

**MINUTES**  
**Thursday December 12<sup>th</sup> 2019, 12pm-2pm**  
**The Claffy Lecture Theatre**  
**Sydney/Sydney Eye Hospital, 8 Macquarie Street, Sydney**

<b>Part A</b>	<b>Item 1</b>	<p><b>MEETING OPENING – 12:01pm</b></p> <p><b>Acknowledgement of Country</b></p> <ul style="list-style-type: none"> <li>• Acknowledgement of Country was given by GC (DCCC Co-Chair)</li> </ul> <p><b>1.2 Apologies:</b></p> <ul style="list-style-type: none"> <li>• AS (headspace Bondi Junction Consumer)</li> <li>• CO (Director of Allied Health, SESLHD)</li> <li>• GK (headspace Bondi Junction Consumer)</li> <li>• GM (St George/Sutherland Mental Health Consumer)</li> <li>• HM (Consumer/Community Representative)</li> <li>• JR (Consumer/Community Representative)</li> <li>• JW (The Royal Hospital for Women Consumer)</li> <li>• TW (Chief Executive, SESLHD)</li> </ul> <p><b>1.3 Present:</b></p> <ul style="list-style-type: none"> <li>• AJ (Manager, Community Partnerships Unit)</li> <li>• CF (War Memorial Hospital Consumer)</li> <li>• CW (Eastern Suburbs Mental Health Consumer)</li> <li>• DM (Consumer/Community Representative)</li> <li>• DN (HIV Outreach Team Consumer)</li> <li>• EP (St George/Sutherland Consumer)</li> <li>• FP (Kirketon Road Centre Consumer)</li> <li>• GL (St George Hospital Consumer)</li> <li>• GR (Associate Medical Director, SESLHD)</li> <li>• HM (Prince of Wales/Sydney Eye Hospital Consumer)</li> <li>• JS (The Albion Centre Consumer)</li> <li>• KO (Director, Nursing and Midwifery Services)</li> <li>• KS (Drug and Alcohol Services Consumer)</li> <li>• LW (Acting Director of Clinical Governance, SESLHD)</li> <li>• MM (Consumer/Community Representative)</li> <li>• MR (Eastern Suburbs Mental Health Consumer)</li> <li>• PL (Sutherland Hospital Consumer)</li> <li>• SM (Sutherland Hospital Consumer)</li> <li>• SR (The Royal Women Hospital Consumer)</li> </ul> <p><b>Chairs:</b></p> <ul style="list-style-type: none"> <li>• GC (Prince of Wales/Sydney Eye Hospital Consumer)</li> <li>• KB (St George/Sutherland Mental Health Consumer)</li> </ul> <p><b>Minutes:</b></p> <ul style="list-style-type: none"> <li>• SB (Engagement and Support Officer, CPU)</li> </ul>
	<b>1.1</b>	
	<b>1.2</b>	
	<b>1.3</b>	
	<b>Item 2</b>	<p><b>Approval of Minutes</b></p> <p>Minutes of the DCCC Informal Meeting held 19 Nov 2019, as moved by GL and seconded by MM, were approved.</p>
	<b>Item 3</b>	<p><b>Declaration of Conflict of Interest:</b> Nil declared.</p>
<b>Part B</b>	<b>Standing Items</b>	
	<b>Item 4</b>	<p><b>CAC Presentation: headspace Bondi Junction – held over</b></p>

	<p><b>Item 5</b></p>	<p><b>SESLHD District Update</b> <i>Medical Executive Directorate– GR</i></p> <ul style="list-style-type: none"> <li>• 179 members of SESLHDs leadership team, which included two consumers, attended a planning session on Monday in order to introduce the new Executive members and discuss priorities set by the Premier, NSW Health, and the SESLHD Executive team and to determine additional priorities. Key elements discussed were:             <ul style="list-style-type: none"> <li>○ The Premiers priorities are to improve hospital service levels, reduce preventable hospital admissions by 5%, and reduce suicides</li> <li>○ To prevent hospital admissions, Professor Gonski discussed the Geriatric Flying Squad, which aims to improve acute and palliative care services by preventing admission and treating people in the community</li> <li>○ KO mentioned that the Geriatric Flying Squad model may be adapted and implemented with other health populations</li> <li>○ NSW Health priorities are Emergency Treatment Performance, value-based healthcare, and The First 2000 Days, which aims to improve early childhood interventions</li> <li>○ The Executive team is prioritising District-wide service delivery, a reduction in wastage and bureaucracy, improved management of talent, empowerment for managers, improvement of virtual healthcare and telehealth, and collaborative commissioning for integrated care</li> </ul> </li> <li>• GR wished the District luck in these lofty endeavors, as he is retiring in February 2020</li> <li>• At a recent conference, GR was introduced to the Patient Safety Movement Foundation (PSMF), which is an organisation aiming to achieve ZERO preventable deaths in hospitals</li> <li>• PSMF promotes the consumer voice, has no fee to join, and has a variety of resources, such as the Action for Patient Safety Solutions (APSS) which addresses 18 challenges and more than 30 solutions to overcoming them (e.g. medication safety, Healthcare associated infections)</li> </ul> <p><b>ACTION 1</b> SB to send out link to Patient Safety Movement Foundation website.</p> <p><i>Clinical Governance – LW</i></p> <ul style="list-style-type: none"> <li>• Patient Reported Outcome Measures (PROM's) and Patient Reported Experience Measures (PREM's) Health are tools used to achieve an understanding of the patient perspective, which has been implemented throughout NSW. There are now two dedicated positions within Clinical Governance tasked with its operation and they will be presenting to the DCCC in February 2020.</li> <li>• LW sought advice and recommendations for three Opioid patient information resources on behalf of the Quality Use of Medicines Committee, which focus upon immediate post-surgery discharge</li> <li>• There has been a push around opioid stewardship for pain management in terms of their misuse and availability in the community</li> <li>• HM suggested that there be more control within hospitals where it is prescribed initially and MM suggested that additional strategies be included for chronic pain management</li> <li>• LM mentioned that although the Chronic Pain Service has a different focus than these patient resources, that service is also reforming their approach to opioids</li> <li>• CF added that specific resources around pain management for the ageing sector would be valuable</li> </ul> <p><b>ACTION 2</b> Feedback for the Opioid resources are due to LW by 20 Dec 2019.</p>
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	<b>Item 6</b>	<b>DCQC Update – PL &amp; SM</b> December meeting was cancelled and the Council will reconvene in 2020.
<b>Part C</b>	<b>New Business</b>	
	<b>Item 7</b>	<p><b>Annual Plan 2020/2021 DRAFT</b></p> <p>The Annual Plan was tabled for approval and the following comments were noted:</p> <ul style="list-style-type: none"> <li>• The Roadshow, which was intended to promote the DCCC, didn't have enough interest from members and so, does not have support to continue into 2020</li> <li>• AJ suggested that the DCCC continue to be promoted from within the organisation, particularly because of the restructure and staff changes</li> <li>• GL does a written report every month to his CAC and so, perhaps a monthly reporting procedure would promote the DCCC locally</li> <li>• A summary of the minutes is used by PL for his CAC update and SR provides feedback to The Royal Hospital for Women CAC however, she suggested that a discrete task list for individuals would be more a productive strategy</li> <li>• CF proposed that a DCCC update be sent in a newsletter to the District, or have a standing spot in the Pulse</li> <li>• All objectives were considered, discussed and agreed upon</li> <li>• DCCC would like to develop actions under each objective in 2020</li> </ul> <p><b>DECISION</b> The DCCC Annual Plan 2020/2021 DRAFT was approved as a base for further development in 2020.</p> <p><b>ACTION 3</b> SB to follow-up with Media and Communications regarding a standing spot in The Pulse.</p>
<b>Item 8</b>	<p><b>Membership Terms – Re-nominations</b></p> <p>A number of consumers are approaching the end of their membership terms on the DCCC and although members can renominate for another year, that process is unclear in the Charter.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> <li>• FP suggested that, for re-nominations, the CAC be consulted to ensure they still endorse that person to be their representative</li> <li>• DN agreed to check in with the CAC to also allow other members the opportunity to join the DCCC</li> <li>• Community representatives, who are not members of a CAC, can liaise with the Community Partnerships Unit regarding re-nominations</li> <li>• The co-chairs proposed that the renewal length be changed from one year to two years for consistency and to allow members the opportunity to become accustomed to the Council</li> <li>• PL agreed that it takes a while to become familiar with the organisation and make a rich contribution</li> <li>• A clause allows members to remain beyond the three maximum years if they cannot be replaced, which allows for consistency of representation</li> </ul> <p><b>DECISION:</b> CAC's will be contacted to confirm re-nominations.</p> <p><b>DECISION:</b> Membership terms will change to four maximum years (two years with a possible two year re-nomination), with the exception of the clause.</p> <p><b>ACTION 4</b> The Charter will undergo a minor amendment to include the above changes.</p>	

<b>Item 9</b>	<p><b>Quality and Safety Board Committee</b> The Quality and Safety Board Committee, which is a subcommittee of the SESLHD Board, ensures effective clinical safety and quality systems, monitoring, responses and governance and they are seeking a DCCC representative to join them.</p> <p><b>ACTION 5</b> Changes to the Quality and Safety Board Committee EOI, Terms of Reference, and Guidelines to be sent to SB by December 20<sup>th</sup> and nominations will take place in February 2020.</p>
<b>Item 10</b>	<p><b>Training Options</b> Under the DCCC Charter, SESLHD offers members ongoing professional development and training.</p> <p>Some potential training options were presented and the following comments were noted:</p> <ul style="list-style-type: none"> <li>• Co-chair training for the whole DCCC was proposed earlier this year to support future new chairs and also to better understand, and be sympathetic, to the difficulty of the role</li> <li>• Proposed training options include; Cultural Competency Training with Multicultural Health, Purposeful Storytelling with the Recovery and Wellbeing College, and panels training (e.g. for interviews or awards)</li> <li>• LW suggested the Respecting the Difference training, which is a NSW Health Aboriginal Cultural Training Workshop, and also Incidents Investigation training</li> <li>• CF proposed that, for staff seeking consumers, a register of training and areas of interest might help guide staff towards an appropriate consumer</li> <li>• Trauma informed care was recommended by FP and CF would be interested in a session on mindfulness</li> </ul> <p><b>ACTION 6</b> Members to send ideas to SB and a vote will determine the training priorities for 2020.</p>
<b>Item 11</b>	<p><b>Innovative Projects Recognised by the DCCC Feedback</b> Feedback from the projects was presented, the majority of which was positive and complimentary, and the following comments were noted:</p> <ul style="list-style-type: none"> <li>• The constructive feedback can be used to improve the methodology and process, ensuring the objectives of the event are clear</li> <li>• The pace of the event, as it was quite quick, may have influenced the feedback and also the style of conversations held</li> <li>• A potential training topic might also focus on how to provide strengths-based feedback</li> <li>• GL enjoyed the process of the event, as it was very organic and the consumers got to figure out how to assess and evaluate projects first-hand</li> </ul> <p><b>ACTION 7</b> SB to develop a methodology paper, outlining the approach to the event.</p>
<b>Item 12</b>	<p><b>DCCC Co-Chair Appointment</b> Only one nomination was received for the DCCC co-chair position and so, KB was renominated for another term.</p>

	<p><b>Item 13</b></p>	<p><b>2019 Highlights/Holiday Celebration</b></p> <p>The DCCC shared their 2019 highlights, which were as follows:</p> <ul style="list-style-type: none"> <li>• CF: Working and learning together as the DCCC, creating a team, and developing friendships and relationships, and attending the Patient Experience Symposium as a District and DCCC representative was a privilege and greatly appreciated</li> <li>• DM: Being involved with HM as consumers on the judging panel for the SESLHD Innovation and improvement awards gave a greater appreciation of all the good work that is going on in the District, and how much of it will benefit consumers</li> <li>• JS – New member to the DCCC</li> <li>• GL: <i>The Innovative Health Projects Recognised by the DCCC</i> event and representing the St George CAC</li> <li>• MM: Joining the DCCC, which pushed her out of her comfort zone and gave her somewhere to go, as well as the HCNSW Consumer Training</li> <li>• LW: The HCNSW Consumer staff training and interacting with consumers throughout the year helped maintained her positive mindset in a role filled with unpleasant events, acted as a reminder of what is important</li> <li>• CW: The Pocket Card and the positive response it received</li> <li>• GC: Being associated with the wonderful people on the DCCC and co-chairing the Council</li> <li>• KB: Co-chairing and facilitating a group of wonderful minds and souls to make the District better, and learning from each other</li> <li>• MR: Representing the Eastern Suburbs Mental Health CAC and ensuring that voice is heard</li> <li>• HM: Innovation and Improvement Awards, learning from GR about the Advanced Care Plans, and being involved in disseminating important information</li> <li>• DN: CAC presentations and the DCCC has opened her eyes to look through a different lens and a new way of doing things, especially hearing from the younger members and their innovative ideas</li> <li>• EP: Learning about different things and services has been overwhelming but good to realise and share information with others</li> <li>• FP: Being a DCCC member and being accepted despite initially feeling like an outsider, speaking at consumer forums, and getting a consumer voice out there</li> <li>• SR: <i>The Innovative Health Projects Recognised by the DCCC</i> and getting to know members of the DCCC more</li> <li>• PL: Being a part of the District Awards panel and seeing the enthusiasm in the District</li> <li>• SM: Being involved in the DCCC and trying to make a difference, engaging, and attending the HCNSW consumer training</li> <li>• KS: Privileged to be a part of the DCCC team, having opportunities to participate and see the amazing things happening in health</li> <li>• AJ: Working with everyone on the DCCC, particularly the chairs, was a pleasure and this work brings joy that motivates her to do this work</li> <li>• SB: Getting to partner and collaborate with wonderful consumers on a daily basis and team up with a consumer on a TIIC project</li> </ul> <p><b>ACTION 8</b> SB to send out the photo taken from the <i>Innovative Projects Recognised by the DCCC</i> event.</p>
<p><b>Part D</b></p>	<p><b>Business Without Notice - Nil</b></p>	
<p><b>Part E</b></p>	<p><b>Meeting Close 2:00pm</b></p>	

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



**Health**  
South Eastern Sydney  
Local Health District

	<b>Item 14</b>	<b>Next Meeting</b> <b>Date:</b> Thursday February 13 <sup>th</sup> <b>Time:</b> 11:30am-1:30pm <b>Venue:</b> The Worrall Theatre Room, Sydney/Sydney Eye Hospital <b>Type:</b> Formal
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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	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 and seek consumer representation on the Community Services Directory Advisory Group.</i>	CW	Complete. Extension approval granted for only 6months, resulting in reduced consumer involvement.
15 Aug 19	4	<i>LW to send an EOI for the Quality and Safety Board Committee for DCCC members to join</i>	LW	Complete. Presented at 12/12/2019 meeting.
	7	<i>SB to contact PHN to see if they endorse the second edition of Healthcare Rights.</i>	SB	Complete. At an organisational level, the PHN do not have a role endorsing the Healthcare Rights Charter amongst individual practitioners.
24 Oct 19	6	<i>SB to collaborate with FP to write to Patient Opinion about their gender demographics.</i>	SB	Complete. Change will be implemented in early 2020.
19 Nov 19	7	<i>Letters will be sent out to all of the projects that attended, letting them know the outcome of the day.  Invite champion projects back to the DCCC for future collaboration.</i>	SB	Pending
12 Dec 19	5	<i>SB to send out link to Patient Safety Movement Foundation website. Feedback for the Opioid resources are due to LW by 20 Dec 2019.</i>	SB DCCC	Complete. Sent out with the Minutes. Complete
	7	<i>SB to follow-up with Media and Communications regarding a standing spot in The Pulse.</i>	SB	Pending
	8	<i>The Charter will undergo a minor amendment to include the above changes.</i>	SB	Complete. 18/12/2019
	9	<i>Changes to the Quality and Safety Board Committee EOI, Terms of Reference, and Guidelines to be sent to SB by December 20th and nominations will take place in February 2020.</i>	SB	Complete. Added to the agenda drafting document.
	10	<i>Members to send ideas to SB and a vote will determine the training priorities for 2020.</i>	SB	Complete. Added to the agenda drafting document.
	12	<i>SB to develop a methodology paper, outlining the approach to the Innovative Projects Recognised by the DCCC event.</i>	SB	Pending
	13	<i>SB to send out the photo taken from the Innovative Projects Recognised by the DCCC event.</i>	SB	Complete. Sent out with the Minutes.