

Metro North Hospital and Health Board

Board Consumer & Community Engagement Committee | Terms of Reference

1. Purpose

The purpose of the Board Consumer and Community Engagement Committee is to oversee and guide consumer and community engagement in the development and strategic direction of Metro North Hospital and Health Services, ensuring that the perspectives of diverse demographics and the influence of social determinants of health are duly considered, and that their input shapes critical decisions and initiatives.

2. Functions

The Board Consumer & Community Engagement Committee (the “**Committee**”) is established to support the Metro North Board (the “**Board**”) by:

- Advise the Board and HSCE on design and a consumer and community engagement strategy that fosters collaboration and integrates community perspectives into the governance and strategic planning of health service delivery.
- Meeting the requirements set out in the *Hospital and Health Boards Act 2011* and *Hospital and Health Boards Regulation 2023* for strengthening local consumer and community engagement, specifically:
 - Monitoring feedback (compliments and complaints) from users of public health services and a focus on dealing with the complaints quickly and transparently.
 - Supporting clinicians, consumers, community members and local primary healthcare organisations in planning, developing and delivering compassionate public health services.
 - Support consultation with health professionals working in the Service, health consumers and members of the community about the provision of health services.
 - Ensure alignment with relevant national and State strategies, policies, agreements, and standards that promote consultation with health consumers and community members regarding the provision of health services by the Service, including adherence to key documents such as the Australian Charter of Healthcare Rights and the National Safety and Quality Health Service Standards, 2nd edition.
 - Data sharing of health consumers feedback such as PREMS.

3. Authority

The Committee functions under the authority of the Board in accordance with Schedule 1 s8 of the *Hospital and Health Boards Act 2011*¹.

The Committee reports to the Board and has no executive or decision-making powers.

The terms of reference are approved by the Board.

The Committee is a non-legislated committee.

¹ s8 Committees (1) The board (a) may establish committees of the board for effectively and efficiently performing its functions.

4. Guiding Principles

The Committee will:

- Monitor the implementation of a consumer and community engagement strategy, working in close collaboration with the Chief Executive and Executive members to regularly review and refine the strategy, ensuring it aligns with the objectives of the Act and successfully engages with consumers and the broader community²
- Provide oversight to communication, engagement, and co-design with consumers, community members, and the health care sector, with the aim of driving improvements in health for consumers serviced by Metro North Health.
- Oversee the strategic alignment of communication, engagement, and co-design initiatives, ensuring they are responsive to evolving community demographics and include mechanisms for measuring effectiveness.
- Provide governance to ensure strategic collaboration both internally and with health sector partners, managing and minimising the risk of engagement fatigue or failure to sustain participation.
- Perform any other functions required by the Board or prescribed by the *Hospital and Health Boards Act 2011* and associated regulation.

5. Governance

5.1 Business Rules

Procedures of the Committee are conducted in accordance with the *Hospital and Health Boards Act 2011* (Qld) and the *Hospital and Health Boards Regulation 2023* (Qld) and the Board Charter.

5.2 Meetings

The Committee will meet quarterly, or more frequently as determined by the Committee. Meetings may be held in person, or virtually, as determined by the Chair. 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,

5.3 Decision making

The Committee is an advisory committee to the Board.

Decisions on agenda items will require a majority of those attending. If votes are equal, the Chair also has the casting vote.

5.4 Quorum

A quorum will comprise the number equal to one-half of the number of its members or, if one-half is not a whole number, the next highest whole number.

² S40(1)(b) outlines the requirement for a HHS to develop and publish a consumer and community engagement strategy and review the strategy every three years.

5.5 Out of session discussions

A resolution is validly made by the Committee, even if it is not passed at a meeting of the Committee if a majority of the Members give written agreement to the resolution.

5.6 Out of session papers

Urgent matters can be progressed out of session with the agreement of the Committee Chair.

6. Membership

6.1 Membership

Membership is determined by the Board. Members, including the Committee Chair, will include at least two members of the Board, or, where the necessary skills do not exist on the Board, the Board may appoint an external member of the Committee.

If the Committee Chair is absent from a meeting or vacates the Chair at a meeting, the Chair must appoint another member to act as the Chair on a temporary basis.

The Chief Executive, Executive Director Clinical Governance and one other members of the Executive Team will be members of the Committee.

6.2 Proxies

Proxies are only able to attend if approved by the Chair. Proxies are to be notified to the Secretariat prior to the meeting and be fully orientated by the member and/or Secretariat

6.3 Other participants

In consultation with the Chief Executive, the Committee Chair may request Health Service Executives, employees or external parties to attend a meeting of the Committee by invitation in an advisory capacity.

The Committee will invite consumer chairs / members of Directorate Standard 2 Partnering with Consumers committees to attend meetings of the Committee.

7. Reporting

The Committee will prepare prompt and timely reports to the Board outlining relevant matters that have been considered by it, as well as the Committee's opinions and recommendations thereon. The Chair will report to the Board on a regular basis.

The Committee will provide the following to the Board:

- Annual meeting schedule and work program
- Confirmed meeting minutes following each meeting.

The Committee may also receive reports on an 'as needs' basis, where the report is relevant to the Committee's functions. Reports are to be provided to the secretariat no later than eight days prior to the meeting for inclusion in the meeting pack for Committee members.

8. Performance

The Committee will undertake an annual self-assessment of its performance to ensure that the Committee remains fit for purpose and to identify and action any areas in which the effectiveness of the Committee could

be improved. The Committee will provide a report on the annual review of performance and achievements to the Board.

Key performance Indicators include:

- Annual self-assessment of performance completed, and key metrics reported to members.
- Monitor and reporting on progress achieving measures outlined in Metro North Health Consumer and Community Engagement Strategy, ensuring alignment with strategic goals.

8. Ethical Practices

To meet the ethical obligations under the *Health and Hospitals Boards Act 2011*, the *Public Service Act 2008*, and the *Public Sector Ethics Act 1994*, Committee members must declare any conflicts of interest whether of an actual, perceived or potential nature, and must manage those identified conflicts in consultation with the Chair.

In managing consideration of a conflict, the Committee will ensure adherence to the procedures contained within Schedule 1, S9 of the *Hospital and Health Boards Act 2011*.

Members will at all times in the discharge of their duties and responsibilities, exercise honesty, objectivity, independence and probity and not engage knowingly in acts of activities that have the potential to discredit the service.

Members will refrain from entering into any activity that may prejudice their ability to carry out their duties and responsibilities objectively and will, at all times, act in a proper and prudent manner in the use of information acquired in the course of their duties. Members will not use the service's information for personal gain for themselves or their immediate families or in any manner that would be contrary to law or detrimental to the welfare and goodwill of the service. Further, members must not publicly comment on matters related to activities of the Committee other than as authorised by the Board.

9. Confidentiality

Members of the Committee may from time-to-time be in receipt of information that is regarded as 'commercial 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. Members will maintain the Committee papers in a confidential manner separate from any other business or responsibilities of the member.

Members are to treat information discussed within Committee processes as strictly confidential, at all times, except for those purposes that promote the exercise of the Committee's functions. Where there is doubt as to whether a proposed disclosure of information would be consistent with the Committee's functions, guidance may be sought from the Committee itself or the Chair.

10. Secretariat

Secretariat support will be provided by the Board Secretary and/or Board Liaison Officer.

The Secretariat will be responsible for the preparation and circulation of the meeting agenda and accurately minuting all decisions of the Committee, in consultation with the Chair. The Secretariat will also be responsible for the timely tabling of all correspondence, reports and other information relevant to the Committee's activities.

Approved by the Metro North Hospital and Health Board on 27 August 2024

Review date August 2025