

Terms of Reference

Consumer Advisory Partners

1. Purpose

The purpose of the Consumer Advisory Partners (CAP) is to provide leadership in partnering that shapes patient centred and integrated health care to achieve improved patient experiences and health outcomes for our community across the Mackay region.

Guiding principles

The CAP and the Mackay Hospital and Health Service (Mackay HHS) will adopt the following principles as they work together in achieving the defined purpose:

- Trust
- Respect
- Collaboration
- Openness
- Person-centred

Goals

The CAP acts as a voice for consumers and the community by directing efforts and actions to deliver on the strategic intent of the Mackay HHS and to achieve the following broad primary outcomes aligned to the criteria of National Safety Quality Health Standards (NSQHS), Standard 2, Partnering with Consumers, including:

- Clinical governance and quality improvement systems to support partnering with consumers,
- Patients as partners in their own care, to the extent that they choose,
- Health literacy, and
- Partnering with consumers in organisational design and governance.

2. Duties and Responsibilities

The CAP is a high-level committee appointed in an advisory capacity to the Mackay HHS, specifically the Mackay Hospital and Health Board (MHH Board) Executive Leadership Team (ELT) to undertake the duties of:

- providing direction and leadership in relation to the integration of consumer, carer and community views into the planning, design, delivery, monitoring and evaluation of patient centred care
- contributing to the development, review, implementation and evaluation of the Mackay HHS Consumer and Community Engagement Strategy 2020-2024 and its accompanying implementation plan.
- supporting the delivery of the Mackay HHS Strategic Plan 2020-2024 and therefore contributing to the HHS vision of Delivering Queensland's Best Rural and Regional Health Care.



Responsibilities

To achieve the defined purpose and goals of the committee the CAP is responsible for:

- supporting the organisation to embed systems to successfully and meaningfully partner with consumers.
- participating in strategic planning processes by providing advice from a consumer, carer and community perspective.
- advising on consumer, carer and community views and issues so they are recognised and reflected in service delivery, planning, policy development and communications.
- supporting the development, monitoring and implementation of an annual Engagement Work Plan for endorsement by the ELT and MHH Board.
- assisting in the identification of development and training needs in relation to consumer, carer and community participation in the health service, and make recommendations on how to meet these needs.
- reporting on participation in other engagement activities at a local or state-wide level; such as engagement with Health Consumer Queensland activities and workshop.
- supporting the connection and flow of two-way communication between facility level community reference groups and the CAP through information sharing, escalation of feedback and reporting of engagement activities.
- participating in the monitoring of key performance indicators relating to quality, safety and patient experience.
- representing and providing a voice on behalf of community members who may need support and assisting due to being disadvantaged, isolated or marginalised.

3. Authority, Accountability and Reporting Relationships

The CAP is a high-level committee appointed in an advisory capacity to the Mackay Hospital and Health Service. The CAP does not hold financial, procurement or any other form of delegation. The CAP members as a collective can make recommendations and can escalate matters to the ELT for approval (or to the MHH Board, when necessary) to support the execution of the Mackay HHS Consumer and Community Engagement Strategy 2020-2024.

The CAP reports to the MHH Board and the ELT, with reports shared to the Mackay HHS Standard 2 Committee.

The MHH Board routinely receives the minutes of community advisory committee meetings including the CAP and six-monthly regular reporting on the activities of the CAP, presented to the MHH Board by a CAP member.

Delegation to sub-committees

The group may delegate actions to a working group, other formal advisory committee, or community reference group comprised of one or more members of the CAP to deliver the direction of the CAP in accordance with the Engagement Work Plan.



4. Structure and Composition of the Committee

Membership

The CAP membership will consist of six (6) to twelve (12) members who represent a diverse consumer and community perspective. It is highly desirable that members are either consumer or community representatives or current consumers, or carers, and reside within the Mackay HHS geographical catchment area. Community representatives should be active in the community, with strong community networks and an understanding of local issues relating to healthcare.

Members are not permitted to appoint a proxy to attend a meeting on their behalf.

Appointment

Members will be sought by expression of interest (EOI) selection process and will be appointed for a term of two (2) years. In accordance with the Mackay HHS Procedure for Partnering with Consumers, members can serve a total of six (6) years but are required to reapply after each two-year appointment.

To support the continuity and viability of membership further consideration may be made at the discretion of the Mackay HHS ELT for in-term recruitments, staggered terms and extended membership terms of appointment to support the transition of knowledge transfer and mentoring.

Members

The CAP members are:

- Kat Bampton
- Sophie Duncan
- Bridgeen Doherty
- Vic Feldman
- Claire Foti
- Rene Henry
- Christine Marteene
- Rene Monteith
- Maria Rowland
- Peta Santo
- Sharon Schoneveld
- Megan Sutton
- Lynn Williams

Mackay HHS members

- Chief Executive, MHHS
- Executive Director Strategy, Governance and Engagement, MHHS
- Consumer and Community Engagement Coordinator, MHHS

Guests

- Adrienne Barnett, Board member MHH Board
- Darryl Camilleri, Board member MHH Board
- Helen Caruso, Board member MHH Board



Invited guests

The Chair may invite guests to attend meetings as a resource to the CAP and in an advisory capacity including those associated with supporting information and updates relating to service updates such as, MHH Board members and Mackay HHS ELT members, Cultural Practice Coordinator; Senior Director/s (Operations); Rural Directors of Nursing and Facility Managers or elected Standard Leads (particularly Standard 2). Other health care providers may also attend meetings by invitation as a resource to the CAP and in an advisory capacity.

Chair

All meetings will be chaired by the Consumer and Community Engagement Coordinator or a Mackay HHS representative as nominated by the Senior Director of Strategy, Governance and Engagement. An enhanced meeting model whereby the Chair and/or a Co-chair is elected from CAP members, is supported and will be transitioned to, should CAP members consent to such arrangement at a future date.

5. Operation of the Committee

Meetings

The CAP shall meet at least five (5) times per year. The Chair shall decide if any additional meetings are required to fulfil its duties and responsibilities. Exceptional circumstances aside, members will be provided with at least 48 hours' notice of meetings.

Meetings will be scheduled bi-monthly (every two-months), or more frequently as required.

Members are required to attend at least four meetings per year. Members who are unable to attend two meetings in a row will be contacted by the Chair to discuss their participation. It is requested apologies for meetings are received at least two days prior to the scheduled meeting date, except in unforeseen circumstances, this is to support other members with their commitments and travel arrangements.

Quorum

A quorum for a meeting of the CAP is half the members, plus one. This equates to seven (7) members.

Meeting agenda and minutes

The meeting agenda assists in focusing discussion to help ensure the CAP's discussion progresses through the full list of items to be addressed and time spent during meetings reflects the CAP's goals and priorities. The Secretariat, in conjunction with the Chair, is responsible for preparing the meeting agenda. Members may contribute to the meeting agenda by submitting items for the Chair's consideration. Requests should be submitted five (5) business days prior to the meeting. Agenda and relevant papers will be sent out to all members the week prior to the meeting. Late agenda items will be tabled at the discretion of the chair

The CAP must keep minutes of its meetings. The Secretariat is responsible for taking the minutes. The minutes should be prepared by the Secretariat within ten (10) business days of the meeting.

The minutes are circulated out of session for review and endorsement by CAP members; this is to support the prompt management of consumer feedback and escalation of concerns in a timely and current manner. Members are responsible for ensuring minutes are accurate and reflect a true and correct record of the proceedings and decisions of meetings.



Endorsed minutes of the CAP meeting are tabled at the subsequent Executive Leadership Team meeting and Clinical Governance Meeting for noting.

Secretariat and committee support

Secretariat support will be provided by the Consumer and Community Engagement Administrative Officer. The Secretariat will be responsible for the preparation and circulation of the meeting agenda, recording of meeting minutes, and any other function relevant to CAP activities.

Agenda items

The following standing agenda and/or specialised topic areas have been agreed by the CAP. Other agenda items may be included through submission to the Chair.

- Acknowledgement of Traditional Custodians
- Welcome of invited guests and acknowledgment of received apologies
- Confirmation of previous meeting minutes
- Overview of actions
- Business arising, or carried over, from previous minutes
- Project updates
- New business and agenda items to be tabled at following meeting

Performance review

A review of CAP activities and deliverables against the CAP annual Engagement Work Plan will be undertaken to inform a regular review of the Operations of the Committee. A six-monthly report will be provided against the work plan and then presented by a CAP member to the MHH Board.

6. Disclosure of Interests and Confidentiality

To meet ethical obligations, members and proxies must declare any conflicts of interest whether actual, potential, apparent, or appear likely to arise, and manage those in consultation with the Chair. This may relate to a position a member holds, or to the content of a specific item for deliberation.

A member must disclose, as soon as practicable, if:

- they have a direct or indirect interest in an issue being considered, or about to be considered, by the CAP; and
- the interest could conflict with the proper performance of the member's duties about the consideration of the issue.

The CAP is to decide if the member (with the conflict of interest) will be present when the group considers the issue. While the CAP discuss the involvement of the member (with the conflict of interest), the member (with the conflict of interest) must not be present. The CAP will then invite the member (with the conflict of interest) back into the conversation to advise whether they may participate in the discussion on the issue (which they have the conflict of interest with).

A disclosure of interest must be recorded in the minutes of the CAP meeting.



Confidentiality

Members may receive information that is regarded as 'in confidence', clinically confidential or have privacy implications. Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.

7. Review and Acceptance of Terms of Reference

The CAP will review this Terms of Reference by no later than March, every two (2) years or as required (subject to committee membership review). These Terms of Reference were endorsed by the CAP on 22 November 2021.

A copy of the Terms of Reference is available from the Community Engagement Team.

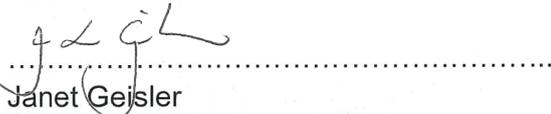
Review of Terms of Reference

Approved by:



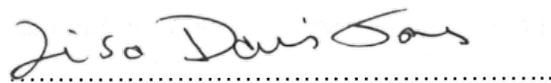
Courtney Lord
Consumer and Community Engagement Coordinator
Chairperson
Date 01 / 12 / 2021

Approved by:



Janet Geisler
Executive Director Strategy, Governance and Engagement
Mackay HHS
Date 03 / 12 / 2021

Endorsed by:



Lisa Davies Jones
Chief Executive
Mackay HHS
Date 07 / 12 / 2021



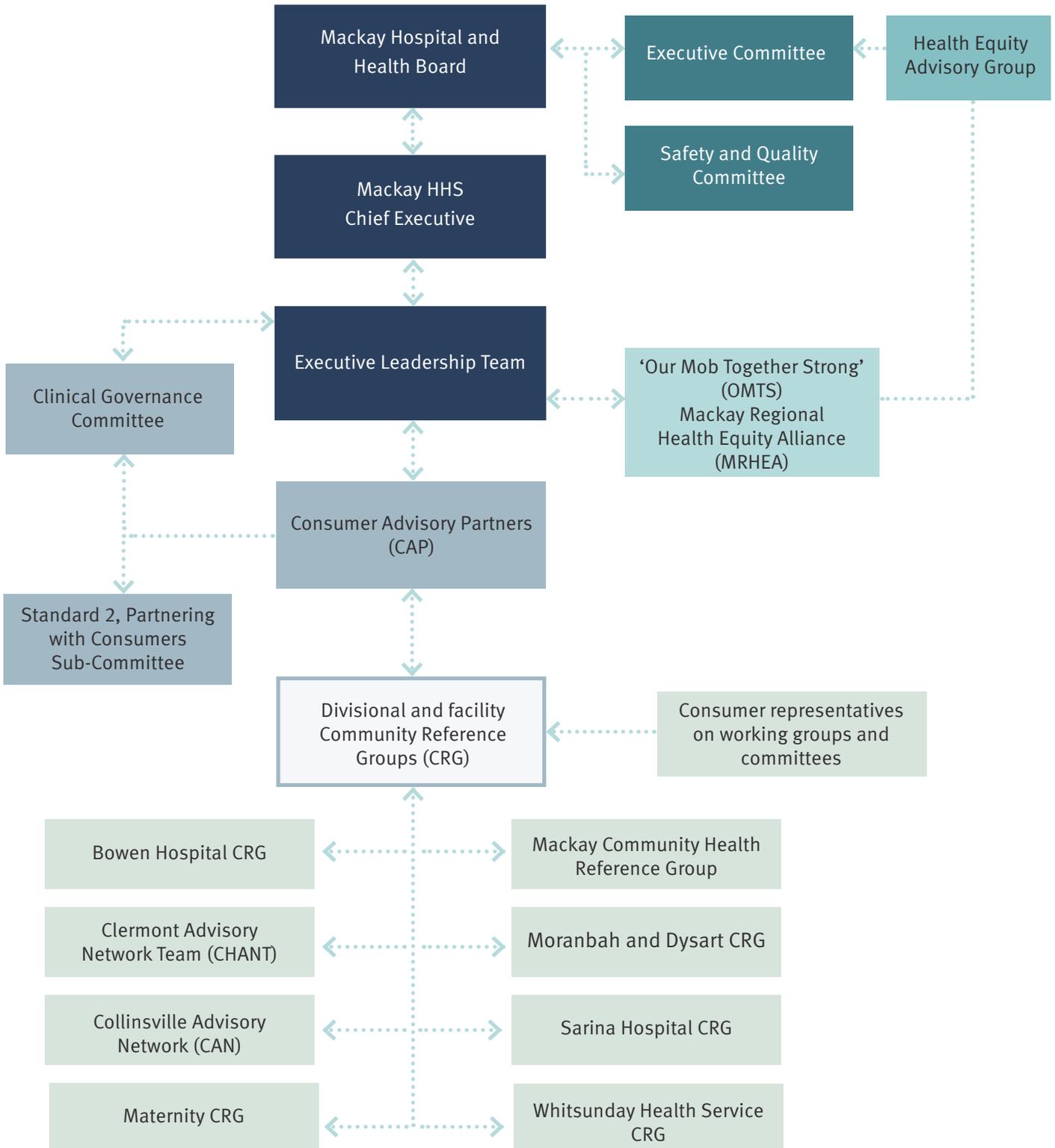
Document control

	Date	Comments	Authorised by
V1.0	April 2016	Courtney Lord A/Consumer and Community Engagement Coordinator	ToR reviewed and approved by CAP members
V2.0	Aug 2016	Courtney Lord A/Consumer and Community Engagement Coordinator	ToR reviewed and agreed on 22 August during the CAP meeting
V3.0	May 2017	Courtney Lord Consumer and Community Engagement Coordinator	ToR updated to reflect newly recruited CAP members
V4.0	May 2018	Danielle Jesser Engagement and Communications Manager	ToR annual review
V5.0	September 2020	Courtney Lord Consumer and Community Engagement Coordinator	ToR updated to align with CaCE Strategy 2020-2024, reflect membership and revised Governance process.
V5.1	November 2021	Courtney Lord Consumer and Community Engagement Coordinator	Membership of ToR updated to reflect new members.
V5.2	July 2022	Patricia O' Flaherty Community Engagement Officer	ToR updated with addition of new Health Equity Advisory Group to Community Engagement Governance Structure



Governance

The Mackay Hospital and Health Board (Mackay HHB) and the Mackay HHS Executive Leadership Team (ELT) are accountable for the development and implementation of the Consumer and Community Engagement Strategy 2020-2024. The Mackay HHB is committed to embedding consumer and community engagement into the Mackay HHS organisational culture and practices with support from the ELT.



*Only relevant committees have been shown on the above diagram.

