

South West Hospital and Health Service CONSUMER AND COMMUNITY ADVISORY NETWORK HANDBOOK

Document details

Contact for enquiries and proposed changes

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This document is reviewed on a two yearly basis with the next review due in February 2025.

South West HHS Consumer and Community Advisory Network Handbook Charter

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Our community and consumers not only have the right to have a say and be heard on their own treatment, but also in influencing the health care system.

1. Introduction

The South West Hospital and Health Service (South West HHS) is committed to meaningful community engagement and identifies that through participation consumers and community members can make a valuable contribution to the health system and strengthen links between health services and their local communities.

In 2012, the South West Hospital and Health Board established the Consumer and Community Advisory Networks (CANs) across all facilities in the South West HHS; including Multipurpose Health Services (MPHSs), hospitals and community clinics as its main mechanism of consumer and community engagement.

An additional Mental Health eCAN has also been formed, with South West HHS also committed to establishing an eYouth CAN through the South West HHS [Consumer and Community Engagement Strategy 2022-2026](#).

Aged care residential facilities in the South West, Westhaven in Roma and Waroona in Charleville have Aged Care Consumer and Families Advisory Committees. These committees are integral in ensuring the needs of consumers are met and to enhance the safety, health, wellbeing and quality of life of the consumers who are in residential aged care.

Since their inception, the CAN's have consolidated their role as the peak community and consumer advisory committee to the Board and have undertaken important discussions with their networks and local communities about various issues concerning health services in our region.

We remain focused on enabling our CAN's to be localised, self-determining and self-managing within the boundaries of this Handbook. We believe that by providing a more flexible and customised approach to our CAN model, each CAN will be empowered to be more locally responsive, have greater participation and influence health care planning and delivery more effectively.

Consumers partner in service planning through governance structures which are in place to form partnerships with consumers and / or carers. Consumer partnership in designing care is undertaken by supporting consumers and / or carers to actively participate in the improvement of the patient experiences and patient health outcomes. Consumer partnership in service measurement and evaluation involves consumers and communities receiving information on the health organisation's performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.

2. Purpose

Our CANs provide a unique community and consumer perspective to all aspects of our health service's operation and healthcare delivery. They work as an advisory committee to the Board, assist and provide advice on local health service delivery and are essential partners in the delivery of safe and high-quality care for their communities. The purpose of each CAN is to:

- Provide an ongoing mechanism for health consumers, carers and representatives from our community to participate and influence health planning, design, delivery and improvement;
- Ensure the community shapes the future of health care delivery in the South West HHS;
- Act as a conduit for the community to provide information to the South West HHS relevant to local health service needs;
- Engage with their local communities and network about local health service matters. Provide feedback on matters as requested by the South West HHS.

3. Governance and linkages

South West Hospital and Health Board

The CANs are an integral component to the decision-making of the South West Hospital and Health Board and have the authority to provide recommendations and input to the Board. The CANs are linked to the Board through:

- Provision of endorsed meeting minutes to the Board as a standing Board agenda item;
- Three formal meetings each year between the Board and CAN Chairs (videoconference or teleconference permitted) – including an annual forum between CAN representatives, the Board and South West HHS Executive Team and other senior leaders;
- Ad hoc meetings between the Board Chair/Members and CANs as requested or deemed necessary and;
- Regular facility visits and engagement meetings with CAN members.

Board Governance Officer

This Board Governance Officer is responsible for being a point of contact for CANs and providing a conduit to the Board, as well as providing guidance and support on areas of CAN governance.

Executive Leadership Team Sponsor

Communication between each CAN and the Executive Leadership Team is assisted by each CAN having an Executive sponsor. The Executive sponsor is allocated to support alignment between operational and more strategic queries and information. They also enable support for the local Director of Nursing in matters that have implications more broadly than, or outside the delegation of the local management team.

Director of Nursing (DON) / Facility Manager (FM)

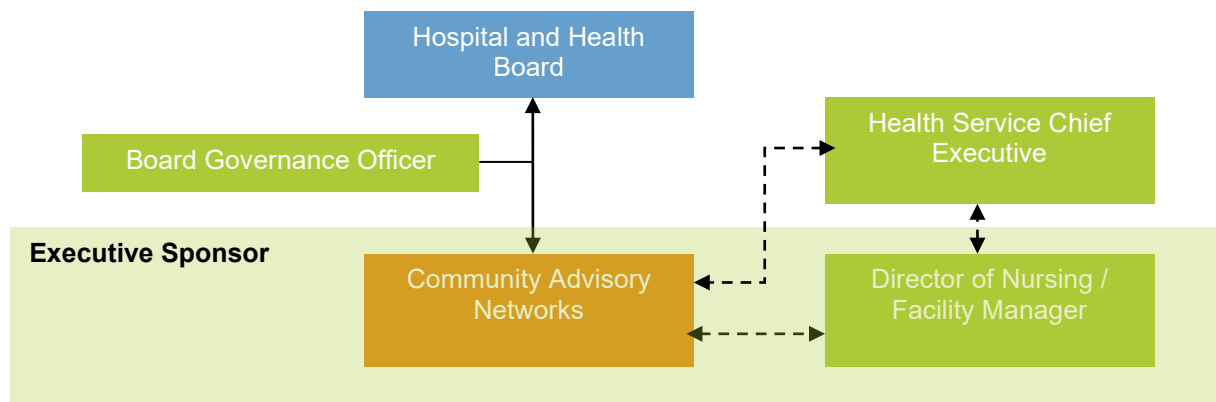
The DON/FM plays a key role in facilitating the operation of the local CAN and will attend all meetings of the committee as an ex-officio member. The DON/FM ensures the secretariat role of the CAN is undertaken, for example, taking and distribution of minutes for a CAN meeting.

Local operational issues raised by CANs are the responsibility of the DON/FM who may need to elect to escalate these through their line manager to the Health Service Chief Executive (HSCE) if necessary. Operational issues include: staffing resources; day-to-day management of the facility; feedback on services and service gaps; facility issues (such as maintenance); and other location-specific needs.

In its governance role, the Board is not involved in day-to-day operational management of the South West HHS. However, strategic issues can be raised by CANs with the Board. Operational issues raised with the Board will be referred back to local management to address as part of the focus on decentralising decision making and giving more autonomy at the local level. Matters not resolved satisfactorily at the local level can be escalated by the CAN to the Executive Sponsor and/or HSCE.

Figure 1

Minister for Health and
Ambulance Services



4. Guiding principles

Each CAN is to establish a localised Terms of Reference (ToR), setting out its operations in accordance with this Handbook. To enable consistency, the following guiding principles should be reflected within the ToR and operation of the CAN:

- **Advisory consultation:** the CAN will be consulted about health plans and services in an advisory capacity only.
- **Balance of diverse inputs:** community input is valued as one of many factors in decision-making. All efforts will be made to include a balanced and diverse membership makeup that reflects the diversity of the South West Queensland community.
- **Clarity of information sharing:** the CAN will be provided with information about the topic for consultation and/or information that is requested, and about the opportunities and constraints involved in the decision-making.
- **Fair, transparent and legitimate:** engagement/consultation will be focused on real opportunities to influence decisions. Where South West HHS decisions are constrained by external forces (e.g. other levels of government, human resource issues), this will be communicated to the group. CANs will also be able to raise topic areas that the group sees as relevant for further investigation and response from the South West HHS to aid in clarity and or more formal requests for action.
- **Timelines:** the CAN will be given sufficient time, whenever possible, to provide meaningful involvement. There will be a balance struck between ensuring appropriate timelines for involvement and the need for timely decision-making.

The ToR for each CAN must be authorised by the local CAN Chair and endorsed by the South West Hospital and Health Board Chair, and HSCE.

5. Membership and term

Each individual CAN is best placed to determine its membership and tenure arrangements and these should be confirmed in the ToR. Membership should however be within the following parameters:

- Membership of each local CAN is a matter that should be determined by the CAN to best reflect local needs - however, the CAN should not exceed 10 – 12 members.
- Members of the Committee shall be individuals living, working or receiving services in the South West HHS catchment.
- New members may be recruited at any time as per the CAN needs and to fill any vacancies;
- To ensure broad representation across the local community, recruitment to the CAN may be conducted through an expression of interest and or a targeted approach if there is a

specified need. Recruitment is to be managed by the CAN Chair with administrative assistance from the DON/FM. Recruitment should be transparent and justifiable.

- Membership should reflect the diversity of communities we serve, namely:
 - Older people;
 - Children and young people;
 - People with a disability;
 - People with a chronic condition;
 - People with mental illness;
 - People from Culturally and Linguistically Diverse populations;
 - Aboriginal and/or Torres Strait Islander people;
 - LGBTI+ people;
 - Homeless people.
- The CAN Chair is to be nominated by the Committee and a recommendation made to the Hospital and Health Board with the desired tenure;
- A member of the CAN wishing to resign from office is required to provide written notice of resignation to the CAN Chair (email will suffice);
- The South West Hospital and Health Board reserves the right to invite and remove members of the CAN from time-to-time. Removal of office may be initiated based on the members conduct or absence without notification, and will only occur following due process and with the advice from other CAN members); and
- Membership shall be actively reviewed by the CAN and Board on a regular basis.

6. Selection process and criteria

The CAN is to consider nominees and tenure, and make a recommendation for appointment to the South West Hospital and Health Board, for endorsement.

Ideally, nominees should be able to demonstrate an ability:

- To represent the views of the community serviced by the South West HHS;
- To reflect the needs and interests of a broad range of consumers and communities;
- To articulate the potential health needs for patients, families and carers who receive services from South West HHS;
- To engage constructively in a committee environment or willingness to learn same; and
- To build networks across the region.

7. Expectations

Individually, each CAN member has the responsibility to represent the interests of the community and consumer on health issues. Members will understand and be committed to the role.

In addition to the key functions you will fulfil as part of your membership to the CAN, it is an expectation that you will embrace and demonstrate our values of:

- Quality;
- Compassion;
- Accountability;
- Engagement;
- Adaptability.

As a CAN member you will participate in consumer and community engagement activities by:

- Contributing specialist knowledge and expertise by providing consumer, carer and/or community perspectives and experiences.
- Understanding that you are appointed as an individual and not as a representative of any organisation. However, it is also appreciated that members reflect the perspectives of communities across South West Queensland, and bring to the CAN knowledge of the opinions and policies of relevant community groups.
- Understanding the political, economic and other constraints impacting on the wider health system.

- Having the capacity to reflect on and present community issues, rather than focusing on personal concerns or individual matters.
- Assisting in informing the broader community about local policy, programs, services and other issues.

CAN members must also be cognisant of matters such as privacy, confidentiality and conflicts of interest, are required to sign an *Engagement Acknowledgment* prior to commencement which details a commitment to:

- **Conduct** - Abide by the spirit of the *Code of Conduct for Queensland Public Service* and treat others, including patients and staff, in a respectful manner at all times.
- **Confidentiality** - Keep as confidential all information of a confidential nature that you may have access to through your participation in the CAN, unless explicitly agreed otherwise by the HSCE. The obligation to maintain confidentiality continues even after you are no longer participating in the CAN.
- **Privacy** – The South West HHS recognises the importance of managing personal information in a way that respects privacy. Information privacy is about acknowledging that individuals should have control over, and be informed about, the way information about them is handled.
- **Conflicts of interest** - CAN members must disclose any direct or indirect personal interest on their appointment to the CAN and when an issue is being considered, or about to be considered, by the CAN. Consideration will then be given as to whether this interest will conflict with the proper performance of the member's duties.

This disclosure is to occur as soon as practicable upon the member becoming aware of the possible conflict of interest. This possible conflict of interest must be recorded in the minutes of the CAN meeting.

Unless the CAN Chair otherwise directs, the member must not be present when the CAN considers the issue, or take part in the discussions to arrive at a position on the issue.

- **Public comment** - CAN Members must avoid making public comments that have not been authorised, and that may appear to be an official comment from the South West HHS.

Where public statements are deemed to be appropriate, these shall be distributed through usual channels. If contacted by the media CAN Members should refer the matter to the Board Governance Officer; this is to ensure all messages in the media are consistent with the intent of service delivery in the South West HHS.

8. CAN Chairs

In addition to the above requirements, the following applies to CAN Chairs.

The primary role of the Chair is to ensure the efficient and effective operation of the CAN. The Chair does this through:

- determining the agenda for meetings in consultation with the DON/FM
- presiding at CAN meetings
- ensuring consideration of any issues of concern raised by the community with the CAN since the last meeting
- ensuring the conduct of the CAN members is professional at all times
- making any requests for reports related to CAN meetings to the DON/FM at least two weeks prior to meeting

- ensuring that reporting requirements relating to the CAN are met and reports are provided to relevant persons within the given timeframes
- ensuring an annual evaluation of the committee is undertaken in February each year.
- encouraging attendance of a second delegate to the annual CAN Forum.

9. Meetings and Decision Making

CAN's are to determine how often they should meet in order to be effective, but should meet at least once every three months as a minimum. Meetings do not necessarily have to be in person, CAN's can be creative and utilise methods that best suits their needs such as teleconference, videoconference or other means.

Each CAN must ensure that effective minutes of its meetings are kept. The minutes will record key issues discussed and actions to be undertaken, who is responsible for taking those actions and by when. If a member so requests, the minutes will also record that member's differing views on any matter.

The CAN shall endeavour to operate on a consensus decision-making basis where possible and relevant. Members will hold one vote each.

10. Support

The South West HHS acknowledges that for consumer and community engagement to be successful, our CAN Members must have the resources, skills and expertise to be successful. South West HHS will:

- Provide appropriate documentation, background briefing and other support services to the CANs;
- Develop transparent, informative and understandable KPI reporting for distribution to our CANs;
- Provide a South West HHS Orientation which will be delivered by the local DON as part of the appointment process;
- Encourage members to participate in Health Service training sessions and workshops that will enable them to be more effective in carrying out their role;
- Encourage learning and sharing of resources and web-based information to enhance the development of CAN members;
- Allocate funding for training opportunities for CAN members with Health Consumers Queensland or other similar body, and;
- Provide local secretariat support for CANs.

Mandatory training for CAN Members will include:

- Queensland Health Code of Conduct;
- First Response Evacuation Instruction/Fire Safety (Fire response training will be provided in a group session at the first meeting of each year with the Fire Response video from SW-LOL shown and all attendees signing a mandatory training attendance register which must be kept in the CAN administration files at each local facility and a copy provided to the Board Governance Officer).

Other training available for CAN members may include:

- Consumer engagement training.

The South West HHS is also committed to actively building the profile of the CAN's and their role and will be included on the consumer and community engagement public website page and updated as necessary.

A level of indemnity and insurance is provided to CAN members for acts undertaken in their role as volunteer CAN members.

11. Remuneration

- CAN membership is voluntary. Reasonable, out of pocket expenses are reimbursed for attendance at annual CAN Forums in accordance with the Domestic Travel and Relieving Expenses Directive 9/11.
- CAN Members who participate as community members on interview panels are reimbursed for out of pocket expenses in accordance with the Domestic Travel and Relieving Expenses Directive 9/11.
- Payment to consumers outside this framework will be considered on a case by case basis.
- Commencing from 29 October 2019, CAN Members are entitled to claim mileage allowance when travel is greater than 20km one way for attending official CAN facility meetings and authorised activities eg. Member of DON selection panel for recruitment.

Applications must be made in accordance with the South West HHS Motor Vehicle Policy for the private use of your vehicle (available on request) together with a copy of your license and insurance papers. Local secretariats are available to assist in finalising the paperwork required and preparation of the claim. You are required to submit particulars of your claim detailing mileage travelled and full details of the trip. A claim form will be prepared by the relevant secretariat for your verification and signing.

12. Templates

A number of templates have been developed for use as part of the operation of the Consumer and Community Advisory Network:

Appendix A	-	Letter Template
Appendix B	-	Terms of Reference Template
Appendix C	-	DON / FM Reporting Template
Appendix D	-	Member's Role Statement
Appendix E	-	Member's Induction Checklist and Acknowledgement
Appendix F	-	Conflict of Interests Template
Appendix G	-	Nomination Form
Appendix H	-	Agenda Template
Appendix I	-	Minutes Template
Appendix J	-	Evaluation Template
Appendix K	-	Meeting Evaluation Template