Government of **Western Australia**
WA Country Health Service

Southern Wheatbelt District Health Advisory Council – Terms of Reference

1. Purpose

DHAC's provide a mechanism where consumers, carers and communities across regional Western Australia are consistently involved across all levels of the WACHS and provide information that will influence improving the patient experience and health service delivery

2. Accountability

The Wheatbelt Patient Experience and Community Engagement (PEaCE) Sub-Committee

3. Conduct of the Committee

DHAC members are expected to:

- attend bi-monthly meetings
- engage in and contribute to discussions and deliberations of the DHAC
- respect and listen to the views of others
- strive for consensus
- abide by and promote the decisions and recommendations of the DHAC
- represent the views of their community

4. Functions and Responsibilities

The DHAC's key roles are:

- Advocacy and Communication (2 way)
- Supporting Safety and Quality Improvement.
- Consumer Input into Health Service Planning
- Support Consumer Health Literacy.

5. Membership

Members

- Chair
- Deputy Chair
- Consumer and Community members constitute the membership of the DHAC (representation to be 60% or higher)
- Operations Manager

External Stakeholders

WACHS has and will continue to develop partnerships with internal and external stakeholders to broaden community engagement. As of 1 July 2020, the membership of these stakeholders will be as invited guests of the DHAC and have an allocated time to attend at the end of the DHAC meeting when all the formal agenda items have been discussed.

6. Appointment

The WACHS Operations Managers in collaboration with the DHAC Chair oversee the recruitment of DHAC members, which is endorsed by the Regional Director then WACHS Chief Executive approval.

7. Chairperson

The Chair will chair the DHAC meetings; in their absence the Deputy will chair the meeting, should both be unavailable a vote will be held with the attending DHAC members to appoint a Chair to chair the said meeting.

The role of the Chair will include:

- The effective organisation and conduct of the DHAC meetings;
- Facilitate the effective contribution of all members;
- Encouraging expression of a diversity of opinion.

8. Proxies

The use of a proxy to represent Advisory Council members, who on occasion are not able to attend meetings, **is not** recommended.

9. Conflict of Interest

A member of the DHAC who has duties or interests in conflict with their duties or interests on the DHAC, whether direct, indirect, financial, material or otherwise, must withdraw or declare a possible conflict of interest to the Chair.

The member is to withdraw from the DHAC meeting for the duration of the deliberation in question, prior to any discussions or decisions on the matter being taken unless the DHAC members determines the conflict is trivial or unlikely.

10. Confidentiality

The proceedings of the DHAC meeting are confidential to members and are not to be disclosed except to the extent required of members to enable them to comply with any decisions and directions.

11. Frequency of Meetings

The DHAC meeting is to meet bi-monthly. Out of session meetings may be scheduled to deal with urgent issues as required. The Chair may from time to time call for an informal DHAC meeting to be held in the community to engage with a cohort that may not be well represented on the membership of the DHAC.

12. Notice of Meetings

Notice of 5 working days is to be provided for each meeting of the DHAC meeting. An agenda and associated papers is to be circulated to members no less than 4 working days before the DHAC meeting is to be held.

13. Quorum

A quorum is deemed to be at least 50% of the members and proxies including the Chair. A quorum excludes the Operations Manager and any invitees. Should a quorum not be present, the committee may still meet, however all decisions must be approved at the subsequent meeting with a quorum present.

Additional invitees are permitted as required and approved by the Chair.

14. Decisions

The DHAC typically discusses and resolves matters by consensus.

15. Secretariat

The DHAC Secretariat is provided by the relevant Wheatbelt Operations Manager. Each DHAC member will be notified and provided with the contact person during orientation to the DHAC role.

The role of the secretariat is to ensure that the administrative needs of the DHAC members and the Chair are met. The secretariat is expected to:

- receive and prepare agenda papers for consideration by the DHAC
- distribute papers to members in sufficient time to allow members to consider them before the meeting, taking into account the needs of the DHAC members requirements.
- generate and distribute draft and final minutes of meetings to the DHAC according to the agreed timetable
- communicate with members on matters relating to the conduct of meetings
- monitor committee member progress on actions arising from the DHAC meetings as directed within the agreed timeframe
- complete any actions arising from the DHAC meetings as directed by the Operations Manager or the Chair within the agreed timeframe
- keep and maintain relevant records on behalf of the DHAC in line with the *State Records Act*
- where, at the request of the Chair, it would assist the deliberations of the DHAC, arrange for additional advice, information and/or expertise to be available to members
- to make other arrangements and provide other reports as are necessary to enable the DHAC to operate effectively.

16. Adoption, Review and Amendment of Terms of Reference

The DHAC is to conduct self-assessment annually, and to review the role and Terms of Reference every year.

Members are not elected but are appointed by virtue of the positions they occupy within the WA Country Health Service (WACHS).

Version Number	Amendment Date	Approved By	Approval Date
1.0	12 April 2022	Endorsed Southern DHAC - ED-WB-22-132805	27/05/2022
2.0	03 April 2024		