

## Scarborough and Rouge Hospital Community Advisory Council Terms of Reference

<b>Role</b>	<p><b>Purpose:</b> The Community Advisory Council (CAC) of the merged hospital, currently known as Scarborough and Rouge Hospital (SRH), is a volunteer body that provides advice and feedback to the Hospital’s Board of Directors on its directions, policies, and services as they relate to the community.</p> <p>It also provides advice regarding current and emerging issues in relation to the hospital. In addition, the CAC shares information and provides updates concerning the hospital to the community and enables patients and community members the opportunity to offer their input and perspectives on hospital initiatives relating to improving their care experience.</p> <p>The CAC is part of the hospital’s community engagement strategy, extending the hospital’s communications network into the community. It is an important means of ensuring that the hospital remains engaged with and accountable and transparent to the communities it serves.</p> <p><b>Objectives:</b> The objectives of the CAC are to:</p> <ol style="list-style-type: none"> <li>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 in alignment with the strategic plan, including but not limited to:             <ol style="list-style-type: none"> <li>a. Review and provide input about proposed changes to hospital programs and services; the hospital will endeavour to offer opportunities for input on changes that have the potential for significant impact on access or quality before final Board approval of such changes;</li> <li>b. Participate in and provide input to the hospital’s strategic planning process; and,</li> <li>c. Respond to specific requests for advice in formulating policy drafts relating to service planning, population health needs, and service gaps.</li> </ol> </li> </ol>
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	<ol style="list-style-type: none"> <li>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.</li> <li>3. Strengthen and maintain partnerships between the community and the hospital. This includes hosting events (with the assistance of hospital staff) to provide health education to the community and/or information to the community about CAC and its role.</li> <li>4. Serve as one of the hospital’s communications and outreach channels to the community on the work and plans of the hospital and its impact on the community.</li> <li>5. Participate in the hospital’s community engagement strategy, as appropriate.</li> <li>6. Participate in the development, monitoring, and revision of the hospital’s Patient Declaration of Values.</li> </ol>
<p><b>Responsibilities</b></p>	<p>To be effective, members of the CAC shall be expected to:</p> <ol style="list-style-type: none"> <li>1. Be familiar with the hospital’s mission, vision, values, services, and strategic plan.</li> <li>2. Model the hospital’s values and work positively, cooperatively, and respectfully with other CAC members, senior management, hospital staff, physicians, and the Board.</li> <li>3. Keep informed of relevant hospital and community news, health issues, and needs; and proactively connect with the community, in consultation with the Communications department, to speak knowledgeably about the hospital, health needs, and views.</li> <li>4. Act in good faith and in the best interests of the community as a whole and the hospital.</li> <li>5. Attend at least 75% of meetings annually, and actively participate in CAC meetings.</li> <li>6. Volunteer to participate in hospital initiatives aimed at improving the patient and family experience in care delivery. Participation shall include promoting and evaluating these initiatives. Members shall be encouraged to participate in at least two of these initiatives per year, as they are able.</li> <li>7. Adhere to the hospital’s confidentiality policy at all times. When specific confidential documents and verbal reports are shared with CAC they will be identified as such by the hospital.</li> <li>8. Obtain criminal reference/vulnerable sector checks and sign a hospital confidentiality statement before starting in their role as a CAC member.</li> </ol>

<p><b>Membership</b></p>	<ol style="list-style-type: none"> <li>1. Members shall represent the hospital’s diverse community, giving regard to gender, age (including youth and elderly populations), ethnicity, culture, and skills.</li> <li>2. A member of the CAC may not be an elected public official or an employee of the hospital, other hospitals, the Central East Local Health Integration Network (Central East LHIN) or the Ministry of Health and Long-Term Care (MOHLTC). This requirement does not apply to the hospital Chief Executive Officer who will serve as an ex-officio member of the CAC.</li> <li>3. Members may be from an external health service provider organization provided they present themselves and their views and feedback as a member of the community, rather than as an employee of their organization.</li> <li>4. Total members of the CAC shall not be less than 10 individuals, and shall not exceed 12 individuals, not including the Board liaison and hospital CEO.</li> <li>5. Members of the Scarborough and Rouge Hospital CAC shall represent the Scarborough community at large. Members shall live and/or work in Scarborough and/or identify with Scarborough and Rouge Hospital as their hospital.</li> <li>6. The members shall be selected through a robust recruitment, application and interview process conducted by the Governance Committee of the hospital’s Board of Directors.</li> <li>7. For the recruitment of the first CAC for Scarborough and Rouge Hospital, the Governance Committee shall establish a selection panel comprised of representatives of the Governance Committee and two community members identified by the Governance Committee. The community members serving in this capacity shall not be eligible to serve on the first CAC. The first CAC will be comprised of 12 members: up to four (4) from each of The Scarborough Hospital Community and Patient Advisory Council and the Rouge Valley Health System Community Advisory Group. The remaining members will be new individuals who have not served on the advisory body of either of the legacy organizations. All members will be selected using a structured and transparent selection process. The selection process shall be based on clearly defined criteria and will include a written application and an interview process. To fill vacancies for members who were not part of a legacy community advisory body, the hospital shall advertise in local media, on their website, through social media, and any other means available to them at the time. Recruitment methods will respond to the diversity and geographic mix of the community.</li> </ol>
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	<p>8. For subsequent recruitment of CAC members in future years, the Governance Committee shall establish a selection panel comprised of representatives of the Governance Committee and two current CAC members to participate in the selection process of new CAC members. The selection process shall be based on clearly defined criteria and will include a written application and an interview process. To fill vacancies, the hospital shall advertise in local media, on their website, through social media, and any other means available to them at the time. Recruitment methods will respond to the diversity and geographic mix of the community.</p> <p>9. Each CAC member shall be appointed for a defined term as follows:</p> <ul style="list-style-type: none"> <li>• New CAC members who were not part of a legacy advisory body shall be appointed for an initial term of three years, and may be reappointed for a second three-year term for a total membership of six consecutive years.</li> <li>• CAC members who were part of a legacy advisory body will start at 50% of their past tenure, and may be reappointed for a three-year term for a maximum membership of six years. (For example, an individual who served on a legacy community advisory body for 8 years would be deemed to have 4 years tenure on the SRH CAC and be eligible to serve for a maximum of 2 years on the SRH CAC.)</li> <li>• The terms outlined above may be for shorter durations in order to stagger the turnover of members to promote CAC continuity and succession planning.</li> </ul> <p><b>Board Liaison</b></p> <ol style="list-style-type: none"> <li>1. On an annual basis, the Board of Directors shall designate a Director as the CAC liaison.</li> <li>2. The Board Liaison, or delegate, will attend all CAC meetings, including in-camera meetings, as an ex-officio member.</li> </ol>
<p><b>Chair</b></p>	<p>The Chair of the CAC shall be a member of the community appointed by the Board of Directors, following consideration of the CAC recommendation for a one-year term. The term may be extended to no more than two terms of one year each, for a total of two consecutive years as Chair.</p>

<p><b>Frequency of Meetings and Manner of Call</b></p>	<ol style="list-style-type: none"> <li>1. The CAC shall meet at least nine times annually (or greater or lesser number of times should more or fewer meetings be required). At nine times annually, meetings shall not take place in July, August, and December. Should a special meeting be required in the months of July, August, and/or December, this will be called by the Chair and/or Vice-Chair, as needed.</li> <li>2. Meeting locations shall rotate among the three hospital sites to facilitate attendance and participation.</li> <li>3. A teleconference option shall be provided to members so that they can still participate in meetings, even if they are unable to attend in person.</li> <li>4. Meetings shall be monthly and shall last 90 minutes in length. Meetings shall be in the evening on a fixed day each month. The time and day shall be determined at the first meeting of the CAC of the Scarborough and Rouge Hospital.</li> <li>5. Meetings of the CAC shall be open to the public as observers. The CAC may, however, conduct in-camera sessions for CAC members only (including the CEO as an ex-officio member), without the public present. The public shall be notified of meetings through various communications tools such as the hospital’s website and social media channels.</li> <li>6. 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.</li> </ol>
<p><b>Quorum and Decision-Making</b></p>	<ol style="list-style-type: none"> <li>1. Quorum for the CAC shall be achieved by the majority of voting members (50% plus one).</li> <li>2. The CAC shall strive to achieve consensus on issues; if necessary, recommendations shall be determined by majority vote (50% plus one). Where decisions are achieved by vote, the minutes shall reflect the motion and outcome of the vote.</li> <li>3. The Chair is eligible to vote when a vote is called. In the event of a tie, a second vote shall be called and the Chair shall then abstain from the second vote.</li> </ol>

<p><b>Resources</b></p>	<ol style="list-style-type: none"> <li>1. The CAC shall be supported by hospital resources provided by the hospital to support meetings, schedule meetings, record and distribute minutes, prepare reports, etc.</li> <li>2. The hospital’s President and CEO, or delegate, will attend all CAC meetings, including in-camera meetings, as an ex-officio member and be available to provide information and updates to the CAC, at the CAC’s request.</li> <li>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.</li> <li>4. New CAC members shall be provided an orientation to the CAC, to the hospital and to the Scarborough community. The Chair of the CAC will receive an additional orientation to support effective leadership of the group.</li> </ol>
<p><b>Reporting</b></p>	<ol style="list-style-type: none"> <li>1. The CAC shall report to the Scarborough and Rouge Hospital Board of Directors.</li> <li>2. The CAC will prepare an annual work plan, in alignment with hospital priorities, to guide their meetings. This work plan will be prepared with assistance from management and submitted to the Board of Directors for approval.</li> <li>3. The CAC Chair shall present 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. The effectiveness of the CAC will be evaluated annually and the results reported to the Board. Content of reports shall be prepared collectively by the members of the CAC to reflect the CAC consensus or decisions.</li> <li>4. Reports can be prepared with the assistance of hospital management, as needed.</li> <li>5. Reports and minutes of the CAC meetings shall be posted on the hospital’s public website.</li> <li>6. The CAC shall be responsible for the review of its Terms of Reference for approval by the Board of Directors.</li> </ol>
<p><b>Date Approved</b></p>	<p>September 28, 2017</p>
<p><b>Date of Last Review</b></p>	<p>September 28, 2017</p>