



WOMEN AND NEWBORN HEALTH SERVICE

COMMUNITY ADVISORY COUNCIL

TERMS OF REFERENCE

1. BACKGROUND

The Women and Newborn Health Service (WNHS) Community Advisory Council (CAC) is an advisory council that provides a voice to consumers, carers and the community and works in collaboration with WNHS to ensure health care delivery meets the needs of all Western Australians who receive the services of WNHS. The CAC is primarily responsible for the provision of advice to WNHS on behalf of consumers, carers, and the community in relation to consumer-centred health care.

2. ESTABLISHMENT OF CAC

The WNHS CAC was established by King Edward Memorial Hospital to enable consumers and communities to contribute to strategic planning and service development decisions within WNHS. WNHS consumers and carers are members of the public who use or may use WNHS health care services. The CAC is comprised of consumers, carers and community representatives from diverse backgrounds.

3. TERMS OF REFERENCE

These terms of reference shall be reviewed every two (2) years from the date of approval and any amendments are subject to the approval by the CAC and the Executive Director (or their nominee).

4. PURPOSE

- a) To advise WNHS on strategies which enhance and promote consumer, carer and community participation, including the development and implementation of a *Consumer, Carer, and Community Participation Framework*.
- b) To assist WNHS in the development and ongoing monitoring, of key performance indicators for quality of service and accessibility.
- c) To identify and report to WNHS issues requiring consumer, carer, and community participation and advise WNHS of priority areas and the needs of consumers/carers and their access to services.
- d) To advocate on behalf of consumers, carers, community, marginalised and/or disadvantaged groups, emphasising patient rights and responsibilities and mindful of patient confidentiality.
- e) To promote, develop, link and monitor consumer, carer and community participation across WNHS; participate as a partner to enhance quality, review of safety, and performance.
- f) Facilitate the participation of appropriate community/consumer representation on WNHS committees.
- g) To provide a consumer perspective on activities, initiatives and projects that impact on services within WNHS.
- h) To facilitate broad community consultation.

- i) To review safety, quality and performance through feedback, satisfaction surveys, complaints information, and make recommendations for change and/or improvement.
- j) To provide advice and participate in the development of education and training needs of all consumer, carer, and community representatives in WNHS.
- k) To provide input into the development and revision of patient information and consumer evaluation/patient satisfaction surveys.
- l) To provide advice on the implementation and evaluation of consumer related issues for the National Safety and Quality Health Services Standards especially in relation to Standard 2, Partnering with Consumers.

5. ACCOUNTABILITY

The CAC is established by WNHS and is accountable to the Executive Director and reports to the Hospital Executive Committee. As its function is purely advisory, the CAC has no legislative basis and cannot act as a body corporate.

6. SUBCOMMITTEES AND WORKING PARTIES

6.1 The CAC shall not create any standing sub committees.

6.2 The CAC may create short-term working parties. The purpose, membership and expected period of activity of each working party established must be recorded in the CAC minutes.

7. MEMBERSHIP

The membership will be comprised of:

- a) Representation of up to members fourteen (14) members; however, this can be increased to sixteen (16) if these include members from ethnic minorities, members who identify themselves as Aboriginal or Torres Strait Islanders, members with experience of having a disability or people who have experience as carers.
- b) The Executive Director, or executive sponsor (Director Safety Quality and Performance) (non-voting).
- c) Manager Customer Service Unit

The CAC may, for special purposes, co-opt the attendance of other persons.

8. SELECTION PROCESS AND TERM OF APPOINTMENT

8.1 Selection

- a) Community representatives will be selected through an expression of interest process.
- b) Appointments are based on an applicant's ability to provide advice on health issues as well as their capacity to understand and represent the perspectives of consumers, carers and from the community served by WNHS. The Chair of the CAC and the Executive Director (or executive sponsor) will endorse the appointment of all CAC members.
- c) All appointments are subject to the provision of a recent satisfactory Police Clearance.

8.2 Term of Appointment

- a) The term of appointment for members from group b) will be for two (2) years from the date of appointment.

- b) Members wishing to reapply at the expiry of their term will be considered equally with other applicants.

9. ATTENDANCE OF MEETINGS

- a) Members may not appoint proxies to attend on their behalf.
- b) A representative who does not attend a minimum of three (3) meetings of the CAC within one financial year may be disqualified from continuing their membership.
- c) The CAC and the Executive Director holds the right to terminate membership for failing to attend the minimum of 3 meetings per financial year.
- d) After two consecutive apologies a written application for leave of absence must be made to the CAC Chairperson.
- e) Non staff members shall receive the consumer payment for attendance at meetings in accordance with the current Director General's Operational Directive.

10. CHAIRPERSON

- a) The Chairperson will be elected by the CAC for a term of two (2) years, and may be re-appointed at the end of that term.
- b) A Deputy Chairperson will be elected by the CAC for a term of two (2) years, and may be re-appointed at the end of that term.
- c) In the absence of the Chairperson, the Deputy Chairperson shall act as Chairperson.
- d) In the absence of both Chairperson and Deputy Chairperson, the CAC will appoint one of its number to act as Chairperson.
- e) The Executive Director will approve the appointment of the Chair and Deputy Chair and any extended terms.
- f) Alternately the CAC may appoint two co-chairs.

11. CAC SECRETARIAT

- a) The Executive Director (or executive sponsor) will appoint a staff member to assist the function, and development of the CAC and provide administrative support.
- b) The Secretariat will be the authorised channel of communication for all decisions of the CAC.

12. CONFIDENTIALITY

- a) All newly appointed members to the CAC will sign a confidentiality agreement on commencement.
- b) Discussions and decisions made at meetings, and documents distributed, will remain confidential and must not be passed on to any other person without the authorisation of the Chairperson of the CAC. Documents relating to WNHS business can only be distributed with permission of the Executive Director (or executive sponsor).
- c) Any unauthorised access or disclosure is considered a breaches of confidentiality and serious misconduct, and will be dealt with accordingly.

13. CONFLICT OF INTEREST

- a) Members of the CAC are required to declare any issue which may be a potential, actual, or perceived conflict of interest. This conflict of interest will be registered in the minutes of the meeting where this conflict is declared.
- b) Following any declared conflict of interest; the Chairperson will determine whether the member with the conflict should participate in; be present during any discussion; or participate in forming any recommendations related to that issue.

14. MEETING PROCEDURES

- a) **Frequency of Meetings**
The CAC will normally meet on the second Tuesday of every month (or as otherwise agreed) according to a date and time schedule that may be revised from time to time.
- b) **Notice of Meetings**
As far as possible, notices of meetings and supporting papers will be despatched at least five (5) working days in advance of the meeting.
- c) **Quorum**
A quorum will consist of 50%. In the absence of a quorum, a meeting may be held but its decisions will be subject to ratification at the next meeting of the CAC.
- d) **Payment**
Consumer, carer and community representative Members will be entitled to a participation fee for each CAC meeting attended in accordance with current rate prescribed by WA Department of Health.
- e) **Voting**
 - i. Each member of the CAC will have one vote.
 - ii. In cases where a vote is evenly split, the Chairperson shall have a casting vote.
- f) **Minutes**
 - i. Minutes of each meeting will be recorded and distributed to each member of the CAC within ten (10) working days.
 - ii. The minutes of each meeting shall be submitted at the next meeting of the CAC for their certification as a correct record of the proceedings.
 - iii. The minutes are permanently retained on file in a secure location by the secretariat.
- g) **Conduct of Meetings**
The decision of the Chairperson is final in all matters of procedure and order.

15. REPORTING

- a) The CAC will provide a copy of its Minutes to the Executive Director following each meeting.

- b) The Chair(s) will meet regularly with the Executive Director to report on the activities of the Council.
- c) The Chair(s) will be a recognised member of the Executives Committee and will attend regularly to report the activities and recommendations of the Council.
- d) The CAC will provide an Annual Report to the Executives for consideration, following its April meeting. The report will provide information on:

Achievements (completed actions, policies, training, etc) since last report;
Problems and risks identified from audits, complaints, feedback, policy implementation, etc;
Actions proposed to close gaps, reduce duplication, improve services, utilise innovations, address concerns, and respond to challenges
Consumer/patient/carer feedback and how this has been incorporated into the service

16. ADOPTION AND AMENDMENT OF TERMS OF REFERENCE

16.1 Terms of Reference for the CAC shall be reviewed at least every two years.

16.2 Variations to the Terms of Reference must be ratified by the Executive Director.

Issued: April 2016
Reviewed: March 2014, February 2016, April 2016
To be reviewed: April 2018

Peter A. Wynne Owen
Executive Director
Women and Newborn Health Service