

## Board Stakeholder Engagement Committee Terms of Reference

### 1. PURPOSE

The purpose of the North West Hospital and Health Board Stakeholder Engagement Committee (the Engagement Committee) is to advise and make recommendations to the North West Hospital and Health Board (the Board, NWHHB) as a sub committee the North West Hospital and Health Board Executive Committee (the Executive Committee) to encourage consumers and community co design in the modification and development of new services.

### 2. AUTHORITY

The Committee functions under the authority of the North West Hospital and Health Board in accordance with s32B of the *Hospital and Health Boards Act 2011*.

The Committee reports to the North West Hospital and Health Board. The Committee is not authorised to make decisions. The role of the Committee is advisory only.

### 3. FUNCTIONS

Pursuant to Section 8(1)(a) of Schedule 1 of the HHB Act, the Board may establish committees of the Board for effectively and efficiently performing its functions. Notwithstanding that the Committee is not a prescribed committee as defined by the HHB Act; the Board has agreed to establish this Committee on the basis that the Board regards the role and purpose of the Committee to be a fundamental function of the Board.

The Committee will oversee the development and publishing of the following strategies required pursuant to section 40(1) of the *Hospital and Health Boards Act 2011* (HHB Act):

- Aboriginal and Torres Strait Islander Health Equity Strategy
  - to improve First Nations health and wellbeing outcomes while promoting and facilitating engagement from the Aboriginal and Torres Strait Islander community to help guide and mould culturally and clinically appropriate healthcare service delivery
- Staff and Clinician Engagement Strategy
  - to promote consultation with health professionals working in the service to ensure staff and clinicians are meaningfully engaged in shaping healthcare delivery and innovation
- Consumer and Community Engagement Strategy
  - to promote and facilitate consultation with health consumers and members of the community about the provision of quality, safe health services by the Service.

The Committee will contribute to strategic planning activities to ensure consumer feedback influences the direction of the HHS.

The Committee will also oversee the development of a protocol with primary healthcare organisations pursuant to section 42 of the HHB Act. The NWHHS must oversee the implementation of agreed protocols with local primary healthcare organisations to promote cooperation between the Service and the organisations in the planning and delivery of health services.

#### 4. GUIDING PRINCIPLES

When deliberating, the Committee must recognise, adhere to and be guided by the principles set out in the *Hospital and Health Boards Act 2011*, *Hospital and Health Boards Regulation 2012*, *Public Service Act 2008* and the *Financial Accountability Act 2009*.

#### 5. MEMBERSHIP

The Chair of the Committee is a Member of the Board ('the Committee Chair'). If required, the Chair may nominate one of the members as Deputy Chair.

If the Chair is absent from a meeting or vacates the Chair at a meeting, the Deputy Chair will preside as Acting Chair.

Membership eligibility and tenure will be determined by the Committee Chair.

Membership of the Stakeholder Engagement Committee will generally be reviewed on a two yearly basis and/or when terms of appointments for board members expire however, the Board has the discretion to review membership at any time

**Ex-Officio Members** (Ex-officio members' tenures are aligned to their appointments on their representative forum): Chairs of NWHHS Consumer Advisory Groups/Networks or Health Councils

**Non-Voting Members:** Chief Operating Officer (COO), Executive Director Aboriginal Torres Strait Islander Health (EDATSIH), Executive Director People Culture and Planning (EDPCP), Chair Partnering with Consumers Standard Committee

**Proxies:** Proxies are not permitted if a member is unable to attend.

#### 6. DELEGATION

The Committee has no delegated executive powers. It will advise and make timely recommendations to the NWHHB as per its prescribed purpose and function.

#### 7. REMOVAL OF COMMITTEE MEMBERS

A Member may, by written notice, be removed from the Committee by the Board if the Board considers the removal is in the best interests of the HHS.

#### 8. OTHER PARTICIPANTS

The Chair from time to time may invite other board members, individuals or groups to present to, or observe, meetings of the Executive Committee. Where agreed by the Chair, members may invite guests to attend meetings to provide expert advice and support to a specific topic raised. A guest's attendance is limited to the duration of the discussion on that specific topic.

Observers and guests do not have the authority to make determinations in respect of the Committee's deliberations.

#### 9. RISK MANAGEMENT

A proactive approach to risk management will underpin the business of the Committee. The Committee will:

- Identify risks and mitigating strategies associated with all decisions made;





- Implement processes to enable the Committee to identify, monitor and manage critical risks as they relate to the functions of the committee.

## 10. COMMITTEES

As a sub committee of the the Executive Committee the Chair of the Committee does not have the authority to create relevant committees or other subordinate bodies.

## 11. REPORTING

The Committee **receives** the following reports for consideration prior to **escalation** to the Executive Committee Board (as determined by the Committee at the meeting):

Report	Description	Frequency	Responsibility	Standard
Consumer Advisory/Partnering with Consumers Committee Report	Report of activities and an executive summary of recent CAN/CAG Meetings including feedback received insights gained	Every meeting	EDATSIH	
Consumer and Community Engagement Strategy Update	Performance against Consumer and Community Engagement Strategy including update on media/communication/promotional activities from across the HHS	Every meeting	EDATSIH	
Aboriginal and Torres Strait Islander Health Engagement Strategy.	Performance against Health Equity Strategy	Every meeting	EDATSIH	
Staff and Clinician Engagement Strategy Update	Performance against Clinician Engagement Strategy including summary of feedback received from staff engagement, insights gained	Every meeting	EDPCP	

The Committee will also **provide** the following reports to the Board:

Report/update	Description	Frequency	Responsibility	Standard
Committee Minutes	Committee Minutes	Quarterly	Secretariat	

**Additional reports:** The Executive Committee may also receive reports from other bodies on an 'as needs' basis, where the report is relevant to the Committee functions.

**Issue Escalation:** Issues unable to be resolved by the Committee are escalated to the Board.

## 12. QUORUM

A quorum for a meeting of the Committee is one-half of the number of its members, or if one-half is not a whole number, the next highest whole number.

## 13. OUT-OF-SESSION PAPERS VIA FLYING MINUTE

A resolution is validly made by the Committee, if –

- A majority of the Committee Members gives written agreement to the resolution; and
- Notice of the resolution is given under procedures approved by the Committee.

Items can be managed Out-of-Session via Flying Minute where:

- the item is urgent and must be considered before the next scheduled meeting; or

- in circumstances when face-to-face meetings are not possible, to enable business to be progressed.

Flying Minutes may be responded to by email or by completing the Flying Minute form and returned by the specified date and time.

If a resolution of the Committee is required out-of-session it must be done through a Flying Minute, which is then confirmed at the next Committee Meeting. If commentary or discussion is required, a request should be made to the Chair for a teleconference.

#### **14. PERFORMANCE**

The Committee will be evaluated in terms of its performance against the approved Terms of Reference through an annual self-assessment process. Following each assessment, the Committee will consider what, if any, actions need to be taken to improve its performance, including composition of Committee and Member skills.

The Board will undertake an external evaluation to review its performance at least once every three years and a review of the Committee performance will form part of this evaluation.

#### **15. CONFLICT OF INTEREST**

To meet the ethical obligations under the *Public Sector Ethics Act 1994*, members 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 (e.g. Chair of an external organisation) or to the content of a specific item for deliberation.

Further information is available in the North West Hospital and Health Board Policy 'Conflicts of Interests'.

#### **16. CONFIDENTIALITY**

Committee Members acknowledge that:

- Members will receive information (verbal and written) that is commercially sensitive, clinically confidential, private and confidential and which may be protected by doctrines such as legal professional privilege;
- A Member's duty to maintain confidentiality and to exercise discretion are paramount and the duty survives the termination or expiry of a Member's appointment;
- Members must maintain and secure access to the meeting papers (whether printed, electronic or in some other form/instrument); by keeping same in a safe and secure location; password protected (if electronic); separate from any other business or responsibilities of the Member; and in a manner where the meeting papers/information is protected.

#### **17. SECRETARIAT**

Secretariat support will be coordinated by the Board Secretary.

#### **18. MEETING SCHEDULE**

Meetings will be held at least three times a year. The Chair of the Committee must call a meeting if requested to do so by the Board. In addition, the Chair may call additional meetings as necessary to address any matters referred to the committee or in respect of matters the committee wishes to pursue within the terms of reference.

Additional meetings will be held for specific purposes which will be reflected in the agenda. These special meetings may also address standard matters raised in quarterly meetings.

**Document History**

Date	Nature of Amendment
13/05/2023	Draft TOR completed

**Approval**

Effective Date: 30 May 2023

Reviewing Officer: Chair, North West Hospital and Health Board Stakeholder Engagement Committee

Endorsed: <Signature on File>  
Chair, North West Hospital and Health Board

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