



CAHS Partnering with Children and Families Committee

Terms of Reference

1. Purpose

The purpose of the CAHS Partnering with Children and Families Committee is:

- To facilitate improvements in child and family experience;
- To review and evaluate systems, processes, audits and programs relating to child and family experience and monitor these against key performance measures;
- To monitor, review, and be accountable for the Child and Adolescent Health Service (CAHS) meeting the requirements of the National Safety and Quality Health Service (NSQHS) Standard 2 Partnering with Consumers and National Standards for Mental Health Services (NSMHS).
- To improve patient/client safety and engagement through meeting the objectives of the CAHS Clinical Governance Framework.

2. Functions

The CAHS Partnering with Children and Families Committee will facilitate improvements in child and family experience through:

- Supporting the establishment and implementation of the CAHS Consumer Engagement Strategy, and ensuring clinical governance and quality improvement systems are established and maintained to support partnering with children and their families.
- Embedding a culture of partnering with children and families when CAHS designs, delivers and evaluates its services.
- Establishing and maintaining systems to improve communication between clinicians and children and families, and identifying and reducing barriers to effective partnerships.
- Receiving progress from CAHS child and family feedback mechanisms, and ensuring action plans are being implemented to respond to feedback to improve child and family experience.
- Monitoring CAHS's partnerships with children and families and relevant internal and external stakeholders to identify, recommend, undertake and support new quality improvement opportunities.
- Ensuring the impact on neonates, children, adolescents and staff are considered in all decision making to address the requirements of NSQHS Standard 2: Partnering with Consumers and the associated NSMHS.



Healthy kids, healthy communities

Compassion

Excellence

Collaboration

Accountability

Equity

Respect

3. Authority

The CAHS Partnering with Children and Families Committee is a committee functioning under the authority of the Executive Director, Nursing Services and reporting to the CAHS Clinical Governance Oversight Committee.

Committee members are individually accountable for their delegated responsibility and collectively responsible to contribute to advice provided by the Committee to the Chairperson in the interests of a whole of health service position.

4. Membership

The CAHS Partnering with Children and Families Committee shall consist of the following members:

- CAHS Director, Consumer Engagement (Chair)
- CAMHS Representative for Consumer Engagement
- Community Health Representative for Consumer Engagement
- CAHS Safety and Quality Representative
- Community Health Representative
- Director of Aboriginal Health
- Allied Health Clinical Service Unit Representative
- Neonatology Clinical Service Unit Representative
- Medical Clinical Service Unit Representative
- Surgical Clinical Service Unit Representative
- Medical Representative
- CAHS Communications Representative
- Manager Non-Government Relations
- Nursing Research Representative
- Consumer Engagement Officer
- Consumer Representative
- CAHS Volunteer Coordinator
- CAHS Accreditation Coordinator

In attendance (ex-officio):

- Administration Officer, Child and Family Engagement Service (Secretary)

The CAHS Partnering with Children and Families Committee or its Chairperson may co-opt temporary members onto the group or invite non-members to participate as required. This will be undertaken when it is considered they are directly involved in the matter(s) at hand or have some expertise to assist in advising on matters as required.

All new members to the CAHS Partnering with Children and Families Committee are oriented to their role and receive copies of Terms of Reference, Committee Guidelines, Conflict of Interest declaration documents and meeting schedule. This is the responsibility of the Chair.

5. Frequency of Meetings

Meetings will be held a minimum of 10 times per year and a schedule of meetings will be agreed in advance. In addition, the Chairperson 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 its terms of reference.

6. Quorum

A minimum attendance of 50% plus one of the CAHS Partnering with Children and Families Committee members will constitute a quorum. CAHS Partnering with Children and Families Committee members should appoint a delegate if they are unable to attend. Meetings shall not exceed 60 minutes unless for a specific purpose and with approval from the Chairperson.

7. Apologies

Members who will be absent from a meeting are required to submit an apology to the Secretary and/or Chairperson.

Members must nominate a suitable proxy to attend in their absence. The proxy may be another member of the Committee. The proxy will have full voting rights.

8. Conduct of Meetings

The decision of the Chairperson is final in all matters of procedure.

All meetings shall be conducted in accordance with the CAHS values (Compassion, Collaboration, Equity, Respect, Excellence, and Accountability).

9. Reporting

The CAHS Partnering with Children and Families Committee provides a monthly report to the CAHS Clinical Governance Oversight Committee for tabling.

Issues unable to be resolved by the meeting are escalated to the relevant Executive Committee.

Minutes for noting are provided to and from the Partnering with Children and Families Committee with the following councils/committees:

- CAHS Consumer Advisory Council (CAC)
- CAHS Youth Advisory Council (YAC)
- CAHS Disability Access and Inclusion Committee (DAIC).

10. Confidentiality

The discussions and decisions of the meeting shall not be conveyed to unauthorised persons.

11. Secretary to the Committee

Secretary is appointed by the Chairperson and shall be responsible for ensuring the minutes of meetings are circulated to members within five (5) days following the meeting.

The agenda, previous minutes and accompanying documents are circulated to the CAHS Partnering with Children and Families Committee members at least five (5) working days prior to each scheduled meeting.

The secretary will refer to the CAHS Committee Guidelines for the conduct of meetings and annual evaluation of the CAHS Partnering with Children and Families Committee including updating the Terms of Reference on an annual basis. The secretary shall be responsible for all recordkeeping associated with the CAHS Partnering with Children and Families Committee.

10. Conflict of Interest

Committee members are required to comply with Department of Health policy on Conflict of Interest [OD 0264/10](#).

11. Key Performance Indicators

The CAHS Partnering with Children and Families Committee expected outcomes for the next twelve (12) months are to:

- Ensure that the requirements of NSQHS Standard 2: Partnering with Consumers Standard are addressed to achieve full accreditation status as per scheduled review.
- Ensure that the CAHS Consumer Engagement Strategy is established and implemented across all CAHS services.

Evaluation of committee administrative processes against the following administrative KPIs:

1.	Achieve a minimum of ten (10) formally constituted meetings per year	100%
2.	Meetings do not exceed the 60 minute timeframe except in approved circumstances	100%
3.	Minutes are available to staff within five (5) working days following each meeting	100%
4.	Members (including proxy members) attend minimum ten (10) meetings per year	100%
5.	Terms of Reference are reviewed annually and	Yes

	approved by the CAHS Clinical Governance Oversight Committee	
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The CAHS Partnering with Children and Families Committee shall be evaluated annually against its expected outcomes and KPIs. This evaluation shall be tabled and presented annually to the CAHS Clinical Governance Oversight Committee. Refer to the Committee Governance Policy for details regarding Committee evaluation requirements.

12. Approval

These Terms of Reference shall be altered on the recommendation and approval of the CAHS Clinical Governance Oversight Committee. This should be annually in response to evaluation of committee. The Chair shall be responsible for initiating this process. The members are responsible for the development, amendment and adoption of the Terms of Reference as ratified by CAHS Clinical Governance Oversight Committee.

A signed copy of the TOR is to be sent to CAHS Clinical Governance Oversight Committee; all members of CAHS Partnering with Children and Families Committee, and the CAHS Committee Data Steward, Executive Director Safety, Quality and Innovation via CAHSCommittees@health.wa.gov.au.



Signature of Chairperson on behalf of Committee

MR. MATTHEW HOLMES

Name of Chairperson on behalf of Committee

20/04/2020

Date

Document History

Version	Date	Changed by	Nature of amendment
1	Mar 2020	M.Holmes	Update to 2019 ToR including reporting changes, membership update and revision of functions. Endorsed by PwCFC April 2020

Previous version should be recorded and available for audit.