	Ongoing
19 Mar 19	5	DCCC representative(s) attend a Peer Education Youth Advisory Committee meeting.	SB	SB contacted Youth Advisory Committee to establish a meeting date and format.
18 Apr 19	6	SB to obtain and include quarterly reports on Patient Opinion in the agenda.	SB	Complete. Added to agenda drafting document.
	8	SB to send out the co-chair agenda drafting document and an Annual Plan update, along with a call from DCCC consumers for suggested agenda items. SB to send out an offer to the CAC's for a DCCC Roadshow.	SB	Complete. Sent out with April meeting minutes. Complete. Email sent out to CAC leaders 26/04/2019.
	9	SB to invite Tim Croft to present to the DCCC.	SB	Pending the completion of Tim's engagement.
	11	Next Formal meeting decide on a plan on	SB	Complete. Added to

**SESLHD Consumer and Community Council
(DCCC) Formal Meeting**



Health
South Eastern Sydney
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	<p><i>how we want our voice heard on the DCQC.</i></p> <p><i>JD to present her DCQC update presented at the April meeting.</i></p>		<p>agenda drafting document.</p>
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