Terms of Reference – Partnering with Consumers Working Group

# Purpose

The purpose of the Partnering with Consumer Working Group is to provide assurance to the Executive that the Clinical systems for consumers are integrated and embedded to improve the safety and quality of health care for patients; and key consumer engagement and process are effective and robust.

Take a flexible approach to standardisation so that safety and quality systems support Calvary Bruce Private Hospital (CBPH) implementation and innovation. Establish and maintain processes to improve the safety and quality of care delivered to the population that the CBPH serves.

Consumer engagement aims to create health service organisations in which there are mutually beneficial outcomes by having:

* Consumers as partners in planning, design, delivery, measurement and evaluation of systems and services.
* Patients as partners in their own care, to the extent that they choose.

Consumers engagement recognises the importance of involving patients in their own care and providing clear communication to patients.

Different types of partnerships with patients and consumers exist within the healthcare system. These partnerships are not mutually exclusive, and are needed at all levels to ensure that a health service organisation achieves the best possible outcome for all parties.

These systems will include, but are not limited to:

* Consumer partnership
* Effective Clinical Practice
* Incident Management and Reporting
* Performance Monitoring for quality and safety
* Quality Improvement
* Risk Management
* Quality Care which is safe, effective with a positive patient experience
* Compliance with the National Standards for Quality and Safety in Healthcare
* Patient Feedback & Experience
* Effective Workforce
* Safe environment

# Membership

The Partnering with Consumers Working Group will comprise:

**Chair:** Director of Clinical Services

**Co-Chair:** Volunteer Coordinator

**Secretariat:** Quality Support Officer

**Members:**

* Surgical Ward Representative – Ward Champion
* Medical Ward Representative – Ward Champion
* High Dependency Unit Representative – Ward Champion
* Cath Lab Representative – Ward Champion
* Surgical Admissions – Ward Champion
* Theatre Representative – Ward Champion
* PACU Representative – Ward Champion
* Hyson Green Representative – Ward Champion / Ward Clerk
* L&D Representative – Education Manager
* Quality Risk Manager
* CDIS Nurse
* Infection Prevention Control Representative
* Consumer Representatives
* Aboriginal Liaison Representative
* Mission Representative
* Hospitality/Housekeeping Representative
* Finance Representative
* Patient Services Representative
* Allied Health Representative
* Community Engagement Representative

# Term of Membership

Incumbents of designated positions are appointed on an ongoing basis.

# Roles and Responsibilities of Committee Members

The responsibilities of the Consumer Working Group at Calvary Bruce Private Hospital (CBPH) include:

* Implementing and integrating the Calvary Clinical Governance Framework on all levels of the Organisation by:
  + Attaining optimal patient, resident and client outcomes and experience
  + Supporting an engaged and safe workforce
  + Minimising risks and hazards of care
  + Developing and share best practice
* Ensuring the impact on patient and staff safety is considered in all Consumer engagement reported.
* Regularly assessing the systems in place to help perform their clinical roles, such as:
  + Identifying the appropriate processes to manage and monitor clinical performance regarding Consumer Engagement.
  + Setting the requirements for time frames, targets, and reporting on Recognising and Responding of a Deteriorating Patient Consumer Engagement and safety and quality performance.
  + Monitoring implementation and compliance with Consumer Engagement safety and quality improvement plans.
* Developing and monitoring comprehensive and effective policies, procedures and protocols that cover consumer involvement and safety and quality risks:
  + Delivering and supporting clinical care for consumer engagement described in policies, procedures and protocols
  + Reviewing and Updating, policies and procedures regarding consumer involvement for use in Calvary Bruce Private Hospital (CBPH).
  + Referring all new policies and documents that have a significant financial impact on the organisation to the GM for endorsement.
* Monitoring the safety and quality of clinical practice with a focus on consumer engagement, such as:
  + Stewardship of the development, implementation and monitoring of clinical performance indicators to measure clinical effectiveness within CBPH.
  + Reviewing the systems of consumer engagement in CBPH, monitoring that they operate effectively; and that action is being taken to address any areas of concern.
  + Reporting to the Executive on issues of consumer practice and consumer service delivery.
  + Identifying and reporting all risks involving consumers to the risk register to ensure overseeing of risks to the organisation, monitor consumer engagement risk controls and the implementation of consumer risk and treatments.
  + Overseeing implementation of NSQHS Standard 2 Partnering with Consumers for the National Standards for Quality and Safety in Health Care; and alerting the Executive to areas of concerns regarding accreditation preparedness.
  + Overseeing the quality improvement systems in terms of consumer engagement and community involvement.
  + Ensuring implementation of systematic improvements in corporate and clinical practice identified as a result of external reviews

# Role of Chair

The role of the Chair is to lead the meeting and facilitate discussion amongst members to ensure good governance and overview of agenda items, decisions to be made and to determine items that may be required for escalation for discussion with the Clinical and Corporate Governance Committee.

# Reporting

This committee reports to the Clinical and Corporate Governance Committee

## Frequency of Reporting

Quarterly meetings with additional ad-hoc meetings as required, including online.

## Method of Reporting

Standard Update template is presented for tabling at the Clinical and Corporate Governance Committee meeting.

**6.3 Liaises With**

* Comprehensive Care Working Group
* Delirium and Unpredictable Behaviour Working Group
* Communicating for Safety
* Blood Management Working Group
* Recognising and Responding to Acute Deterioration Working Group

# Meetings

* This Working Group will meet quarterly, with additional ad-hoc meetings as required, including online.
* The Agenda will be available at least three days before the meeting.
* Standing agenda items will be discussed as well as new/other business at each meeting.
* The original files and records of the working group will be held with the secretariat.

Objectives

* Implementing and integrating the consumer engagement corporate quality and safety systems on all levels of the organisation.
* Working towards meeting the objectives of the NSQHS Standard 2 – Partnering with Consumers standard.
* Developing and monitoring comprehensive and effective policies, procedures and protocols that cover consumer engagement safety and quality risks.

# Quorum

The quorum for Working Group meetings will be half of the members plus 1. Meetings may proceed without a quorum; however in this circumstance voting would be suspended and conducted out of session. When out of session voting is conducted, no response indicates approval.

# Decision-making Process

The Working Group receives reports/data extracted from Data Hub, Riskman, Patient feedback through complaints or compliments, and other relevant sources (eg audit feedback). Working group recommendations are resolved by discussion with all efforts made to reach a collective agreement.

# Changes to the Terms of Reference

This Terms of Reference will be reviewed by the Committee at least once every two years. The Terms of Reference may also be reviewed at the request one of the Committee members.

Where possible, decisions regarding changes will be made by consensus. When this is not possible, a vote will be taken amongst the members of the Committee, with greater than 50% of the vote required to approve changes.

# Dissolution

The Committee can be dissolved by agreement of the members and the relevant Executive(s) at a special meeting open to all interested