



**LOCAL HEALTH  
ADVISORY COMMITTEE**  
*a voice for health in your community*

# Terms of Reference

**APRIL 2022**



# INTRODUCTION

We would like to acknowledge the great contribution our volunteers make in helping us to deliver the best possible health care to people across the Murrumbidgee region.

Local Health Advisory Committees (LHAC) are a vital connection between the local community and health service activities. Local committees work with facility staff and MPHN representatives to identify local service needs, ways to improve access to services, and to assist in planning and development. The groups provide valuable input into planning health services and sharing information with the local community.

This is a great opportunity to advocate for your community, be involved in planning, priority setting and evaluation of strategic and service planning, and provide support for improving health in your communities.

These Terms of Reference are designed to provide a guide around the variety and range of contributions LHAC members can make in their role as a Local Health Advisory Committee (LHAC) member to their local service.

Our volunteers offer their time and effort year round in service to others. Our LHAC members contribute in many positive ways to improve the experience for our patients, and in support of carers, families and staff. We rely on your commitment, skills, time and energy in providing the best quality care to people in our region.

Thank you for your interest in supporting us,

Dr Thomas Douch  
MLHD Board Chair

Dr Jodi Culbert  
MPHN Board Chair

Jill Ludford  
MLHD Chief Executive

Melissa Neal  
MPHN Chief Executive Officer



# LOCAL HEALTH ADVISORY COMMITTEES

Local Health Advisory Committees (LHAC) are a valued part of the Murrumbidgee Local Health District (MLHD) and the Murrumbidgee Primary Health Network (MPHN) teams. Their contribution to improving the health and wellbeing of their communities is paramount in providing exceptional health care for our people.

## Introduction

LHACs are a central connection between the local community and health care services.

MLHD is committed to meeting the National Safety and Quality Health Service Standards. One of these standards (Standard 2), Partnering with Consumers, ensures that systems are in place to support partnering with patients, carers and consumers to improve the safety and quality of care. MLHD works to promote a culture of community and consumer engagement and participation.

MPHN works closely with community to understand health needs at a local level in order to plan, design and coordinate services that best meets the needs of our communities. MPHN is committed to meaningful consumer engagement at all levels of the organisation. LHACs are represented at a Governance level through the MPHN Consumer Advisory Committee.

LHACs play an important role in this engagement, forming a link between the community and the health service. They are valued partners in improving the health literacy knowledge of the community

MLHD and MPHN work in partnership to drive improvements in the regional health system to provide integrated patient-centred care, under the banner of 'One Health System'.

## Our Commitment to LHAC

MLHD and MPHN commits to inform, consult and engage with our local communities to ensure consumers are aware of health service available to them and how to access them; understand how to provide feedback and are involved in planning for future health services.

Our staff will work together to support LHACs in communication and engagement with our communities as outlined in the [MLHD Community Engagement Strategy](#).

Our promise to our communities is:

- We will keep you informed
- We will listen to you, consider your ideas and concerns and keep you informed
- We will work with you on an ongoing basis to ensure that your ideas, concerns and aspirations are considered. We will provide feedback on our decisions.

### Keeping communities informed

It's really important that our communities are provided current information about the services available to them in their local communities. Sometimes this means communicating with our communities in a way that we might not have thought of.



## **Listening to our communities**

Honest community feedback is always important to us. If your community is concerned about an issue, please help by bringing it to our attention so that we can work together to resolve it.

## **Connecting with communities**

As advocates for your community, we appreciate you helping us to communicate more effectively. We know that people will come to you for advice about what is going on in your communities. Please listen to their concerns, and seek and provide the correct information about what is going on from your local Facility manager, and help us address information which is inaccurate or misleading.

Where we are not communicating well – tell us! We need to know how, when and where so that we can improve!

## **Purpose**

The NSW Health Core Values of Collaboration, Openness, Respect and Empowerment are essential features in the partnership between the Health District and LHACs. Equally, MPHNS values of Work Together, Be Honest, Value Everyone, Learn from Others, and Aim to Inspire drive the collaborative nature of the MPHNS and LHAC relationship.

## **Collaboration**

In collaboration with the Health Service Manager and MPHNS Representative, LHACs work to ensure local health services meet the needs of their community. To facilitate their work, LHACs can access information from community or facility surveys, MLHD data and from state level information. The LHACs play a key role in the consultation process when planning and developing health and wellness services in the community. MPHNS values of Work Together and Learn from Others directly link to this MLHD value.

## **Openness**

LHACs are encouraged to share health information with their communities in a clear manner that will be understood by their local residents. They encourage communities to share information with the health service through surveys and other feedback tools such as workshops and forums. LHACs may choose to develop goals and priorities each year and share these with their communities. MPHNS value of Be Honest directly links to this MLHD value.

## **Respect**

LHACs are respected and valued members of the MLHD-MPHNS family. Person centred care is at the heart of what we do. Care provided should be respectful of, and responsive to, the preferences, needs and values of patients and communities. MPHNS values of Value Everyone directly links to this MLHD value.

## **Empowerment**

LHACs work to inform the community about available health care services and life style choices which improve health and wellbeing. LHAC members are encouraged to be involved in workshops/ forums as delegates or presenters to develop their own understanding of health services. LHACs are encouraged to share their strategies, learnings and skills with other Murrumbidgee LHACs. MPHNS value Aim to Inspire directly links to this MLHD value.



## LHAC Role

The LHAC acts as a link between the community and the local health service and can contribute to the following primary functions:

**Advocate for patients/carers and local community needs** – represent your community's needs and provide feedback to The Partners about ideas, concerns and interests of the local community.

**Keep the community informed** – play an important part in the connection, community feedback and engagement of MLHD facilities and MPHNS to the local community.

**Promote Health and Wellbeing** – raise awareness in the local community about health services available and help to promote healthy lifestyle choices within the community. Garner support for initiatives which promote and educate on health and wellbeing.

**Service Planning** – take part in planning and development of health services by being involved in consultations and providing feedback during service planning.

**Education** – to raise awareness, inform and promote local and district wide initiatives and activities.

**Public Relations/Media** - LHACs are encouraged to be proactive in health promotion and communication with media and to be aware of any local issues which may result in negative media. LHAC members are encouraged to participate in the identification of good news stories at each meeting and, via the elected Communications Officer, develop a media release.

**Projects** - LHACs are encouraged to establish their own agreed local priorities and projects for the year. It is recommended that these align to the directions of the Health District and Primary Health Network and be supported by the Facility Manager.

**Networking** - LHACs are encouraged to share their strategies, learnings and experiences with other LHACs across the district.

## Matters falling outside the role of LHAC

LHAC members do not have the scope or authority to be involved in the following matters:

- Managerial responsibility over staff of the Local Health District.
- Operational issues of the health facility.
- Facility budgets and financial management.
- Recruitment of Health Service Staff, including medical practitioners (unless specifically invited to sit on a panel).
- The appointment of Visiting Medical Officers at hospitals.
- The handling, investigation and resolution of staff matters, complaints, service delivery issues involving private clinicians or private hospitals.



## LHAC Membership

Committees are made up of members who represent the cross section of their local community in age, gender, professional and cultural background. (for example: a community with a large proportion of farming families should endeavour to have member representation of farming backgrounds and a community with a large Indigenous population should endeavour to ensure Indigenous member(s) are included on the committee.)

Committees consist of:

- Up to nine (9) community representatives (representative of their local population) including:
  - One (1) Aboriginal representative
  - One (1) Clinical Representative (not employed by MLHD / MPHNI ie: Paramedic, Medical Officer, Pharmacist, Primary Health Care Professional or Allied Health Professional)
- one (1) peer nominated staff representative

Members work professionally to:

- Observe the highest standards of impartiality, integrity and objectivity in relation to the advice they provide.
- Be accountable for their activities and the advice they provide.

### Term of Appointment

Members are appointed by the MLHD Board.

Appointments are and can be appointed for a period of up to two (2) years. Members are eligible to re-apply for membership for a further two (2) years at a time to a maximum of eight (8) years. In special circumstances and where there are no other applications, consideration will be given to extended memberships beyond eight years.

Appointments and renewals are conditional to the membership being representative of the local community demographic.

Where circumstances prevent advanced notification of expiration, MLHD may rollover memberships until confirmation of reappointment can be made.

MLHD reserves the right to rescind and appoint memberships at any time.

Membership is subject to adherence to the NSW Health Code of Conduct and the NSW Health Policy Directive 2011\_018 Bullying – prevention and Management of Workplace Bullying in NSW Health. Any breaches in these will result in termination of the member from the LHAC.

### Applications for Membership

People wishing to join an LHAC are required to complete the MLHD LHAC Application Form. In accordance with the LHDs legislative requirements, potential members are also required to complete a consent to the National Criminal Record Check and provide 100 points Identification. Importantly, applicants are also required to sign an agreement to abide by the Local Health District Confidentiality Agreement and the NSW Health Code of Conduct.

Applications can be completed online or submitted to the local Facility Manager, who can also provide support with the application process. Where more than one (1) application is



received to fill a position, an interview process may be undertaken to determine the successful applicant.

LHACs are encouraged to promote any vacancy. The position can be advertised through local media, noticeboards and/or social media and other targeted promotions.

Pending members are encouraged to attend LHAC meetings until their membership has been endorsed, however are unable to vote on matters.

### **Identification Badge**

MLHD provides LHAC members with an identification badge to wear during all participation activities. MLHD appreciates this cooperation which assists sites to meet their occupational health and safety obligations. Name badges can be arranged through the Facility Manager.

### **Resignations, Transfers and Termination of Membership**

Committee members are able to resign, verbally or in writing at any time. One month's notice would be appreciated to provide adequate time for advertising for a new member.

Membership is subject to adherence to the NSW Health Code of Conduct and the NSW Health Policy Directive 2011\_018 Bullying – prevention and Management of Workplace Bullying in NSW Health. Any breaches in these will result in termination of the member from the LHAC.

If a member does not attend three (3) consecutive meetings without advising the Chair of leave of absence, the position will be declared vacant.

Members who move residential address within the Murrumbidgee are able to transfer their membership to another LHAC, providing there is a position available. Membership will discontinue for members who relocate outside of the Murrumbidgee area.

MLHD reserves the right to rescind memberships at any time.

We encourage every LHAC member to advocate and have robust conversation, however we do not encourage behavior that undermines the role of the LHAC. Members must have the best interests of the community in mind.

All members are expected to contribute to the effective running of the LHAC and participate fully in meetings, planning, activities and events. Vexatious or malingering members who do not contribute to the LHAC may have their membership withdrawn upon recommendation of the LHAC Chair and Manager Executive Services – Communications in consultation with the MLHD Executive.





## LHAC Positions

### **Annual Elections of Office Bearers**

The election of LHAC office bearers is encouraged as early as possible in the new calendar year. Committee office bearers will be elected by a simple majority and will assume their duties immediately. There is no impediment to the re-election of previous office holders, although committees are encouraged to revolve members through positions.

### **Election Process**

All positions will be declared vacant and calls for nominations will be made for each position. When more than one nomination is made, the committee must vote. Nominated members must agree to the appointment before the position is finalised.

### **Chair**

The position of Chair should be held by a community representative. Staff members or other ex-officio members are not eligible to be nominated or act as the Chair. The Chair will work closely with the Facility Manager to support the health service and represent community interests.

The Chair consults with the Facility Manager to determine matters for the agenda. Once papers are finalised, the Secretariat circulates the meeting agenda, action list, Managers Update and Minutes to LHAC members.

During meetings, the role of the LHAC Chair is to facilitate, ensure members keep to topic and within the timeframes. Committees may wish to elect a Vice Chair to support the Chair as required.

The Chair will receive regular electronic updates and correspondence from the Manager Executive Services – Communications and Regional Sector Coordinator, and are requested to disseminate this information to LHAC members.

The Chair is encouraged to attend at least one of the two LHAC Forums held each year and encourage other members to attend.

Four (4) Chairs will have the opportunity to join the MPHN Community Advisory Committee through an Expression of Interest process to represent the Murrumbidgee region. (Refer Appendix MPHN Community Advisory Committee Terms of Reference).

### **Vice Chair**

The Vice Chair provides support to the LHAC Chair and carries out duties in absence of the Chair.

### **Communications Officer**

The role of the Communications Officer is to identify opportunities for publicity or potential issues or concerns raised in the community and work with the Manager Executive Services – Communications and Regional Sector Coordinator to develop regular media releases to promote health initiatives, healthy behaviors and lifestyles.

The Communications Officer and other members are encouraged to report to the Agenda Item “positive stories for the media” at each meeting, and can encourage discussion around the identification and development of news stories.





A media workshop will be held annually for Communications Officers.

### **Secretariat**

The Secretariat may be an LHAC member. If no LHAC member can be appointed to this position, the Facility Manager will arrange to provide secretariat services.

The Secretariat will liaise with LHAC Chair to prepare meeting agenda, update action list, and circulate Agenda, Manager's Update and Minutes. (Refer: Appendix 2 Agenda Template, Appendix 3: Minutes Template, Appendix 4: Manager's Update Template)

The Secretariat will take Minutes of the meetings, and provide in draft format to the LHAC members within seven (7) working days of the meeting.

The Secretariat is responsible for forwarding Minutes to Manager Executive Services – Communications. The meeting timeframes may mean Minutes are in Draft format. A final copy of the Minutes is also appreciated.

### **MLHD Staff Representative**

The Staff Representative is nominated to the position by peers. The staff representative provides an employee perspective on activities and issues within the health service.

This position is a voting member of the LHAC and can be shared between two (2) staff members.

The staff representative cannot be elected to the position of LHAC Chair.

### **MPHN Staff Representative**

MPHN's staff representative on an LHAC is appointed by MPHN. The representative will attend at least every second meeting, either in person or via tele or video conference. An MPHN staff representative does not have any voting rights and cannot be elected to any positions in the committee.

## **Projects**

LHACs are supported by the Manager Executive Services – Communications, Regional Sector Coordinator and Facility Manager to undertake activities and initiatives which will help them achieve the goals. (Refer Appendix 1 for a list of Project Ideas/Initiatives/Activities)

LHAC goals and projects should be established and reviewed annually and align to the strategic directions of the Health District and Primary Health Network.

\$2,000 per annum in funding is provided by MLHD on application to support LHAC projects. LHACs are invited to apply for funding using a standardised application form. (refer appendix). Projects must align to MLHD Strategic Goals to be eligible for funding.

Funding can also be made available (subject to availability) via the MPHN to support LHAC projects, LHACs should apply to MPHN for specific project funding.



## Meetings

Committees are requested to meet monthly or hold at least 6 meetings per year. It is recommended meetings take approximately one to one and half hours, and where possible should take place at a facility where healthcare is provided.

Each LHAC is at liberty to develop their own meeting procedures (ie: setting times, locations etc). Committees may wish to invite group members/guest speakers and/or local residents to attend meetings for a specific purpose, presentation or local workshop.

LHAC members are encouraged to advocate for community health needs and have robust discussion around issues, areas of concern. Members should agree on actions and steps to be taken as a committee. Matters can be voted on to determine and outcome by majority.

Matters for discussion should be tabled through the Chair at the meeting. Individual discussions should not take place outside of the meeting, and all conversations should be transparent.

At times, LHAC may use personal stories to illustrate concerns or experiences with health services. Patient privacy must be respected at all times, and LHACs should refrain from mentioning individual names in their discussions.

**Note:** Where the Facility Manager is unavailable to attend the LHAC meeting, another staff member will be delegated to attend. Meetings should not be cancelled if the Facility Manager is unable to attend.

### Quorum

At least half the Committee membership plus one (1) should be in attendance for a quorum. When a quorum is not reached, the Committee can discuss matters of interest, but any items requiring a decision to be held over until the next meeting, or the Chair determines if an extraordinary meeting is required to discuss the matter.

### Agenda

An agenda for meetings is prepared by the Chair and Secretariat (in consultation with the Facility Manager). A template is provided see *Handbook Appendix 2: Agenda Template*. The agenda is sent to members at least five (5) working days prior to the meeting. Members are encouraged to suggest matters for discussion for inclusion on the agenda prior to its publication.

Members are invited to provide a short verbal report if they have relevant matters to share with the Committee, including relevant information from other community participation and/or comments/feedback/reports from community members.

### Minutes

Minutes should be an accurate reflection of discussions held during the meeting, and action items. The Secretariat is responsible for taking the Minutes at each meeting and circulating draft Minutes to each member within five (5) working days of the meeting. (refer Handbook Appendix 3: Minutes Template and Handbook Appendix 5 Feedback Loop)

Members are invited to review the draft Minutes and provide their comments within five (5) working days of receipt noting that no reply is deemed to be endorsed.

The Secretariat will forward Minutes to the Manager Executive Services – Communications for inclusion in a consolidated Monthly Report which will be forwarded to MLHD Executive Leadership Team and Board. Local managers will progress relevant actions. The Manager



Executive Services – Communications and the Regional Sector Coordinator will play a role in supporting LHACs and working with them on identified issues.

### **Facility Manager's Update**

The Facility Manager provides an update for each LHAC meeting. This update provides a snapshot of activity, or information relating to key areas of concern or activity in the hospital, including new appointments. Where possible the Facility Manager's update will be circulated prior to the meeting with the agenda.

### **Confidential Material**

Committees are encouraged to openly discuss issues and information from the local community. There may be occasions when information of an identifiable nature, involving specific persons or organisations, is discussed. On these occasions Committees will respect the confidentiality of these persons/organisations and also comply with any request for confidentiality from the provider of the information. All members are reminded our requirement to adhere to the NSW Health Privacy Act and Policy and the MLHD Code of Conduct.

### **Conflict of Interest**

Being a member of the LHAC is a position of trust that involves obligations to the community and to the Partners. It is important for members to remain impartial. It must be clear to everyone that members are not using their position to serve their own interests or the interests of someone close to them, including conflicting loyalties which may arise when members are also representatives of other organisations.

All LHAC members should strive to avoid any conflict of interest between the interests of the Partners on the one hand, and personal, professional and business interests on the other. This includes avoiding actual conflicts of interest as well as the perception of conflicts of interest. When such conflict arise it should be dealt with in one of the following ways:

1. Upon appointment each LHAC member will make a written disclosure of interests, such as relationships and positions held, that could potentially result in a conflict of interest. This written disclosure will be kept on file and will be updated annually or as appropriate.
2. During the course of meetings, LHAC members (including Chair/Vice Chair) will disclose any interests in a transaction or decision where there may be a conflict between MLHD's and the MPHNS's best interests and the member's best interests or a conflict between the best interests of two organisations that the member is involved with. If in doubt the potential conflict must be declared anyway and clarification sought.

There are three steps to take when disclosing a conflict of interest:

1. Tell the Committee that you have a conflict of interest. This must be done immediately before the matter is considered and will be recorded in the Minutes.
2. Tell the Chair that you are leaving the meeting.
3. Leave the room and any area where you can see or hear the meeting until the matter has been concluded.

Members are not to participate in a decision when they have a conflict of interest. Failure to disclose a conflict of interest may result in termination of that person's membership to the LHAC.



## Guests

LHACs are encouraged to invite guest speakers to present on topics of interest to the LHAC/community. Guests may be called upon to attend meetings to share their expertise.

Guests may include:

- MLHD Board member\* / MLHD Executive member
- MPHN Board members / MPHN Executive member
- Manager Executive Services – Communications
- Health Specialists or Professionals
- Mental Health Drug & Alcohol / Community Services / Health Promotion / Allied Health team representatives
- Local Shire or town councillors

(\* please note: When inviting MLHD Board Directors to your meeting an invitation should be made via the Manager Executive Services - Communications to the Board Chair on [setchen.brimson@health.nsw.gov.au](mailto:setchen.brimson@health.nsw.gov.au))

In accordance with the NSW Health Ministerial protocols, LHACs are not able to invite a Member of Parliament or Minister to attend an LHAC meeting or function without prior consent from the MLHD Chief Executive. Please refer LHAC Handbook for further information.

## Support for LHACs

We have a number of positions in place to provide support to LHACs to help members achieve their goals.

### MLHD Facility Manager

*The Facility Manager is an invitee of the LHAC.*

The Facility Manager is responsible for:

- Management, coordination and maintenance of their LHAC
- Providing support, advice and an initial contact point for the LHAC
- Provision of relevant information about the services and any relevant matters impacting on the delivery of services

The Facility Manager will report any significant issues that arise at meetings through the relevant General Manager to the relevant Executive Director of the Local Health District.

The Facility Manager will provide an update to the Chair prior to the meeting (refer *Appendix 4: Managers Update Template*).

Where an LHAC member has not been nominated Secretary, the Facility Manager will arrange for a member of staff to provide administrative support to the LHAC meeting.

It is not appropriate for the Facility Manager to be the Secretary.

### MPHN Representative

*The MPHN representative is an invitee of the LHAC.*

The MPHN Representative is an appointed position within MPHN and will work in partnership with the Manager Executive Services - Communications to support the LHAC within their sector.



The MPHN representative is responsible for:

- Providing support, advice and an initial contact point for the LHAC
- Provision of relevant information about the services and any relevant matters impacting on the delivery of services
- Escalating issues or concerns to MPHN Senior Leadership Team

LHAC Chairs are encouraged to directly communicate with their MPHN LHAC representatives at any time.

MPHN also facilitates three LHAC Sector Chair teleconferences on a quarterly basis to discuss matters relating to primary healthcare. Any identified primary healthcare issues are then escalated to MPHN's Community Advisory Committee (CAC), a Board sub-committee. Each MPHN sector (Border, Riverina, Wagga Wagga and Western) is represented on the CAC by an appointed LHAC Chair.

### **MLHD Manager Executive Services – Communication**

The Manager Executive Services – Communication is available to support LHACs in their health promotion activities and initiatives and can provide guidance and assistance to LHACs on developing promotional materials, advertising or organising events.

The MLHD Manager Executive Services – Communication is responsible for:

- support LHACs in fulfilling their roles
- providing regular updates to Chairs about the broader health environment and share information about activities and initiatives across the District
- organising two (2) LHAC Forums per year
- visit LHACs annually to conduct planning and priority setting sessions
- Escalating issues or concerns to MLHD Executive
- Preparing consolidated LHAC reports for the monthly MLHD Board meetings

LHAC Chairs are encouraged to be in regular contact with the Manager Executive Services – Communication. Any LHAC member is welcome to call or email to discuss issues of concern, ideas or strategies for engaging with their local communities.

Setchen Brimson  
Manager Executive Services – Communication  
Locked Bag 10, Wagga Wagga NSW 2650  
M: 0477 359 764  
E: [setchen.brimson@health.nsw.gov.au](mailto:setchen.brimson@health.nsw.gov.au)

## **Communication**

### **Public Relations/Media**

LHACs are encouraged to be proactive in health promotion and communication with media and to be aware of any local issues which may result in negative media.

LHAC members are encouraged to participate in the identification of good news stories at each meeting and, via the elected Communications Officer, develop a media release.



As LHACs represent MLHD, all media releases must be reviewed and MLHD approvals arranged by the Manager Executive Services – Communications prior to distribution.

The Manager Executive Services – Communications can support the Communications Officer to develop and distribute positive media releases and announcements which help raise awareness in the community.

#### Media release Checklist

Preparation and distribution of a Media Release should follow this process:

- The LHAC agree to issue a Media Release, and the Communications Officer/ or member draft the release.
- Upon agreement of the release by the LHAC, the release is forwarded to the MLHD Health Service Manager and Manager Executive Services – Communications.
- The Manager Executive Services – Communications to review, arrange MLHD approvals and liaise with appropriate organisations (including other partners such as Primary Health Networks).
- Once approved, the LHAC can distribute the release to the relevant media

On occasions, Committee members may be approached by the media for comment on particular health issues. The following principles should guide public information and publicity activities undertaken by LHACs:

- Members are requested to liaise with the Facility Manager and Manager Executive Services – Communications to discuss an appropriate response.
- The draft media release/interview comments are to be reviewed with the MLHD Manager Executive Services – Communications
- Any media comment must be carried out in accordance with the Local Health District Confidentiality Agreement and the NSW Health Code of Conduct.
- Publicity should not infringe any Committee member's or any other person's privacy.

### **Social Media**

LHACs are encouraged to share information with the community, and also receive feedback from the community about areas of interest or concern. Social media channels offer an opportunity to do this in a transparent and public environment.

LHACs wishing to establish their own Facebook page, can do so with prior agreement and support of the Manager Executive Services – Communications. Members must undertake a workshop and be ethical and transparent in all of their posts and responses.

MLHD Manager Executive Services – Communications and the Online Communications officer must be administrators of the page. Any comments or behaviour which breaches the code of conduct will result in the page or persons being removed, and termination of LHAC membership.

### **Community Noticeboards**

Each health service has a dedicated Community Noticeboard for the use of the LHAC. The purpose of the Community Noticeboard is to display information to the public that the LHAC may wish to promote such as a public awareness campaign that the LHAC is running, or other activities and initiatives in the Health Service or community.





LHAC members are encouraged to suggest content for inclusion on these notice boards. Content should be agreed upon by the LHAC members together with the Facility Manager.

Essential information to be included on the Noticeboard:

- LHAC members details (Names, photos, contact details, meeting frequency)
- Hand Hygiene results
- Facility Accreditation Status
- Local Quality and Safety initiatives / projects

Posters and materials on display should be current, accurate and informative.

### **Ministers and Members of Parliament**

In accordance with the NSW Health Ministerial protocols, LHACs are not able to invite a Member of Parliament or Minister to attend an LHAC meeting or function without prior consent from the MLHD Chief Executive.

Ministers and/or Members of Parliament (State or Commonwealth) must have the permission of the MLHD Chief Executive before entering an MLHD Health Facility. All site visits of Ministers and Members of Parliament are organised by the MLHD Ministerial Relations Manager.

LHAC Committees wishing to invite Ministers and Members of Parliament for functions are to consult with the Manager Executive Services – Communications.

As advocates for their local community, the LHAC may wish to write to a Minister or Member of Parliament to lobby for a particular issue. This may be done in consultation with the Facility Manager and in conjunction with the Manager Executive Services – Communications to ensure that correspondence is not in conflict with organisation's Strategic Plans. The correspondence should come from LHAC Committee, and all members of the LHAC must be in agreement.

### **Forums and Travel**

MLHD and MPH N will organise two (2) LHAC Forums per annum. These forums are designed primarily as a networking opportunity and are a great opportunity to share ideas, experiences and information with members from other LHACs. They provide an opportunity for open discussion between LHAC members and Executive Directors and Board members. LHAC members are encouraged to attend the forums.

The Partners will support LHAC members to attend training and forums by arranging appropriate transport and accommodation where possible.

If an LHAC member chooses to use their own vehicle, this is managed in accordance with MLHD Motor Vehicle Policy MLHD-POLY132.

### **Customer Feedback (Compliments and Complaints)**

MLHD recognises customer complaints as an important source of feedback, however the resolution of complaints is not within the role of the LHAC.

If a complaint is referred to an LHAC member by a member of the public, the member is requested to pass on the complaint and details to the Facility Manager or MLHD Complaints





Line for investigation and response directly to the complainant. (Please refer to Appendix 7: Complaints Process.)

The MLHD Feedback complaints process ensures the complaint or feedback is registered in the Incident Management System (IMS) and followed up and responded to appropriately and in a timely manner.



# FINANCE

## Restricted Assets

### (formally Special Purpose & Trust – SP&T Funds)

Funds held in Restricted Assets accounts are to be used for the benefit of the local facility consistent with the purpose for which the funds were provided/donated. Should any change of purpose be proposed, there will be consultation with the original donor/contributor or where this is not possible, the LHAC will be consulted.

Facility managers will provide regular updates on the overall balance and management of Restricted Assets Funds. A standardised report will be obtained from the MLHD Business Intelligence Performance System and presented as part of the facility manager's update.

## Donations

Donations that have been made to a local health service are to be deposited into the Restricted Assets account and are to be used for the benefit of the local facility consistent with the purpose for which the funds were provided/donated.

### Donor groups

A number of communities have groups that raise monies for the benefit of a local hospital. The funds held by these groups are not from an "accounting or control perspective" MLHD funds and do not form part of the finances reported through monthly or annual financial reports of the MLHD.

### Private donations / bequests

Facility managers are expected to keep the LHAC informed and engaged in the management of these funds.

Donors or the LHAC do not have a specific delegation within the MLHD Delegations Manual to authorise expenditure from a Restricted Assets account.

## Community fundraising

When fundraising is undertaken by a community group/LHAC for the benefit of a MLHD facility or service it is necessary for that group to ensure:

- a) Compliance with the NSW fundraising protocol, including seeking permission from the facility to fundraise in their name (refer *NSW Health Fundraising Policy* Doc No.: *PD2009\_067*)
- b) The purpose of the fund raising effort is consistent with the facility's service plan

Where approved and agreed, it is expected the LHAC will have a more direct input into how such funds are expended.



## COAG s19 (2) Funding

Some MLHD hospitals are eligible to receive funding through the Council of Australian Governments (COAG) Improving Access to Primary Care in Rural and Remote Areas – COAG s19(2) Exemptions Initiative.

The Initiative provides for exemptions under s19(2) of the *Section 19(2) Health Insurance Act 1973* (the Act) to allow exempted eligible sites to claim against the Medicare Benefits Schedule (MBS) for non-admitted, non-referred professional services (including nursing, midwifery, allied and dental services) provided in emergency departments and outpatient clinic settings.

Where this is the case, a local implementation committee oversees the proceeds of the COAG 19(2) initiative. The local COAG 19 (2) committee will have a TOR for each local approved facility.

Communication with stakeholders including an LHAC representative is a key feature of the initiative. The LHAC member can make a valuable contribution by providing information supporting “improving primary health care” within their local hospital, medical service and community.

---

### The role of the COAG local implementation committee is

1. **Oversight:** To provide local oversight and guidance in regard to the implementation, progress and evaluation of Section 19(2) Exemptions Initiative at the site. To ensure adherence to NSW Ministry of Health Section 19(2) Exemptions Initiative Guidelines, to approved facilities Section 19(2) Implementation Plan and to approved facilities Section 19(2) Exemptions Initiative business rules. To ensure all Medical Practitioners (including Registrars) involved in the Initiative have a current 19(2) or hospital location provider number.
2. **Communication:** To provide a forum for sharing information and having discussion about the Initiative and disseminating information about the Initiative to key stakeholders. LHAC representative is a key stakeholder.
3. **Revenue and Budget:** To assume financial responsibility and accountability for local reinvestment of Medicare Benefits Schedule (MBS) revenue that will be raised from the Initiative and for monitoring expenditure. To provide updated reinvestment priority lists at least every six months for approval by Director of Finance & Performance, Clinical Operations & Director of Medical Services.
4. **Risk Management:** To identify and raise emerging risks, trends and issues that may impact on the viability of the project. To provide a forum to resolve key issues and to mitigate or escalate risks.
5. **Monitoring:** To monitor the progress of the implementation to ensure sustainability by identifying barriers to implementation and suggesting solutions to overcome them.
6. **Reporting:** To provide a report to relevant local stakeholders at committee meetings.
7. **Evaluation:** To evaluate and report annually to the NSW Ministry of Health on the operation of the initiative.

# GLOSSARY



**Manager Executive Services – Communications** – refers to the MLHD position with overarching responsibility for LHACs

**Confidentiality** – LHAC members may at times be provided with confidential information. LHAC members are duty bound not to disclose or discuss this information outside of the LHAC meeting discussions, or to other persons not involved with the LHAC.

**Conflict of Interest** – A conflict of interest exists when it is possible that a community representative could be perceived that they could be influenced by a personal interest when carrying out their role.

**Code of Conduct** – A binding code that provides a guide for LHAC members while they are acting as community representatives in health matters.

**Facility Manager** – refers to the Manager of the Health Service, depending on the facility this title may vary from Health Service Manager, Senior Nurse Manager, Nurse Manager or Community Nurse.

**LHAC** – refers to all members of the Local Health Advisory Committee as a united group.

**Members** – refers to members of the LHAC.

**MLHD** – refers to Murrumbidgee Local Health District and its representatives.

**MPHN** – refers to Murrumbidgee Primary Health Network and its representatives.

**The Partners** – refers to the partnership between MLHD and MPHN working collaboratively to provide health services in the region.

**Primary Health** – first level of contact individuals, families and communities have with the health care system. Eg: May include but not limited to general practice, allied health providers and pharmacy.

**Regional Sector Coordinators** – refers to the MPHN officer appointed to the four geographical sectors of the district.

**Restricted Assets** – refers to account formally known as Special Purpose and Trust (SP&T) funds.



## Appendix 1: Project Ideas

### Inform your community about health services available

#### Raise the profile of your LHAC:

- Install a photo display board of LHAC members in Hospital / Health Service Foyer
- Host an Open Day / Event / Activity
- Get involved in the Hospital Fete
- Organise a workshop or training session (for example in conjunction with Mental Health Coordinators)
- Hold an information stall at your local show / event / street stall
- Be a Guest Speaker - Raise awareness by volunteering to be a guest speaker at club / public meetings:
  - Rotary Club
  - Hospital Auxiliary
  - Men's Shed
  - Soroptomists
  - Probus
  - Lions Club
  - Schools
  - CWA
  - Inner Wheel

#### Develop a public relations schedule to promote your LHAC and the Health Service

- Develop an annual plan of events and prioritise activities
- Issue regular media releases
- Arrange for a regular interview segment on local radio
- Arrange for a regular "Health Matters" column in your local paper/newsletter
- Include an article / update in your Local Council / Schools newsletters
- Arrange a feature in the local paper

#### Promote Services available

- Develop a Flyer / Brochure / Fridge Magnet for your Local Health Services on services available locally
- Undertake an audit of notice boards to ensure currency and relevance of information
- Develop factsheets (or use those available on the MLHD website)
- Hold an information stall, expo, forum or open day

#### Use technology

- Develop an "app"
- Develop and maintain a web page
- Embrace social media

#### Choose a 'cause' - Look at ways of informing the community on:

- Falls prevention
- Organ donation
- Advance Care Planning
- Healthdirect
- Health Promotion Weeks/themes ie: Quit Smoking, heart week Diabetes week etc
- Pressure Ulcers
- Stroke
- Kidneys
- Mental Health



## Consult with your community so you can advocate for them

### Seek Feedback:

- Develop and implement a Patient Survey
- Meet and talk with patients on the wards – ask them about their health experience
- Conduct a Community Survey
- Identify hard to reach or diverse consumer groups and seek their feedback / input
- Set up a Drop Box:
  - Organise a suggestion box or drop box in your local community
  - Review and respond to questions (forward operational matters to Site Manager)

### Meet with community groups to discuss their needs:

- High school students
- Men's Shed
- Playgroups
- Aboriginal Groups
- Multicultural Groups
- Country Women's Association
- Lions Club / Rotary
- Soroptimists
- Sporting Groups

### Invite guest speakers to attend your LHAC meetings. Have regular presentations to committee from:

- Ambulance
- Health Service Staff including community health and mental health (any quality programs)
- Chemist
- Age care
- Non Government Organisations (NGO's)
- Police
- Primary Health Network

## Work collaboratively with your local hospital / health service

### Review and provide feedback

- Patient Information Publications
- DRAFT Service Plans
- Consultation documents

### Be involved in:

- Planning - Work in partnership with your Facility or Service in Planning
- Designing/Redesigning Services/Facilities - Work in partnership with your Facility or Service
- Safety and Quality - Work in partnership with your Facility or Service in Safety and Quality
- Designing Care - Work in partnership with your Facility or Service in Designing Care
- Evaluating services - Work in partnership with your Facility or Service in Service Measurement & Evaluation

### Training:

- Develop a staff orientation or training session
- Record an interview with an LHAC member or former patient about their experiences to help staff understand / empathise


### Recognition:

- Find ways to recognise the work done by staff and volunteers in your facility






## Appendix 2: Agenda Template

 <p><b>LOCAL HEALTH ADVISORY COMMITTEE</b> <i>a voice for health in your community</i></p>	<p><i>[Insert town name]</i> <b>Local Health Advisory Committee</b> <b>Standing Agenda</b></p>
<p><b>Date and Time:</b> <b>Present:</b></p>	<p><b>Location:</b> <b>Apologies:</b></p>
<p><b>1. WELCOME AND ACKNOWLEDGEMENT OF COUNTRY</b></p>	
<p><i>I acknowledge (insert Traditional Custodians name) on the lands that we are meeting today. I pay my respects to Elders past, present and emerging and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of NSW. I also acknowledge and pay my respects to our Aboriginal and Torres Strait Islander people joining us today.</i></p>	
<p><b>2. DECLARATION OF CONFLICT OF INTEREST</b></p>	
<p><b>3. GUEST SPEAKER:</b></p>	
<p><b>4. MINUTES OF PREVIOUS MEETING:</b> Changes: Accepted: Seconded:</p>	
<p><b>5. BUSINESS ARISING FROM PREVIOUS MINUTES:</b> 5.1 Action List</p>	
<p><b>6. CHAIR'S REPORT:</b></p>	
<p><b>7. REPORT FROM MEMBERS:</b></p>	
<p><b>8. MANAGER'S UPDATE:</b> <i>(to be provided 5 working days prior to the meeting, and any items brought forward for discussion)</i></p>	
<p><b>9. GENERAL BUSINESS:</b></p>	
<p><b>10. CORRESPONDENCE:</b></p>	
<p><b>11. PUBLICATION REVIEW AND FEEDBACK (All members)</b> <i>The LHAC may be asked to review, edit and provide feedback flyers, brochures, posters and correspondence.</i></p>	
<p><b>12. POSITIVE STORIES FOR MEDIA RELEASE (LHAC Communications Officer)</b> <i>The LHAC Communication Officer leads discussion around the identification and development of news stories.</i></p>	
<p><b>13. COMMUNITY NOTICEBOARD (LHAC Communications Officer)</b> <i>Discuss content / currency of Community Noticeboard.</i></p>	
<p><b>14. LHAC PROJECTS (All members):</b> <i>List your project here: Discuss how can the LHAC can raise awareness / improve access / understanding in these areas.</i></p>	
<p><b>15. MATTERS TO BRING TO MLHD EXECUTIVE ATTENTION:</b> <i>Any issue/discussion that requires escalation to MLHD Executive needs to be clearly noted. Any urgent matters should also be brought to the attention of the Health Service Manager. If nothing to report then write "NIL to report".</i></p>	
<p><b>16. MATTERS TO BRING TO MPHND ATTENTION:</b> <i>Any issue/discussion that requires escalation to the Murrumbidgee Primary Health Network need to be noted. If nothing to report then write "NIL to report".</i></p>	
<p><b>17. NEXT MEETING</b></p>	





## Appendix 3: Minutes / Action Items (Template)

 <p><b>LOCAL HEALTH ADVISORY COMMITTEE</b> <i>a voice for health in your community</i></p>	<p><i>[Insert town name]</i> <b>Local Health Advisory Committee</b></p>
<b>Minutes</b>	

**Date and Time:**  
**Location:**  
**Present:**  
**Apologies:**

1. **DECLARATION OF CONFLICT OF INTEREST**
2. **GUEST SPEAKER:**
3. **MINUTES OF PREVIOUS MEETING:**  
 The Minutes of XX meeting were noted as a true and accurate record of the meeting.  
 Changes:                      Accepted:                      Seconded:
4. **BUSINESS ARISING FROM PREVIOUS MINUTES:**

**Action List:**

NO.	ACTION	ASSIGNED TO	DUE DATE	STATUS
YY/NN				
YY/NN				
YY/NN				

5. **CORRESPONDENCE:**  
 9.1 Correspondence in  
 9.2 Correspondence out
6. **CHAIR'S REPORT:**
7. **REPORT FROM MEMBERS:**
8. **MANAGER'S UPDATE:**  
*Manager's Update to be attached to minutes*  
  
*List items brought forward for discussion*
9. **GENERAL BUSINESS:**
10. **PUBLICATION REVIEW AND FEEDBACK**  
*Provide name of publication and feedback / comments here – or complete and attach the Feedback Form available on the website: <http://m:nswhd.nsw.gov.au/mlhd/community-support/lhac-meetings>*



 <b>LOCAL HEALTH ADVISORY COMMITTEE</b> <i>a voice for health in your community</i>	[Insert town name] <b>Local Health Advisory Committee</b>
	<b>Minutes</b>

**11. POSITIVE STORIES FOR MEDIA RELEASE:**

*List stories for media here. If you need assistance with media / writing up the story – please contact the MLHD Media Officer [MLHD-news@health.nsw.gov.au](mailto:MLHD-news@health.nsw.gov.au)*

**12. COMMUNITY NOTICEBOARD**

*List any amendments to be made to the noticeboard here.*

**13. LHAC PROJECTS:**

- 13.1 New Services/Models of care
- 13.2 Aboriginal health
- 13.3 Health Literacy
- 13.4 Identifying Priority population

*Summarise discussion*

**14. MATTERS TO BRING TO MLHD EXECUTIVE ATTENTION:**

*Please note here any issue/discussion that requires escalation to the MLHD need to be clearly notes in this section of the minutes. If nothing to report then write "NIL to report".*

*Any urgent matters should also be brought to the attention of the Health Service Manager.*

**15. MATTERS TO BRING TO MURRUMBIDGEE PRIMARY HEALTH NETWORK ATTENTION:**

*Please note here any issue/discussion that requires escalation to the Murrumbidgee Primary Health Network need to be clearly notes in this section of the minutes. If nothing to report then write "NIL to report".*

**16. NEXT MEETING**

*(enter meeting date here)*

## ACTION LISTS

### MLHD

NO.	ACTION	ASSIGNED TO	DUE DATE	STATUS
YY/NN				
YY/NN				
YY/NN				

### LHAC

## Appendix 4: Facility Manager's Update (Template)



<b>[Insert town name] Local Health Advisory Committee</b>	
<b>Manager's Update: (enter date here)</b>	

**Instructions for Use:** *The purpose of this proforma is to provide a manager's update to LHAC members prior to the LHAC meeting. The headings and points below are suggestions of areas and topics for discussions.*

### 1.0 SERVICE ACCESS AND PATIENT FLOW

*(For information)*

1. Emergency Department Access / Activity
2. Ambulance Activity
3. Telehealth

### 2.0 FINANCE REPORT

*(Automatically generated report – as per Director Operations Monthly Performance & Activities report)*

### 3.0 QUALITY & SAFETY

*For discussion (How can LHAC be involved)*

4. National Standards – (use Clinical Governance Audit Calendar [click here](#))
  - a. Audits / review
  - b. Outcomes / Results
  - c. improvement actions
  - d. Accreditation
  - e. Recommendations for improvement
5. Upcoming activities:
  - a. Special Awareness projects (ie: Wound Awareness month/Falls Month etc)
  - b. Staff Education and Training
  - c. Staff Orientation

### 4.0 PEOPLE & CULTURE

*(For information)*

1. Workforce:
  - a. recruitment /positions vacant
  - b. Employee Engagement
  - c. WH&S
  - d. Staff training and orientation – upcoming dates - how can LHAC be involved?
2. Technology updates: (eMR / telehealth etc)
3. Compliments & Complaints

### 5.0 SERVICE PLANS

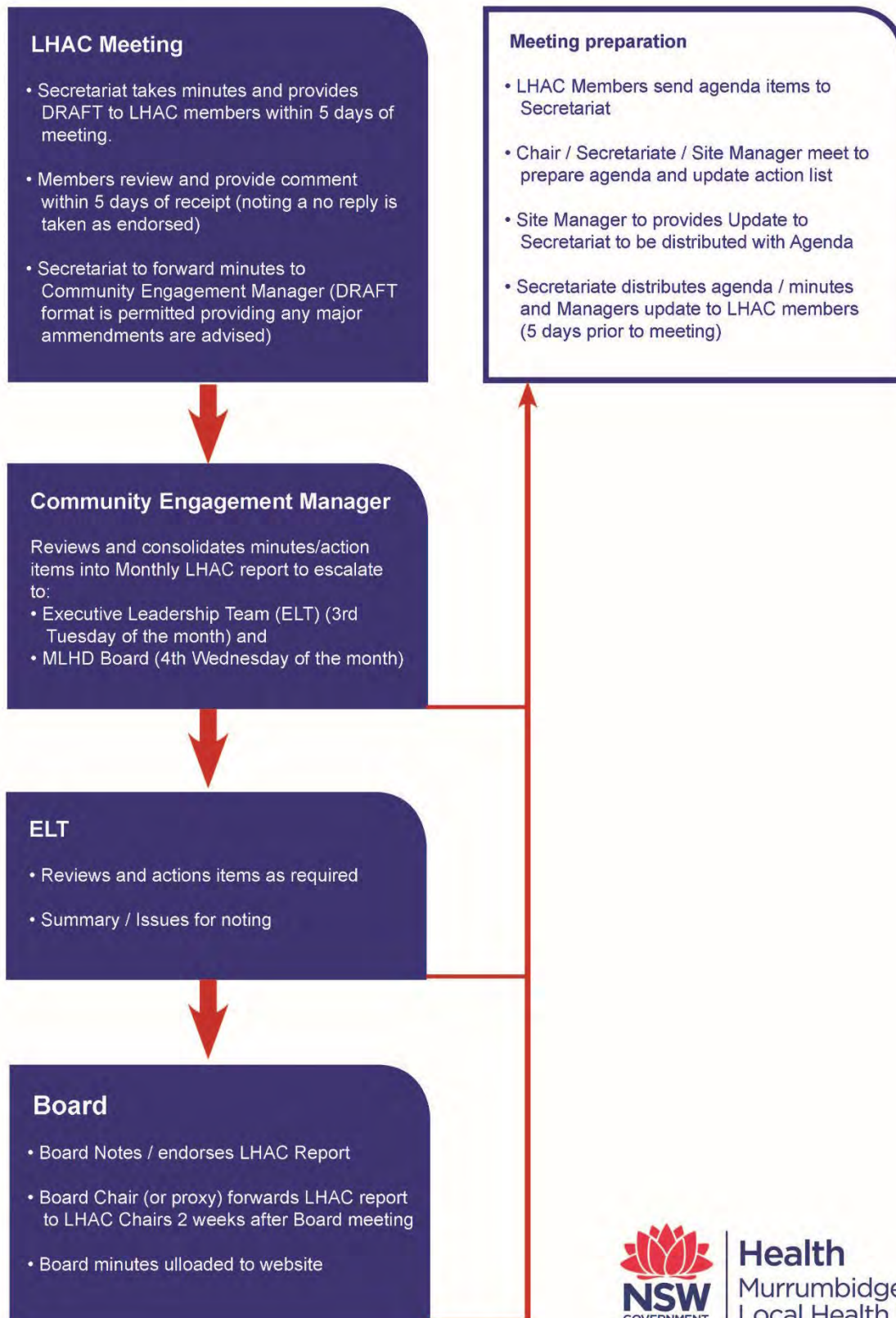
*(For information) Where a service plan/statement is under review provide:*

1. Title of Service Plan
2. Date Circulated
3. Scheduled consultations
4. Audience: LHAC / Patients / General Public / Council / Other
5. Document feedback





## Appendix 5: MLHD LHAC Feedback Loop



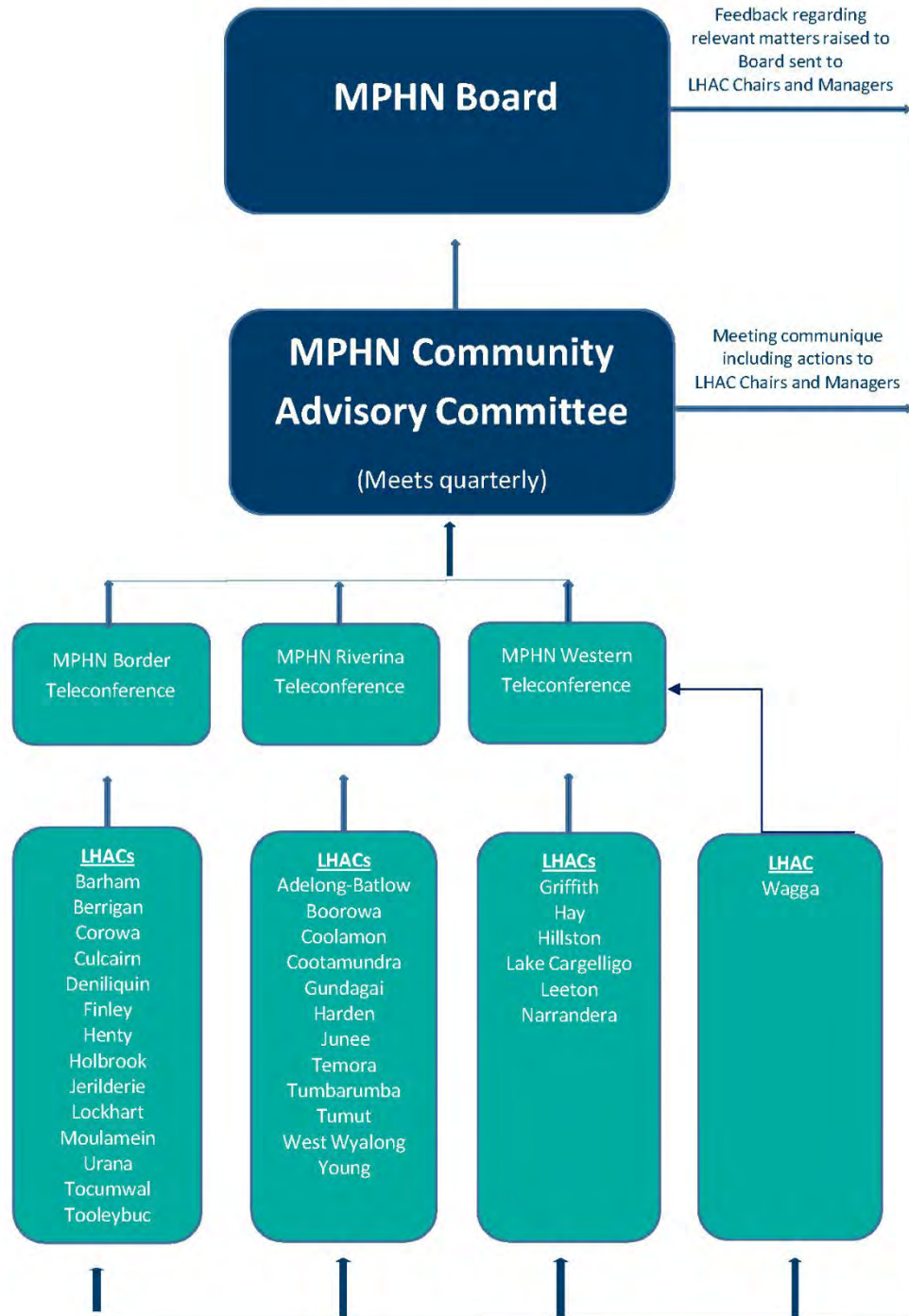
**Health**  
Murrumbidgee  
Local Health District

Last updated July 2017

# Appendix 6: MPHN LHAC Communication Process



## MPHN LHAC Communication Process





## Appendix 7: Feedback Process

### Compliments and Complaints

#### Feedback

Murrumbidgee Local Health District (MLHD) and MPHNS value consumer feedback as an important way to identify care issues and improve services. Details below are both general and specific for MLHD, However, should your feedback be better addressed by MPHNS, MLHD will pass this on accordingly. Alternatively, feedback for MPHNS can be directed to MPHNS via emailing [media@mphn.org.au](mailto:media@mphn.org.au) or calling 02 6923 3100.

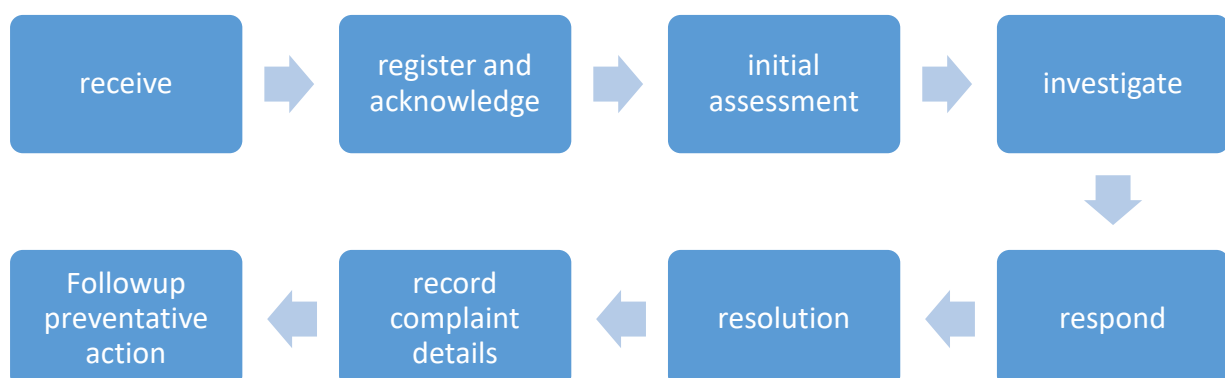
We welcome the opportunity to respond directly to concerns and encourage patients to provide feedback. In the first instance, the LHAC member should encourage the consumer to discuss their concerns with the Facility Manager. All concerns raised are treated in confidence, investigated thoroughly and feedback is provided on outcomes and actions taken to prevent recurrence and improve patient care.

#### Complaints Process

MLHD has a number of mechanisms available for customers to raise concerns relating to healthcare:

1. Directly with the Hospital / Facility – either in writing/telephone or in person
2. To the MLHD
  - a. in writing to the Chief Executive (Locked Bag 10, Wagga Wagga NSW 2650)
  - b. via the MLHD website – <http://www.mlhd.health.nsw.gov.au/about/contact-us>
  - c. via email: [MLHD-FeedBack@health.nsw.gov.au](mailto:MLHD-FeedBack@health.nsw.gov.au)
  - d. via the 1800 complaints line – 1800 011 824. This line is manned 7 days a week
3. To the Health Care Complaints Commission (HCCC) – phone: 1800 043 159 or mail: Locked Mail Bag 18, Strawberry Hills, NSW 2012
4. Member of Parliament / Minister for Health

The current customer complaint policy directive from NSW Health drives MLHD's policy with regard to managing complaints using an eight step process as follows:





## Appendix 8: MLHD and MPHN Organisational Structure

The MLHD Organisational Structure is located on the MLHD website at:

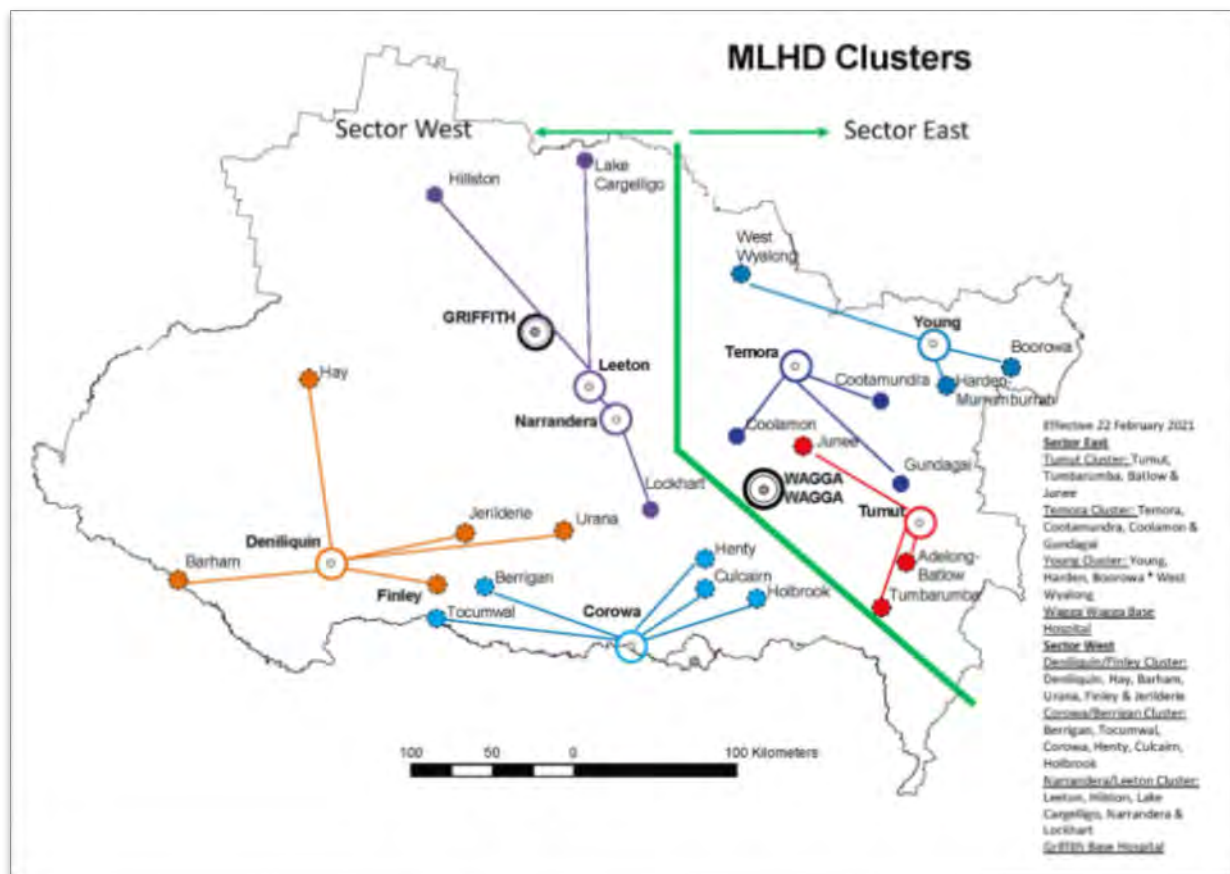
<http://www.mlhd.health.nsw.gov.au/about/executive-team-1>

MPHN's organisation information, including details of the Senior Leadership Team and

Board can be found at: [www.mphn.org.au/governance](http://www.mphn.org.au/governance) and [www.mphn.org.au/our-team](http://www.mphn.org.au/our-team)

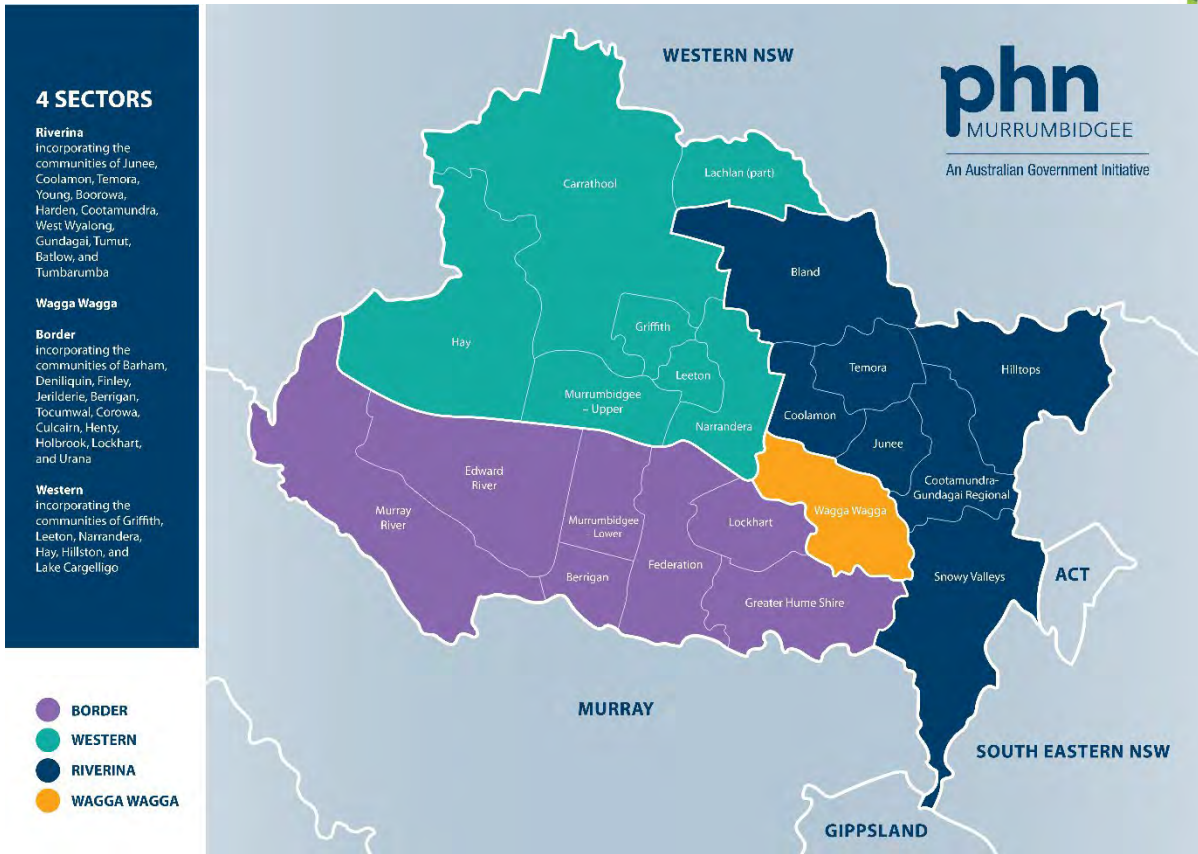
### Cluster Map

MLHD is broken into clusters to provide network to support sites. In addition to Facility Managers at each site, each Cluster has a hub site where a Cluster Manager is located.



MPHN's geographic region mirrors that of MLHD (excluding Albury) and is broken into four sectors – Wagga Wagga, Riverina, Border and Western.







## Appendix 9: MLHD Funding Application

### FUNDING APPLICATION

#### LHAC Project



Health  
Murrumbidgee  
Local Health District

LHAC CHAIR: \_\_\_\_\_

LHAC LOCATION: \_\_\_\_\_

PROJECT NAME / TITLE: \_\_\_\_\_

FUNDING AMOUNT: \_\_\_\_\_

COST CENTRE (*provided by Facility Manager*) \_\_\_\_\_

OTHER RESOURCES REQUESTED:  LHAC banner  
 LHAC trestle table covers  
 LHAC banner pens (merchandise)  
 other (please list)  
\_\_\_\_\_  
\_\_\_\_\_

#### BACKGROUND |

Complete the scope tool below to provide background on your project:

The LHAC will \_\_\_\_\_ (do what?)  
*Example: host a health expo / administer a patient survey / organise a training session*

for: \_\_\_\_\_ (target audience)

with the purpose of: \_\_\_\_\_ (aim)  
*Example: raising the profile of / understanding patient needs around... / developing a better knowledge/ education in...*

achieved by: \_\_\_\_\_ (timeframe/date)  
*Example: December 2019 / World Health Day 2019 / or breakdown by milestones.*

To be organised by: \_\_\_\_\_ (team member)  
*Example: all members / individual LHAC member*

in conjunction with: \_\_\_\_\_ (partner organisation)  
*Example: MLHD / MPHN, Cancer Council, Local Council*

Success will be measured by: \_\_\_\_\_  
*Example: Number of people attending/Number of surveys returned/number of Completions/milestones*

Resources: In order to achieve this we will need: \_\_\_\_\_ (list resources required)  
*Example: printing costs / venue booking fee / registration / support in staff hours / training fee*