

INTRODUCTION

The Hospital Advisory Committee is a Statutory Committee of the Board of the Canterbury District Health Board (CDHB) established in terms of Section 36 of the New Zealand Public Health and Disability Act 2000 (the *Act*). These Terms of Reference are supplementary to the provisions of the Act, Schedule 4 to the Act and the Standing Orders of the CDHB. These Terms of Reference will apply from 16 April 2020.

FUNCTIONS

The functions of the Hospital Advisory Committee (as per Schedule 4 of the NZ Health & Disability Act 2000) are to:

- *“monitor the financial and operational performance of the hospital and specialist services of the Canterbury DHB; and*
- *assess strategic issues relating to the provision of hospital and specialist services by the Canterbury DHB; and*
- *give the Board advice and recommendations on that monitoring and that assessment.”*

The Hospital Advisory Committee’s advice to the Board must be consistent with the priorities identified in the New Zealand Health Strategy and with the strategic direction and objectives of the CDHB.

ACCOUNTABILITY

The Hospital Advisory Committee is a Statutory Committee of the Board and as such its members are accountable to the Board and will report regularly to the Board.

- Members of the Hospital Advisory Committee are to carry out an assessment role but are not to be advocates of any one health sector group. They are to act in an impartial and objective evidence based manner for the overall aims of the Committee.
- Legislative requirements for dealing with conflicts of interest will apply to all Hospital Advisory Committee members and members will abide by the CDHB’s Media Policy; its Conflict of Interest and Disclosure of Interest Policy; Gift, Sponsorship, Donations and Corporate Hospitality Policy; and with its Standing Orders.
- The Committee Chair will annually review the performance of the Hospital Advisory Committee and members.

WELLBEING HEALTH AND SAFETY

Support, promote and monitor the continuance of a culture of wellbeing health and safety at the CDHB and ensure that the wellbeing health and safety risks faced by the Board are appropriately understood, mitigated and monitored, and ensure that the Board receives regular reports in regard to meeting its wellbeing health and safety obligations.

LIMITS ON AUTHORITY

The Hospital Advisory Committee must operate in accordance with directions from the Board and, unless the Board delegates decision making power to the Committee, it has no delegated authority except to make recommendations or provide advice to the Board.

- The Hospital Advisory Committee provides advice to the Board by assessing and endorsing recommendations on the reports and material submitted to it.
- Requests by the Hospital Advisory Committee for work to be done by management or external advisors should be made by the Chair and directed to the Chief Executive or their delegate (the Principal Administrative Officer).
- There will be no alternates or proxy voting of Committee members.

RELATIONSHIPS

The Hospital Advisory Committee is to be cognisant of the work being undertaken by the other committees of the CDHB to ensure a cohesive approach to health and disability planning and delivery, and as such will be required to develop relationships with:

- The Board
- Consumer groups
- Management of the CDHB
- Clinical staff of the CDHB
- Manawhenua Ki Waitaha (*MKW*)
- The community of the CDHB
- Other Committees of the CDHB

TERM

These Terms of Reference shall apply until April 2023, at which time they will be reviewed by the newly elected Board of the CDHB who will also review the membership of the Committee to ensure an appropriate skills-mix.

MEMBERSHIP OF THE COMMITTEE

The Chair of the Hospital Advisory Committee will be a member of the Board and will be appointed by the Board. The Board may also appoint a Deputy Chair to the Committee. Other members of the Hospital Advisory Committee will be appointed by the Board and may be both CDHB Board members and external members who will supplement the skills, knowledge and experience of Board members. The Board will comply with the requirements of the Act and provide for Maori representation on the Committee by appointing a representative nominated by MKW in addition to other external appointments in accordance with policy adopted by the Board in December 2012.

The Chair and Deputy Chair of the Board will be ex-officio members of the Committee (if not appointed to the Committee by the Board), and will have full speaking and voting rights at all meetings of the Committee.

- Board members who are not members of the Committee will receive copies of agendas and minutes of all meetings electronically, and may attend any meetings of the Committee with speaking rights for those meetings that they attend.
- The Board will not appoint to the Hospital Advisory Committee any member who is likely to regularly advise on matters relating to transactions in which that member is specifically interested. All members of the Hospital Advisory Committee must make appropriate disclosures of interest.
- The Chair, Deputy Chair and members of the Hospital Advisory Committee will continue in office for the period specified by the Board, or until such time as:
 - the Chair, Deputy Chair or member resigns; or

- the Chair, Deputy Chair or member ceases to be a member of the Hospital Advisory Committee in accordance with clause 9 of Schedule 4 of the Act; or
- the Chair, Deputy Chair or member is removed from office by notice in writing from the Board.
- All Hospital Advisory Committee members must comply with the provisions of Schedule 4 of the Act, relating in the main to:
 - the term of members not exceeding three years;
 - a conflict of interest statement being required prior to nomination;
 - remuneration; and
 - resignation, vacation and removal from office.

MEETINGS

The Hospital Advisory Committee will meet as determined by the Board in accordance with the Act, with the frequency/timing taking into account the times and dates of the other committee meetings and the Board meetings.

- Subject to the exceptions outlined in the Act, the date and time of the Committee meetings shall be publicly notified and be open to the public. The agenda, any reports to be considered by the Committee, and the minutes of the Committee meeting will be made available to the public as required under the Act.
- Meetings shall be held in accordance with Schedule 4 of the Act and with CDHB's Standing Orders.
- In addition to formal meetings, Committee members may be required to attend workshops or forums for briefings and information sharing.

REPORTING FROM MANAGEMENT

Management will provide exception reporting to the Hospital Advisory Committee to allow measurement against the financial and operational performance indicators of the Hospital and Specialist Service of the CDHB.

MANAGEMENT SUPPORT

In accordance with best practice and the delineation between governance and management, key support for the Hospital Advisory Committee will be from staff designated by the Chief Executive Officer from time to time who will assist in the preparation of agendas, reports and provision of information to the Committee in liaison with the Chair of the Committee.

- The Hospital Advisory Committee will also be supported by clinical staff and other staff as required.
- The Board may appoint advisors to the Hospital Advisory Committee from time to time, for specific periods, to assist the work of that Committee. The Committee may also, through management, request input from advisors to assist with their work.

REMUNERATION OF COMMITTEE MEMBERS

In accordance with Cabinet Guidelines and the CDHB's Fees and Expenses Policy, members of the Hospital Advisory Committee will be remunerated for attendance at meetings at the rate of \$250.00 per meeting, up to a maximum of ten meetings per annum, total payment per annum \$2,500.00. The Committee Chair will be remunerated for attendance at meetings at the rate of \$312.50 per meeting, again up to a maximum of ten meetings per annum, total payment per annum of \$3,125.00. Ex officio members are not remunerated. These payments may be reviewed by Ministerial direction from time to time and will be revised to comply with any Cabinet/Ministerial amendments.

- These payments are made for attendance at public meetings and do not include workshops.
- Any officer or elected representative of an organisation who attends committee meetings which their organisation would expect their officer or elected representative to attend as a normal part of their duties, and who is paid by them for that attendance, should not receive remuneration.
- The Fees Framework for Crown Bodies includes the underlying principle that any employees of Crown Bodies should not receive remuneration for attendance at committee meetings whilst being paid by their employer.
- Reasonable attendance expenses (ie., reasonable travel-related costs) for Committee members may be paid. Members should adhere to the CDHB's travel and reimbursement policies.

Adopted by Board: 18 February 2011.

Amended by Board: 16 February 2012.

Amended by Board: 17 April 2014.

Amended by Board: 20 April 2017.

Amended by Board: 16 April 2020.