

MINUTES
Tuesday 23 October 10:00am – 12:00pm
The Claffy Lecture Theatre
Sydney/Sydney Eye Hospital, 8 Macquarie Street, Sydney

Part A	Item 1	MEETING OPENING – 9:59am
	1.1	<p>Acknowledgement of Country</p> <ul style="list-style-type: none"> Acknowledgement of Country was given by ST (DCCC Co-Chair)
	1.2	<p>Apologies:</p> <ul style="list-style-type: none"> AB (Executive Director, HCNSW) CO (Director of Allied Health, SESLHD) DP (Acting Chief Executive, SESLHD) ED (Consumer) JD (Director Planning, Population Health and Equity, SESLHD) JR (Consumer) KBr (Director of Clinical Governance, SESLHD) KO (Director, Nursing and Midwifery Services) RL (Consumer) SO (Consumer) SR (Consumer) PB (Consumer) VH (Consumer)
	1.3	<p>Present:</p> <ul style="list-style-type: none"> AJ (Manager, Community Partnerships Unit) CF (Consumer) CW (Consumer) DM (Consumer) DN (Consumer) GC (Consumer) GL (Consumer) GO (Consumer) GR (Associate Medical Director, SESLHD) HM (Consumer) HMi (Consumer) JW (Consumer) KS (Consumer) LW (Patient Safety Manager, Clinical Governance) PL (Consumer) RN (Consumer) SJ (Consumer Engagement Manager, HCNSW) <p>Chairs:</p> <ul style="list-style-type: none"> KB (Consumer) ST (Consumer) <p>Minutes: SB (Engagement and Support Officer, CPU)</p>
	Item 2	<p>Approval of Minutes</p> <p>Minutes of the DCCC Informal Meeting held 18 Sept 2018, as moved by PL and seconded by GC, were approved.</p>
	Item 3	<p>Declaration of Conflict of Interest: Nil declared</p>

<p>Part B</p>	<p>Standing Items</p> <p>Item 4 iiHub Working Party and Training Update – AJ Community Partnerships Unit (CPU) met with Dan Shaw and Trish Bradd from iiHub to discuss the DCCC Bronze level training session, which will take place at the November informal meeting, will run for an hour, and will introduce improvement skills and tools that are taught to staff.</p> <p>A working party of 4-5 consumers will form following the training in order to co-design an improvement program, where staff can understand and get the skills they need to effectively engage with consumers in their projects/work and consumers can learn about improvement methods.</p>
<p>Part C</p>	<p>New Business</p> <p>Item 5 CAC Presentation: HOT Team – DN Following comments were noted:</p> <ul style="list-style-type: none"> • The HIV Outreach Team has been running almost 11 years, has 12-14 staff members, various clinics, and a number of allied health workers (i.e. social workers, occupational therapists). • The clients are typically people who have had severe health issues as a result of long term or late diagnosed HIV and have very complex health issues, such as dementia, drug and alcohol abuse, mental health problems, social isolation, stigma, survivor’s guilt, and ageing. • The consumer group, that consists of an average of 9-10 members, identified social isolation as one of their priorities and have since created a walking group and consumer led- activity-based Wacky Wednesday. • They recently had a very successful NDIS forum, which included informative presentations with relevant advice for HIV consumers. <p>Item 6 Medical Executive Directorate Update – GR There is an increase in patient and consumer involvement in health care worldwide and as a result, there are a number of available resources including the Canadian Foundation for Healthcare Improvement, the Boston Institute for Healthcare Improvement, and a biographical movie about a young man that died due to a lack of teamwork and communication with the patient and his family.</p> <p>The SESLHD Medical Directorate has a number of projects that would benefit from DCCC consumer involvement, which include:</p> <ul style="list-style-type: none"> • <i>End of Life Care</i>: At all the major teaching hospitals, committees are forming to create and implement an assessment of end of life care. -ST queried what the ultimate outcome goal of the group is and that is to assess that end of life treatment is in accordance with the wishes of the patient, advanced care plans, and communication with family or carers. • <i>Junior Doctor Improvement Group</i>: Junior doctors at Prince of Wales and St George/Sutherland Hospitals with an interest in quality improvement projects are implementing changes within their practice. -PL had particular interest in joining this group. • <i>Remedy Project</i>: Quality improvement committees at Prince of Wales and St. George/Sutherland Hospitals meets regularly to improve the medication information sent to GP’s in the discharge summary from emergency, which ultimately increases patient safety. <p>ACTION 1 SB to follow up with GR on the 30min biographical movie that he has offered to share/have a viewing of.</p> <p>ACTION 2 SB to collaborate with GR on the above committees re: DCCC involvement.</p>

	<p>Item 7</p>	<p>Documents with Executive Council - AJ The Charter, DCQC Guidelines, Annual Plan, and Nomination Process were all presented to the Executive Council in October where they were endorsed.</p> <p>The Data Subcommittee Terms of Reference are pending endorsement due to a lack of information. A meeting with AJ, SB and Trish Bradd is schedule at the beginning of November to provide some context and background information.</p>
	<p>Item 8</p>	<p>Annual Plan: Next Steps and Health Navigation – SB The following comments were noted:</p> <ul style="list-style-type: none"> • The 2018/2019 plan is currently at the, ‘arranging/creating the means required to achieve the activities set out in the objectives/goals’ phase. • In collaboration with Evan, the Equity Coordinator for SESLHD, a standard set of questions have been compiled to form the “equity lens”, which will guide each activity the DCCC will engage in. • A SESLHD stocktake/scan is being conducted on the objectives that did not make it into the 2018/2019 plan. • The activities for the current plan include: <ol style="list-style-type: none"> 1. Increase the use of Patient Opinion by establishing a communication link from the facilities, who manage implementation, to the DCCC. -HM suggested that facility advertisements/promotion for Patient Opinion need to consider CALD communities, and in terms of effecting policy for issues like this, GR asked if consumers sit on the executive and clinical councils. -Sutherland, The Royal, Drug and Alcohol, and St George have consumers on their clinical councils but HOT, Mental Health and POW/SSEH do not. 2. <i>Raise DCCC Profile</i>: Increase the awareness of the DCCC in order to promote consumer engagement overall. 3. <i>Identify Health Navigation Priorities</i>: Through collaboration with the CAC’s, the health navigation priorities are 1.) Finding the right health service, 2.) Connecting patients to relevant information/resources, and 3.) Comfort and confidence in asking health providers questions. 4. <i>Person-centred care</i>: A SESLHD gap analysis is being conducted in order to guide the future working party. • The next steps are to create a health navigation workshop/planning day with relevant stakeholders in the district, complete and analyse the scoping document and gap analysis, and create a person-centred working party. • JW suggested a session where CAC’s could network and ST suggested the use of a formal meeting or perhaps an annual DCCC conference. <p>ACTION 3 SB to complete the scoping document and gap analysis for tabling at a formal meeting.</p> <p>ACTION 4 SB to follow up with Multicultural Health on the promotion of Patient Opinion to CALD communities.</p> <p>ACTION 5 CAC representatives to advocate for Patient Opinion to be raised at their facility meetings in order to provide a link to their implementation efforts and the DCCC.</p>

	<p>Item 9</p>	<p>DCCC Governance: Minutes and consent, Charter Review – AJ A consumer recently voiced their concerns over privacy by having the DCCC minutes appear on the Internet. The following comments were noted:</p> <ul style="list-style-type: none"> • The minutes were put up on the Internet for transparency, collaboration and promotion, and the DCCC consumers requested that their comments appear with their name. • The minutes are currently on the password protected Engagement HQ site, Share with Purpose, but have been removed from the Internet. • According to SJ, posting the minutes on the internet is a way to hold SESLHD accountable in their response to the items raised, it sets a standard for transparency, and shows those that the DCCC are seeking to influence that it is serious. • SJ also mentioned that no other LHD's post their minutes publically but that PHN's do through outcome-based infographics. • LW asserted that the NSW government is required to promote transparency and freedom of information, as it is a fundamental principle across the government. • HOT use only first and last initials (DN) • SESLHD is required to have a true, accurate record in our local records management system. • ST argued that the purpose of the committee is to be public and that those that choose not to be in the minutes have that right but that it is not practical to make two sets of minutes. • KB understands it from a safety perspective but also argues that consumers are advocates and to lead by example with transparency. <p>There were a few suggested changes/additions to the Charter which includes:</p> <ol style="list-style-type: none"> 1. Consumers provide notice if they will miss a meeting, otherwise they can miss 2 formal meetings before their membership is reviewed 2. Consumer terms can extend past the standard 2 years if their place cannot be filled by their home CAC 3. The Council can invite other consumers as guests to attend meetings. <p>DECISION The DCCC will prospectively post the minutes on the Internet, with initials of participants only.</p> <p>DECISION The Charter changes are endorsed by the DCCC.</p>
	<p>Item 10</p>	<p>National Standards: Accreditation & Next Steps – AJ An interim summary report from SESLHD accreditation is back and Standard 2 had no recommendations. The following comments were noted:</p> <ul style="list-style-type: none"> • LW noted that the accreditors were very impressed and the positive feedback received on the day of accreditation was reflected in the summary report. • Accreditation at some services/facilities is still underway.

		<ul style="list-style-type: none"> The second edition of the Standards has been released, which is what the Annual Plan will align with in order to proactively prepare for future accreditation. LW mentioned that the new standards embeds an element of standard 2 (Partnering with consumers) in each of the standards. JW was told that the next accreditation will assess the effectiveness of CAC's. GO thinks the DCCC should build in measureable outcomes and DN agreed that the group should be proactive. As a minimum, we will meet the standards but we should try to exceed them if we can (AJ).
	Item 11	Meeting date, time and location for 2019 The 2019 DCCC meeting location will predominantly be at Sydney/Sydney Eye Hospital, at Tuesday AM and Thursday PM, as a result of consumer votes.
Part D	Business Without Notice	
	<p>ST encouraged the DCCC to engage with presenters/speakers that they think would contribute positively to the meetings.</p> <p>PL suggested that Peter Gonski would be an interesting guest presenter.</p> <p>CF proposed that the committees GR mentioned could present to the DCCC and collaborate with the whole DCCC that way.</p> <p>ACTION 6 SB to follow up with GR in regards to the committees and how the DCCC might collaborate with them.</p>	
Part E	Meeting Close – 11:59	
	Item 12	Next Meeting Date: Wednesday 21 November 2018 Time: 9:00am-11:00am Venue: Sydney/Sydney Eye Claffy Lecture Theatre Type: Informal

Action Items from District Consumer and Community Council Meetings

Meeting Date	Item	Action	Who	Status
21 May 18	7	<i>Begin compiling a list of small win programs/initiatives the DCCC could undertake, such as "Hello my name is..."</i>	SB	List added to the end of the complete list of Annual Plan ideas.
15 Jun 18	9	<i>CPU to establish a Terms of Reference (for the Data Subcommittee), send out an Expression of Interest, and collect nominations for 2 members to be selected by next formal meeting.</i>	CPU	Terms of Reference not approved by Executive Council. Being reviewed.
26 Jul 18	9	<i>DCCC to advocate for the consumer engagement video to be used at their home CAC facilities.</i>	CAC Members	War Memorial has included the video in their orientation package, The Albion Centre is changing their waiting room TV's – considering adding.
13 Aug 18	5a	<i>2 surveys to be issued concentrating on role in DCCC to identify training needs and</i>	SJ	2 nd survey, asking consumers to self-

SESLHD Consumer and Community Council (DCCC) Formal Meeting



		<i>gaps.</i>		evaluate themselves against competencies is pending with SJ. Back from holiday 22 Oct 2018.
	6	<i>Looking to establish a working group of 4-5 DCCC consumers to work with iiHub. An EOI will be developed.</i> <i>Bronze level training to be part of an upcoming informal DCCC Meeting.</i>	SB	Working group EOI will be sent out after the Bronze level training, which is held at the November informal meeting.
	7	<i>Raise Annual Plan with Executive regarding distribution of points raised on plan and contact SESLHD Equity Coordinator.</i>	AJ/SB	SB contacted Equity Coordinator and compiled a list of Equity Lens questions. Executive Council endorsed Annual Plan. Sending out to district on hold.
	8	<i>Status of eVoucher – for consideration with relation to above point (extra members attending meetings)</i> <i>DCCC Charter to be finalised at October 18 (formal) DCCC Meeting.</i>	SB	On Co-Chair agenda drafting document for consideration. Deadline extended to December 17 formal meeting.
18 Sep 18	1	<i>S Boucher to distribute information on the Remedy Project and End of Life Care Plan EOI for consumer representation to DCCC.</i>	SB	Collaborating with GR on how to involve consumers based on October meeting feedback.