



Government of Western Australia
Child and Adolescent Health Service

Child and Adolescent Health Service Board

Clinical Advisory Group

Terms of Reference

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1. Establishment

- (a) Pursuant to clause 12 of the Health Services (Health Service Providers) Order 2016 the Child and Adolescent Health Service (“CAHS”) was established as a health service provider in accordance with section 32 of the Health Services Act 2016 (WA) (“Health Services Act”).
- (b) The Board resolved to appoint the Clinical Advisory Group by resolution dated 12 October 2017.
- (c) The Clinical Advisory Group is not a Board Committee, nor a Board Working Group, as defined in the Statutory Board Governance Policy (January 2017).

In these Terms of Reference the following expressions have the meanings shown:

- (a) “**Board**” means the Board of CAHS;
- (b) “**Board Chair**” means the Chair of the Board as designated pursuant to section 72 of the *Health Services Act* from time to time;
- (c) “**Board Member**” means a member of the Board appointed pursuant to section 71 of the *Health Services Act* from time to time or any alternate members appointed pursuant to section 74 of the *Health Services Act* from time to time;
- (d) “**CAHS**” means the health service provider and statutory body corporate known as Child and Adolescent Health Service established as a board governed provider pursuant to section 32 of the *Health Services Act*;
- (e) “**CAHS Executive**” means the members of the CAHS Health Service Executive Committee and those persons appointed to an office of health executive in CAHS pursuant to section 121 of the *Health Services Act*.
- (f) “**CAHS Personnel**” means all or any of:
 - (i) CAHS Executive;
 - (ii) A staff member (as defined in section 6 of the *Health Services Act*) of CAHS; and
 - (iii) Personnel acting as an agent of, or contracted to, CAHS;
- (g) “**Group Chair**” means the Chair of the Group as appointed by the Board Chair;
- (h) “**Group Member**” means those people appointed as Members of the Group by the Board Chair from time to time;
- (i) “**Health Services Act**” means the *Health Services Act 2016* (WA);

2. Purpose

- (a) The Child and Adolescent Health Service (CAHS) Board’s Clinical Advisory Group (**the Group**) is an advisory group to the CAHS Board. The Group is a consultative group to the CAHS Board acting as a source of expertise, advice, and providing evidence-based leadership and opinion.
- (b) The Group is not a replacement for advice sought by the Board or given to the Board by the Chief Executive.

- (c) The Group must deliberate on matters in the context of the whole area health service and its consumers, not just in relation to each Members' particular specialty or area of service delivery.
- (d) The Group will provide a mechanism for increased participation and advice from the CAHS workforce to the Board, and facilitate clinical engagement to improve collaboration and consultation within CAHS.
- (e) The Group will provide advice to the CAHS Board to assist the Board's deliberation on matters including those that relate to clinician and community engagement, models of care, research, training and education.
- (f) The Group will consider matters referred to it by the CAHS Board.
- (g) The CAHS Board may refer matters to the Group that impact on CAHS' patients and families, as well as the health service and its culture. The Group will function as a forum for consideration and deliberation of these matters, and to provide advice and make recommendations to the Board for its consideration.
- (h) The Group may identify matters for the consideration of the CAHS Board. This may involve the consideration of innovative solutions that best address the health needs of CAHS' patients and families.
 - (i) Where there is a conflict between a matter raised by the Group to the CAHS Board, which is a responsibility of an existing committee, the latter shall deal with the matter.
 - (j) The scope of work is to be determined by Board Chair.
 - (k) The Group has no authority to make or commit expenditures or enter into contracts, consultancies or arrangements or issue directives.

3. Group responsibility

- (a) The Group will be guided by the principles of;
 - In all interactions, the values of compassion, collaboration, accountability, respect, equity and excellence will be upheld.
 - All deliberations of matters, and advice provided to the Board, will be founded on placing the children, young people, families and carers at the centre of everything we do.
 - Members will not use their position within CAHS to lobby outside of the Group for the adoption by the CAHS Board of views expressed by that Member within the Group.
 - Any Member who has a real or perceived conflict of interest in any matter under discussion at the Group shall declare that conflict and this must be declared in any advice to the Board.

4. Decision making

- (a) The Group will operate in an advisory capacity to the Board.
- (b) The Group has no decision-making authority.

- (c) The Board has no requirement to accept the advice of the Group.

5. Structure and composition of the Clinical Advisory Group

5.1 Membership and appointment

- (a) The Board Chair, in consultation with the Board, will decide the membership of the Group and no correspondence regarding membership will be entered into.
- (b) Appointments to the Group will recognise the principle of diversity and membership will be encouraged from across CAHS.
- (c) The Group will comprise up to 10 staff members within CAHS (medical, nursing, allied health and patient support services), including:
 - o 2 junior medical staff members
 - o 2 nursing staff members
 - o 2 allied health staff members
 - o 1 patient support services staff member
 - o 1 medical administration staff member
- (d) While the Group will be representative of staff within CAHS, each individual group Member will not represent a particular staff group.
- (e) Group Members will not have proxies.
- (f) Group Members will not be entitled to remuneration.
- (g) The Board Chair may appoint a temporary replacement of a Group member who is on leave for three months or longer.

5.2 Tenure

- (a) The Term of the Members of the Group will be twelve months.
- (b) Members of the Group will be appointed by the CAHS Board Chair.
- (c) The Board Chair may reappoint a Member at the end of their term for a further term. CAHS staff will self-nominate for a position on the Group via an Expression of Interest; at the approval of their line manager.

5.3 Termination of Membership

- (a) A Member may terminate his or her Group membership at any time, in writing to the Board Chair.
- (b) The CAHS Board may terminate the membership of a Member if they are no longer eligible for the position to which they nominated (eg. no longer a practicing health professional) at the end of their Term or for any other reason as determined by the Board (eg. persistent non-attendance) without reasonable explanation.

5.4 Chair

- (a) A Group Chair will be appointed by the CAHS Board Chair from the Members.
- (b) The Term of Group Chair will be twelve months.
- (c) The Board Chair may reappoint a Group Chair at the end of their term for a further term.

5.5 Invitees, Standing invitees and attendance by Board Members

- (a) Other clinicians, subject matter experts and staff members of the CAHS may attend meetings of the Group by invitation of the Chair, to give presentations or provide specialist advice, and are not considered Members of the Group.

5.6 Secretariat

- (d) Secretariat support for the Group will be provided by the CAHS Board Secretariat. Notes of meetings will be taken and verified as accurate by the Group Chair.
- (e) All records, including the agenda, meeting notes and any reports or recommendations will be prepared and kept by the CAHS Board Secretariat in accordance with the *State Records Act 2000*.
- (f) People who are not Members of the Group, nor the Board, shall only have access to the meeting notes, reports, recommendations or documents of the Group with the prior approval of the Board Chair. Any person permitted to access such materials will observe the confidentiality obligations as imposed upon a Board Member.

5.7 Conduct and obligation of Members

All members of the group will:

- comply with the Group's Terms of Reference
- read all agenda items prior to meetings and action/respond to items within the allocated timeframes
- make all reasonable attempts to attend each meeting as per Section 6.1(b) Meetings
- forward an apology to the Group's Secretariat if unable to attend.

Group members are required to follow the WA Department of Health principles of conduct:

- act professionally and ethically
- demonstrate honesty and integrity
- promote a positive work environment
- maintain professional relationships
- communicate and use official information responsibly
- use public resources responsibly
- not engage in fraudulent or corrupt behaviour
- maintain records in accordance with expected standards.

6. Meetings

6.1 Meeting schedule

- (a) It is anticipated that the Group will meet as required in order to meet the requirements of the CAHS Board, with a minimum of three meetings per calendar year. No meetings will last longer than two hours.
- (b) A Member may participate in a meeting by telephone or other electronic means that allows the participants to hear each other, and is not required to be physically present to be counted as part of the quorum.
- (c) The Group Chair reserves the right to call special or supplementary meetings to meet the objectives/activities of the Group.

The Group Chair may cancel a meeting if there is insufficient business to warrant holding a meeting.

6.2 Quorum

- (a) A quorum consists of the Group's Chair or deputy Chair plus 50% of appointed members. In the absence of a quorum, a meeting may be held but its decisions would be subject to ratification by the succeeding full meeting, or via an email process between meetings.

6.3 Agenda, Papers, Minutes, Actions and Summary

- (a) The Group will record their advice through meeting notes, not formal minutes.
- (b) An agenda and supporting papers will be distributed not less than 5 working days prior to the meeting. Draft notes of the meeting will be circulated to the Group Chair not more than 7 days after each meeting.

6.4 Out-of-session matters

- (a) Urgent matters can be progressed out-of-session at the direction of the Board Chair.

7. Reporting and evaluation

- (a) The Group will report through the Group Chair to the CAHS Board.

8. Confidentiality

- (a) Members of the Group may be in receipt of information that is regarded as 'commercial in confidence', clinically confidential or have privacy implications. Members are required to maintain confidentiality of all information, except where specified by the Group. In the event that a Member is unsure of which matters are confidential, they must seek the advice of the Chair of the Group.
- (b) Members will abide by relevant WA legislative and policy requirements at all times, such as the *State Records Act 2000* and *Freedom of Information Act 1992*.

9. Review

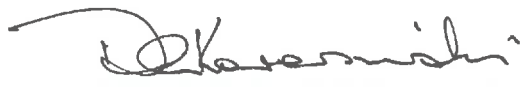
- (a) The Terms of Reference will be reviewed annually by the CAHS Board with input from the Group and endorsed by the CAHS Board.

Subsequent revision dates:

No.	Date	Revision
1	April 2019	
2	April 2020	

10. Endorsement

Board Chair



Signature

29/3/2019