

MINUTES
Thursday October 24th 2019, 1pm-3pm
The Claffy Lecture Theatre
Sydney/Sydney Eye Hospital, 8 Macquarie Street, Sydney

Part A	Item 1	MEETING OPENING – 1:00pm
	1.1	Acknowledgement of Country <ul style="list-style-type: none"> • Acknowledgement of Country was given by GC (DCCC Co-Chair)
	1.2	Apologies: <ul style="list-style-type: none"> • AS (headspace Bondi Junction Consumer) • CO (Director of Allied Health, SESLHD) • CW (Eastern Suburbs Mental Health Consumer) • GL (St George Hospital Consumer) • GR (Associate Medical Director, SESLHD) • HM (Consumer/Community Representative) • JR (Consumer/Community Representative) • KO (Director, Nursing and Midwifery Services) • LW (Acting Director of Clinical Governance, SESLHD) • TW (Chief Executive, SESLHD)
1.3	Present: <ul style="list-style-type: none"> • AJ (Manager, Community Partnerships Unit) • CF (War Memorial Hospital Consumer) • DM (Consumer/Community Representative) • DN (HIV Outreach Team Consumer) • EP (St George/Sutherland Consumer) • FP (Kirketon Road Centre Consumer) • GM (St George/Sutherland Mental Health Consumer) • JD (Director Planning, Population Health and Equity, SESLHD) • JS (The Albion Centre Consumer) • JW (The Royal Hospital for Women Consumer) • HMi (Prince of Wales/Sydney Eye Hospital Consumer) • KS (Drug and Alcohol Services Consumer) • MM (Consumer/Community Representative) • MR (Eastern Suburbs Mental Health Consumer) • PL (Sutherland Hospital Consumer) • SM (Sutherland Hospital Consumer) • SR (The Royal Women Hospital Consumer) Chairs: <ul style="list-style-type: none"> • GC (Prince of Wales/Sydney Eye Hospital Consumer) • KB (St George/Sutherland Mental Health Consumer) Minutes: <ul style="list-style-type: none"> • SB (Engagement and Support Officer, CPU) 	
	Item 2	Approval of Minutes Minutes of the DCCC Informal Meeting held 17 Sept 2019, as moved by FP and seconded by HMi, were approved.
	Item 3	Declaration of Conflict of Interest: Nil declared. A new way of facilitation was suggested and hand raising was used for questions, with the chairs writing down the names in order.

Part B	Standing Items	
	Item 4	CAC Presentation: headspace Bondi Junction – Held Over
	Item 5	<p>SESLHD District Update <i>DPPHE – JD</i></p> <ul style="list-style-type: none"> •SESLHD is currently in the midst of a major restructure, and there will be a new Director, Population and Community Health. There is a major focus on addressing unwarranted waste across the system to optimise the care provided to consumers •JD praised the DCCC and CPU for being very collaborative and innovative and for influencing the way organisation thinks about consumer engagement •Members thanked JD for her guidance and support and are very saddened to see her leave SESLHD, as this would be her final meeting •SR queried whether the work of the CPU and DCCC would change as a result of the restructure but because the Ministry of Health are focusing on consumer and community engagement and appointing a Chief Experience Officer, JD doesn't think so •The Chief Experience Officer has been taking feedback from AJ and her statewide counterparts and is interested in promoting Paid Participation. SESLHD, along with mental health services, is currently the only District implementing it for non-mental health consumers across NSW. •With the NSW Premiers Priority, "putting customer at the center of everything we do", and the HARP forum promoting the "year of the peer", it seems the climate around engagement is strengthening
	Item 6	<p>Patient Opinion Update – KO Annex A The following comments were noted:</p> <ul style="list-style-type: none"> •Patient Opinion is relatively inexpensive at approximately \$16,000/year for all SESLHD facilities and it is unique because it elevates feedback to General Managers, who may not necessarily hear it via more traditional methods •Sydney Eye Hospital has had the most feedback to date but is a relatively small facility, which may be due to their promotional efforts •GM brought Patient Opinion to her CAC and senior management said that they have a formal complaints procedure instead. JD indicated patient opinion has a different purpose. •JW suggested members take Patient Opinion back to their CAC's to see how it has been promoted and how it might be done better •One issue identified by FP is in the demographics data, which uses just Male, Female and Other <p>ACTION 1 JD to discuss Patient Opinion at Mental Health Services with the A/General Manager, Mental Health Services.</p> <p>ACTION 2 SB to collaborate with FP to write to Patient Opinion about their gender demographics.</p>
Item 7	<p>DCQC Update – PL No update was available because the DCQC utilised Skype at their last meeting and the connection was poor.</p>	
Part C	New Business	

	<p>Item 8</p>	<p>Ground Rules Review Annex B</p> <p>The Ground Rules were created at one of the first DCCC meetings and because membership has changed over time, they were reviewed to ensure they still met the needs of the group.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> • The co-chairs suggested that the “Talking Stick Rule” be removed, and the new discussion facilitation style be added • PL liked that it allowed for more opportunities to speak and ask questions • GM likes the ground rules, thinks the DCCC runs really well and feels she has a voice • JW suggested that using the words “good” and “bad” in the document be changed to “productive” and “unproductive” • KS commented that the DCCC is the most professionally run meeting, with active group participation and ground rules that really work <p>ACTION 3 SB to make recommended changes to Ground Rules document and circulate.</p>
	<p>Item 9</p>	<p>DCCC Charter Review Annex C</p> <p>The DCCC Charter went through its annual review and although the Executive Sponsor and membership has yet to be finalised, the remainder of the document was appraised pending the completion of the restructure.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> • The whole document needs to be revised, as some verbs describing the DCCC roles are missing an ‘s’ • JS suggested that in order to future-proof the document, Executive membership should only include their titles and not specific names • After heading seven, a “Revisions” heading should be added as section eight • Guests can attend meetings on a trial basis but will need to complete the required paperwork if they become a representative, including General Manager nomination sign off • CF suggested that new members be consulted to find out how we might improve the orientation process to prepare them for attending meetings • MM commented that having a buddy, speaking with SB, and undertaking the orientation was very helpful as a new member <p>ACTION 4 SB to make recommend edits to The Charter and distribute for review.</p>

	<p>Item 10</p>	<p>Annual Plan Review</p> <ul style="list-style-type: none"> • The annual plan was created from the objectives in The Charter and Health Navigation was added as an additional priority • Each member had the opportunity to suggest ways of achieving those objectives, which were then categorised based upon their feasibility • Environmental Sustainability will be added as a new objective for 2020 • MM suggested that all of the original objectives should remain in the Annual Plan because those were identified as our core business and passions • KB argued that if objectives remain on the Annual Plan, such as “Promotion of the DCCC”, we need to brainstorm new ways of achieving it and commit to it • JW proposed that Environmental Sustainability be a collaborative initiative with CAC’s so that overall efforts are increased. The Royal for instance, are saving and collecting the blue bottle tops off milk and water to recycle into prosthetic limbs. • SR suggested that we engage with other areas outside organisation in order to extend initiatives to the broader community • PL commented that the Environmental Sustainability Committee is on their way to reducing waste, and could collaborate with the DCCC • JS and SR argued to keep the Annual Plan small and concrete, with specific goals, as more can always be added as we continue into 2020 <p>ACTION 5 SB to send out the most recent Annual Plan Update, along with the original ideas document and DCCC members to send through feedback.</p>		
	<p>Item 11</p>	<p>World Café Update Five projects have confirmed their attendance at the <i>Innovative Health Programs Recognised by the DCCC</i> event, and the Executive team has also been invited to collaborate in the last hour. An invitation will also be extended to SESLHD’s Media and Communications group to take photos and write a Pulse article.</p>		
	<p>Item 12</p>	<p>2020 DCCC Meeting Schedule Based upon the CE’s schedule, the DCCC voted upon the meeting schedule for 2020.</p> <p>ACTION 6 SB to collate votes and send out the final schedule.</p>		
<p>Part D</p>	<p>Business Without Notice The current teleconference situation is not ideal and Skype for Business is being investigated as an alternative. As an Environmental Sustainability initiative, voucher links will be emailed rather than printed out, unless informed of otherwise. Vouchers can be scanned at the retailer on smart phones. A summary of the DCCC meeting will go out with the minutes so that consumers can take those to their respective committee meetings as an update.</p>			
<p>Part E</p>	<p>Meeting Close 3:13pm</p> <table border="1" data-bbox="284 1738 1524 1906"> <tr> <td data-bbox="284 1738 435 1906"> <p>Item 13</p> </td> <td data-bbox="435 1738 1524 1906"> <p>Next Meeting Date: Tuesday Nov 19th 2019 Time: 10:00pm-1:00pm Venue: The Claffy Lecture, Sydney/Sydney Eye Hospital Type: Event</p> </td> </tr> </table>		<p>Item 13</p>	<p>Next Meeting Date: Tuesday Nov 19th 2019 Time: 10:00pm-1:00pm Venue: The Claffy Lecture, Sydney/Sydney Eye Hospital Type: Event</p>
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Action Items from District Consumer and Community Council Meetings

Meeting Date	Item	Action	Who	Status
18 Apr 19	9	<i>SB to invite Tim Croft to present to the DCCC.</i>	SB	Pending the completion of Tim's engagement
27 Jun 19	7	<i>BM to submit a consumer and community engagement plan, workshop information, and focus group details to the DCCC.</i>	BM	Pending. Engagement Plan discussed 30/07/2019 and workshop complete 1/8/2019
	10	<i>SB to submit the DCCC recommended Purpose Statement to Kate and establish next steps.</i>	SB	Pending approval from JD
30 Jul 19	5	<i>CW to return amended Engagement Strategy for approval by the end of August and seek consumer representation on the Community Services Directory Advisory Group.</i>	CW	Pending. Seeking a project extension from Executive Council.
	7	<i>Members to submit abstracts/projects following the approved World Café Project Methodology in order to be short-listed for inclusion.</i>	DCCC members	Complete
15 Aug 19	4	<i>LW to send an EOI for the Quality and Safety Board Committee for DCCC members to join</i>	LW	SB co-designing with committee secretariat
	7	<i>SB to contact PHN to see if they endorse the second edition of Healthcare Rights.</i> <i>PL to raise the Charter at DCQC to ask how it will be implemented.</i>	SB PL	Contacted. PHN rep following up. Complete
24 Oct 19	6	<i>JD to discuss Patient Opinion at Mental Health Services with the A/General Manager, Mental Health Services.</i> <i>SB to collaborate with FP to write to Patient Opinion about their gender demographics.</i>	JD SB	Complete Pending
	8	<i>SB to make recommended changes to Ground Rules document and circulate.</i>	SB	Complete. Sent with Oct meeting minutes.
	9	<i>SB to make recommend edits to the Charter and distribute for review.</i>	SB	Complete. Sent with Oct meeting minutes.
	10	<i>SB to send out the most recent Annual Plan Update, along with the original ideas document and DCCC members to send through feedback.</i>	SB DCCC	Complete
	12	<i>SB to collect votes from members who did not attend and send out the final schedule.</i>	SB	Complete