SESLHD Consumer and Community Council (DCCC) Formal Meeting

Health
South Eastern Sydney
Local Health District

MINUTES
Thursday February 21st 12.00pm-2.00pm
The Worrall Theatre Room
Sydney/Sydney Eye Hospital, 8 Macquarie Street, Sydney

Part A	**Item 1**	**MEETING OPENING – 12.00pm**
	1.1	**Acknowledgement of Country** • Acknowledgement of Country was given by KB (DCCC Co-Chair)
	1.2	**Apologies:** • CO (Director of Allied Health, SESLHD) • CW (Eastern Suburbs Mental Health Consumer) • DM (Consumer/Community Representative) • DP (Acting Chief Executive, SESLHD) • GO (BCPC Consumer) • KBr (Director of Clinical Governance Unit, SESLHD) • KO (Director, Nursing and Midwifery Services) • SO (The Albion Centre Consumer)
	1.3	**Present:** • AJ (Manager, Community Partnerships Unit) • CF (War Memorial Hospital Consumer) • DN (HIV Outreach Team Consumer) • 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) • JR (Consumer/Community Representative) • JW (The Royal Hospital for Women Consumer) • 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) • SR (The Royal Women Hospital Consumer) **Chairs:** • KB (St George/Sutherland Mental Health Consumer) **Minutes:** • SB (Engagement and Support Officer, CPU)
	Item 2	**Approval of Minutes** Minutes of the DCCC Formal Meeting held 17 December 2018, as moved by GC and seconded by KS, were approved.
	Item 3	**Declaration of Conflict of Interest**: Nil declared AJ announced that ST had stepped down as co-chair and KB would be chairing the meeting along with her support.

Part B	**Standing Items**	
	Item 4	**CAC Presentation: Royal Hospital for Women –** JW & SR Following comments were noted: • Unbeknownst to most, the Royal Hospital for Women not only provides statewide services, but it is also a UNSW/Sydney University tertiary teaching hospital and research facility. • In facility planning, consumers have been encouraged to collaborate, which most recently includes the co-designed Royal Hospital for Women Integrated Health Services Plan, the Working Party for service integration at the Randwick Campus, and the establishment of home birthing. • A half day engagement and brainstorming session will be held in April with consumers to discuss the new National Standards, create expectations about roles, and implement the principles of co-design and co-production. • In terms of the CAC, membership has increased and consumers are encouraged to do the HCNSW training, an Annual Plan with broad goals has recently been created, and the Charter signed off on, which includes a new stipulation that consumers and consumers groups can be invited to attend their meetings as guests as a way to make a connection with the community.
	Item 5	**SESLHD District Update –** JD, GR, LW Following comments were noted for the Directorate of Planning, Population Health and Equity (DPPHE): • Following on from the discussions around the Royal, JD mentioned that it is the only women's hospital in NSW and that the CE was currently there promoting their aspirational plan, which will be finalised in a few months. • In terms of District news, the NSW state election is approaching, which may impact SESLHD, and St George Hospital has ongoing updates. • Kim Olesen was attending the Winter Planning Forum of emergency staff and executives, which discusses the issues impacting the hospitals, such as increasing emergency presentations of people aged 16-34 years and the early emergence of the flu. • In response to the flu, DPPHE will be visiting disadvantaged communities to promote the vaccine releasing in April. Following comments were noted from the Medical Executive Directorate: • GR mentioned that, in response to recommendations from the acting CE, the Clinical and Quality Council has increased its processes for accountability. • SESLHD Plan for Comprehensive Care at End of Life is being implemented at facility level, and local committees are implementing, monitoring, and ensuring the plan progresses, reporting monthly at the District Clinical and Quality Council meetings. • Although Prince of Wales Hospital has not yet established their End of Life Committee, HMi mentioned that they have a Renal End of Life Committee, and they also have a mortality review process that takes place at MDT (Multidisciplinary Team) meetings. • JW wondered if, since the Randwick Campus includes the Royal Hospital for Women, POW/SSEH CAC could be invited to a Royal CAC meeting and GR agreed in principle. Following comments were noted for Clinical Governance Unit: • Accreditation occurred last year and the facilities did well, with only POW receiving recommendations but the second version of the National Standards have an increased emphasis upon Aboriginal and Torres Strait Islanders, Standard 2: Partnering with Consumers, and a new standard called "Comprehensive Care", which changes the way hospitals are surveyed and focuses upon holistic care.

	Item 6	**Annual Plan Update: Health Navigation Planning Day Results** A review of the DCCC 2018/2019 Annual Plan revealed that the SESLHD Person-Centred Care Gap Analysis draft has been completed and is awaiting review, and the results of the Health Navigation Planning Day have been compiled and will help inform the logistics for the day, while also taking into account the practicality of those preferences. ACTION 1 SB to use the results of the survey to inspire the logistics for the planning day.
Part C	**New Business**	
	Item 7	**Diversity Surveys** A diversity survey, broken up into 3 parts to ensure anonymity, was distributed for voluntary completion and will be analysed by SESLHD staff for the purposes of meeting our obligations under the National Safety and Quality Health Service Standards, which require the DCCC to reflect the diversity of the consumers in our District. ACTION 2 SB to analyse the responses and compile a report for DCCC review.
	Item 8	**SESLHD's Vision & Purpose Statements - AJ** Dr Kate Charlesworth, the SESLHD Environmental Sustainability lead, is developing the Districts sustainability strategy and is seeking DCCC endorsement for proposed changes to SESLHD's Vision and Purpose statements. The following comments were noted: • The changes to the Vision Statement were more consistent with Australian Government Department of Health and NHS Vision Statements. • The brief suggests that the proposed changes better reflects SESLHD's responsibility to protect and improve the health and wellbeing of current and future generations in a manner that also protects the environment. • PL went to one of the environmental sustainability meetings, which provided some context to the changes and he found it interesting. • JR proposed that the changes to the Purpose statement did not explicitly say anything about sustainability or considering the environment, and an explanation page should not be necessary to understand that. • JW thought that the addition was not necessary and if need be, should clearly mention the intention to protect the environment. • DN suggested that perhaps the suggested amendments were meant to provide a scope for change. • CF proposed including, "in a manner that protects the environment" and thought this may prevent interpreting a different meaning than intended. • PL thought that more information or a conversation with Kate might answer some of the vagueness. • The general consensus for the Vision statement is that it should not change either because the main purpose of the health service is to provide "Exceptional Care". • A vote revealed that the group did not endorse the changes to either statement but were happy to discuss further with Kate. ACTION 3 AJ to liaise with Dr Kate Charlesworth to inform her of the DCCC decision and discuss any next steps.

	Item 9	**Co-Chair Term Condition Review – AJ** The following comments were noted: • KB, our current co-chair, is completing her CAC term in February, which would also end her term on the DCCC under The Charter however, she was nominated and selected as a Community representative in January. • Rather than re-nominating, the DCCC voted to allow KB to remain as co-chair and complete her term. • ST stepped down as co-chair and a vote determined that a replacement would be nominated at the next formal meeting in April. • In terms of the experience as a co-chair, KB outlined that there is an extra meeting a month, increased emails and phone calls, pre-reading document development/co-design, public speaking, some decision making, more opportunities to be involved, and although the commitment varies week to week, it can average at 5-8 hours. • PL, from the Sutherland CAC, was nominated by JW and the Prince of Wales and Sydney/Sydney Eye representative, GC, was also nominated. ACTION 4 Co-chair nominations should be sent to SB within the week, along with an expression of interest to circulate prior to the April meeting to inform the vote.
	Item 10	**Code of Conduct – Annual Completion** The Code of Conduct was signed by all present members in order to ensure that the DCCC fulfil the annual requirement. JR mentioned that the document does not apply to consumers because it is for "workers" but AJ clarified that formally, consumers are workers because of their position description, position numbers, staff link ID's, formal on-boarding and obligations for safety and privacy. Although the Ministry of Health has been made aware, AJ said that the form cannot currently be edited to include "consumers", as GC suggested.
	Item 11	**Annual Committee Review** The Framework for District Committees requires all committees to review their effectiveness and performance on an annual basis using an Annual Committee Review, which is 13 standard questions. A paper copy of the survey was completed and included a 14th question, which was added by the DCCC co-chairs to ensure that consumers feel supported. ACTION 5 SB to evaluated the responses and appropriate changes made.
	Item 12	**District Clinical and Quality Council Nominations** The District Clinical and Quality Council (DCQC) has two DCCC consumer spots in their membership, one of which is vacant. The following comments were noted: • PL is the current representative and mentioned that the volume of reading is very high (300 pages), meetings are 2 hours, it is located in Georges River Sailing Club, and there are about 40 people in attendance. • To ensure there is a feedback mechanism from the consumers attending the DCQC back to the DCCC, an agenda item and a worksheet have been created to support that. • LW mentioned that the committee has changed with the new CE and in addition to a mental health and iiHub report, Clinical Governance Unit create monthly clinical data reports for the meetings. • SR asked how the committee relates to the DCCC and KB reasoned that it is very prestigious and high level committee, and DCCC presence there alone is an important milestone to consumer involvement. ACTION 6 DCQC nominations should be sent to SB within the week, along with an expression of interest to circulate prior to the April meeting to inform the vote.

	Item 13	**HCNSW Training** There are 10 spots available to the DCCC for this year's 2-day Health Consumers NSW training, which are scheduled in May, August and November. The following comments were noted: • GL said that the training was especially helpful for those not already involved with the health district, it discussed strategies that consumers can use to put their ideas forward, it created opportunities for networking, and a valuable 2 day course overall. • DN thought it was a very practical overview of how things work in health Districts, how meetings function, and how consumers can effect change and move beyond tokenistic. • CF said that it helped her not to feel overwhelmed at meetings and it was worth it. • PL wondered why the training was not on a Saturday and according to JW, HCNSW said that those days were not being filled. • Although no paid participation is offered, KB said that it is a great opportunity to get amazing training for free. • AJ said that if we do not fill the spots that we have available, we may offer it to CAC members. ACTION 7 Send expressions of interest to SB for the HCNSW training.
Part D	**Business Without Notice** HM wanted to thank the DCCC for their recent feedback on the REACH program, which was fed back to the Clinical Excellence Commission and discussed at their meeting Tuesday. The following comments were noted: • CF asked if there was much awareness amongst the DCCC and there was not. • JR reasoned that there is so much information on the wards that it would be more useful to be made aware at primary care. • MM discussed how she had a REACH call go unanswered and GC mentioned that any system with a single point of failure will be unsuccessful. • GL stated that carers and patients should be able to vocalise a deterioration in condition at the time of care with the medical staff. • DN asked if there was any specific REACH training and LW said that JW was a critical part of the conversation a few years ago, and that REACH is included in general training.	
Part E	**Meeting Close 2.13pm**	
	Item 14	**Next Meeting** **Date:** Tuesday 19 March 2019 **Time:** 10:00pm-12:00pm **Venue:** Training Room, The Albion Centre **Type:** Informal

SESLHD Consumer and Community Council (DCCC) Formal Meeting

Health
South Eastern Sydney
Local Health District

Action Items from District Consumer and Community Council Meetings

Meeting Date	Item	Action	Who	Status
21 May 18	7	*Begin compiling a list of small win programs/initiatives the DCCC could undertake, such as "Hello my name is…".*	SB	List added to the end of the complete list of Annual Plan ideas. Ongoing
15 Jun 18	9	*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.*	CPU	Data Subcommittee idea will be modified to instead support 2 consumers sitting on the District Clinical and Quality Council. CPU meeting with Clinical Governance to establish a training and skills checklist for those consumers. A new DCCC member will be nominated to the DCQC, along with a worksheet to take to meetings and Lyn to support.
26 Jul 18	9	*DCCC to advocate for the consumer engagement video to be used at their home CAC facilities.*	CAC Members	War Memorial has included the video in their orientation package, The Albion Centre is changing their waiting room TV's – considering adding. Video was mentioned at the Feb 19 CAC meeting for the secretariats to promote.
13 Aug 18	5a	*2 surveys to be issued concentrating on role in DCCC to identify training needs and gaps.*	SJ	2nd survey to self-evaluate competencies is pending with SJ for 2019.
	6	*Looking to establish a working group of 4-5 DCCC consumers to work with iiHub. An EOI will be developed.* *Bronze level training to be part of an upcoming informal DCCC Meeting.*	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	*S B 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*	SB	Pending

		logistics for the planning day.		
	7	*SB to analyse the responses (Diversity Surveys) and compile a report for DCCC review.*	SB	Pending
	8	*AJ to liaise with Dr Kate Charlesworth to inform her of the DCCC decision and discuss any next steps.*	AJ	Dr Kate Charlesworth emailed of the decision not to endorse and discuss next steps 26/02/2019
	9	*Co-chair 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	Pending
	11	*SB to analyse the responses (Annual Committee Review) and compile a report for DCCC review.*	SB	Pending
	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	Pending
	13	*Send expressions of interest to SB for the HCNSW training.*	DCCC members	Pending