

Community Advisory Council for the Merged Hospital Terms of Reference

Purpose

The Community Advisory Council (CAC) of the Merged Hospital (“Hospital”) is a volunteer body that provides advice and feedback to the Hospital Board of Directors and senior management team on its directions, policies and services as they affect the community. The CAC is one means of ensuring that the Hospital remains engaged with and accountable and transparent to, the communities it serves.

Objectives

The objectives of the CAC are to:

1. Act as an advisory resource to the Hospital’s Board of Directors on the planning, implementation and evaluation of hospital programs, services and activities, including but not limited to:
 - a. Review and provide input to senior management and the Board about proposed changes to hospital programs and services;
 - b. Participate in and provide input to the Hospital’s strategic planning process; and,
 - c. Respond to specific requests from the Hospital for advice in formulating policy drafts relating to service planning, population health needs and service gaps.
2. Serve as a formal mechanism for the exchange of ideas and discussion of community concerns and ideas related to the Hospital, as identified by CAC members and by members of the community served by the Hospital.
3. Strengthen and maintain partnerships between the community and the Hospital.
4. Serve as one of the Hospital’s communications channels and outreach strategies to the community on the work and plans of the Hospital and its impact on the community.
5. Provide input into the design and approach of the Hospital’s community engagement strategy and participate as appropriate.
6. Participate in the development, monitoring and revision of the Hospital’s Patient Declaration of Values.

Responsibilities of CAC Members

To be effective, members of the CAC will be expected to:

1. Be familiar with the Hospital’s mission, vision, values, services and strategic plan.
2. Model the Hospital’s values and work positively, cooperatively and respectfully with other CAC members, senior management, Hospital staff, physicians and the Board.
3. Proactively stay in touch with the community in order to speak knowledgeably about health needs, concerns and views.
4. Keep informed of relevant Hospital and community news, health issues and needs.
5. Act in good faith and in the best interests of the community and Hospital.

6. Attend at least 75% of meetings annually, and actively participate in CAC meetings.
7. Adhere to the Hospital's confidentiality policy on specific matters identified by the Hospital.

Membership

1. Members will represent the Hospital's diverse community, giving regard to gender, age (including youth and elderly populations), ethnicity and culture, and skills.
2. Members will be selected from the Hospital's catchment area – specifically Scarborough and West Durham (Ajax, Pickering and Whitby).
3. Members may not be employed by the Hospital, other hospitals, health service providers, the Central East Local Health Integration Network (Central East LHIN) or the Ministry of Health and Long-Term Care (MOHLTC).
4. Total members of the CAC shall not be less than 10 individuals, and shall not exceed 16 individuals. The Hospital and the CAC will endeavour to appoint at least two members from each geographic area serviced by the four hospital sites.
5. The initial term shall be three years, and members may be reappointed for a second three-year term. However, terms may be for shorter durations in order to stagger the members' terms to promote CAC continuity and succession planning.
6. The members shall be selected through an application and interview process through the Nominating Committee of the Hospital Board. In fulfilling these responsibilities, the Nominating Committee will include up to two CAC members to participate in the selection process of new CAC members. To fill vacancies, the Hospital shall advertise in local print and ethno-specific media and on the web.
7. The CAC shall annually elect a Chair and Vice-Chair from its membership. Elections, by ballot if necessary, shall take place in June. No Chair shall serve for more than two consecutive terms of one year each.
8. Members of the existing Community Advisory Council (The Scarborough Hospital) and the Community Advisory Group (Rouge Valley Health System) may be grandfathered as Members, and their years of service shall be applied to their term limits.

Board Liaison

1. On an annual basis, the Board of Directors shall designate a Director as the CAC liaison and that person shall make himself/herself available, as necessary, to the CAC.
2. The Board Liaison may attend CAC meetings, at the invitation of the CAC.
3. The Board Liaison may not attend in-camera sessions of the CAC.

Board Nomination

1. The Nominating Committee of the Hospital Board will include up to two CAC members to participate in the annual nomination process for elected Hospital Board members.

Meetings

1. The CAC shall meet at least nine times annually (or greater or lesser number of times as accords with the number of regular meetings required to be held by the Board of Directors). Meeting locations will rotate among the hospital sites to facilitate attendance and participation.
2. Meetings of the CAC will be open to the public as observers. The CAC may, however, conduct in-camera sessions without the public or Hospital staff members.
3. Members are encouraged to communicate among themselves and with other community groups to provide input prior to the formal monthly meeting in adherence with the Hospital's confidentiality policy where applicable.

Quorum and Decision-Making

1. Quorum for the CAC shall be majority of members (50% plus one). The CAC shall strive to achieve consensus on issues; if necessary, recommendations will be determined by majority vote (50% plus one). Where decisions are achieved by vote, the minutes will record the motion and results of the vote.

Reporting

1. The CAC Chair will provide monthly reports to the Board of Directors at their regularly scheduled meetings. Reports shall include updates on regular agenda items, as well as special reports that address specific matters. Report content will be prepared collectively by the members of the CAC to reflect the CAC consensus or decisions. Reports and minutes of the CAC meetings will be posted on the Hospital public website.
2. The Hospital Board shall be responsible for the development of the Terms of Reference for the CAC, and will seek input from the community on this work.

Resources

1. The CAC shall be supported by administrative resources provided by the Hospital to schedule meetings, take and distribute minutes, prepare reports, etc.
2. The Hospital CEO or a delegate will be available to provide information and updates to the CAC, at the CAC's request.
3. The CAC may invite health service providers and Subject Matter Experts as guests to their meetings, as needed, to better inform the CAC members on issues being addressed.
4. New CAC members will be provided an orientation to the CAC and to the Hospital.