



CAHS Board People, Capability and Culture Committee

Terms of Reference

Final Version



Compassion

Accountability

Excellence

Equity

Collaboration

Respect

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CAHS Vision, Values and Objectives

Our vision

Healthy kids, healthy communities

Our values

Compassion

I treat others with empathy and kindness.

Collaboration

I work together with others to learn and continuously improve our service.

Equity

I am inclusive, respect diversity and aim to overcome disadvantage.

Excellence

I take pride in what I do, strive to learn and ensure exceptional service every time.

Respect

I value others and treat others as I wish to be treated.

Accountability

I take responsibility for my actions and do what I say I will.

Our strategic objectives



Care for children, young people and families



Value and respect our people



Provide high-value healthcare



Promote teaching, training and research



Collaborate with our key support partners

1. Establishment

- 1.1 Pursuant to clause 12 of the *Health Services (Health Service Providers) Order 2016*, the Child and Adolescent Health Service (“**CAHS**”) was established as a health service provider in accordance with section 32 of the *Health Services Act 2016* (WA) (“**Health Services Act**”).
- 1.2 Section 92 of the *Health Services Act* authorises the CAHS Board (“**Board**”) to appoint committees to assist it to perform its functions and the Board may delegate any of its functions or powers to a committee. Delegation of powers to a committee must be in accordance with section 40 of the *Health Services Act* and the written instrument of delegation must be executed by common seal. If a delegation is made to a committee, then the committee will act with the statutory power given to them by the Board and will be responsible and accountable for decisions made whilst exercising the function delegated.
- 1.3 Section 27 of the *Health Services Act* provides that a policy framework issued by the Department CEO is binding upon CAHS. The Department CEO has issued the Statutory Board Operations Policy Framework. In accordance with the [Statutory Board Operations Policy Framework](#), CAHS is required to comply with the Health Service Provider Board Governance Policy and the [Health Service Provider Boards – Governance Guide](#)
- 1.4 The Board has power to appoint Committees to assist it to perform its functions and may discharge or alter any committee it has appointed, pursuant to section 92 of the *Health Services Act*. Section 3.4 of the Health Service Provider Boards – Governance Guide provides that the establishment of all board committees is subject to the approval of the Minister and of Cabinet.1.5. Accordingly, the Board resolved to appoint the People, Capability and Culture Committee by a resolution dated 22 February 2019.
- 1.6 The Committee will be responsible for assisting the Board to perform its functions as set out in these Terms of Reference. The Board is charged with ensuring the Committee has such powers and authority delegated to it, and is properly equipped and set up, to perform the Committee’s functions. Notwithstanding any delegation by the Board, the Board retains the ultimate responsibility and accountability for the performance of all powers, authority and functions, including any particular powers, authority and functions which may have been delegated.
- 1.7 The Board must make any delegation of powers, authority and functions by a resolution of the Board and the Board Chair must then sign an instrument of delegation on behalf of the Board in accordance with that resolution.
- 1.8 These Terms of Reference set out the specific responsibilities of the Committee and describe the manner in which it will operate.
- 1.9 In these Terms of Reference the following expressions have the meanings shown:
 - (a) “**Board**” means the Board of CAHS;

- (b) **“Board Chair”** means the Chair of the Board as designated pursuant to section 72 of the *Health Services Act* from time to time;
- (c) **“Board Committee”** means all or any of the Committee and any Other Board Committees (as the context permits);
- (d) **“Board Member”** means a member of the Board appointed pursuant to section 71 of the *Health Services Act* from time to time or any alternate members appointed pursuant to section 74 of the *Health Services Act* from time to time;
- (e) **“CAHS”** means the health service provider and statutory body corporate known as Child and Adolescent Health Service established as a board governed provider pursuant to section 32 of the *Health Services Act*;
- (f) **“CAHS Executive”** means the members of the CAHS Health Service Executive Committee and those persons appointed to an office of health executive in CAHS pursuant to section 121 of the *Health Services Act*.
- (g) **“CAHS Personnel”** means all or any of:
 - (i) CAHS Executive;
 - (ii) A staff member (as defined in section 6 of the *Health Services Act*) of CAHS; and
 - (iii) Personnel acting as an agent of, or contracted to, CAHS
- (h) **“Chief Executive”** means the Chief Executive of CAHS as appointed pursuant to sections 106 and 108 of the *Health Services Act*;
- (i) **“Committee”** means the People, Capability and Culture Committee of the Board as appointed pursuant to section 92(1) of the *Health Services Act*;
- (j) **“Committee Chair”** means the Chair of the Committee as appointed by the Board from time to time;
- (k) **“Committee Member”** means those people appointed as members of the Committee by the Board from time to time;
- (l) **“Health Services Act”** means the *Health Services Act 2016 (WA)*;
- (m) **“Internal Audit”** means the activities and functions of internal audit performed with respect to CAHS including those functions as set out in the [Internal Audit Policy \(MP 0008/16\)](#) as incorporated into the Risk, Compliance and Audit Policy Framework as a mandatory requirement;
- (n) **“Internal Auditor”** means the Chief Audit Executive (as defined in the Internal Audit Policy (MP 0008/16)), CAHS Personnel or any other person or entity responsible for discharging a function of Internal Audit;
- (o) **“Other Board Committees”** means any (as the context permits) of the other Board Committees that have been appointed by the Board, namely:

- (i) the Audit and Risk Committee;
 - (ii) the Finance Committee; and
 - (iii) the Safety and Quality Committee.
- (p) “**Policy Framework**” means a policy framework issued by the Department CEO pursuant to section 27 of the *Health Services Act*;
- (q) “**System Manager**” means the Department CEO undertaking the role as provided for in Part 3 of the *Health Services Act*.
- 1.10 In these Terms of Reference any term not specifically defined shall have the same meaning as in the *Health Services Act* unless the context otherwise requires.
- 1.11 In these Terms of Reference any reference to:
- (a) a Policy Framework, Department CEO Direction, laws and instruments binding upon CAHS includes any amendments thereto or replacements thereof;
 - (b) a document, instrument or agreement other than an item within clause 1.11(a) above do not include any amendments or replacements where they materially affect the operation and discharge by the Committee of its functions and responsibilities under these Terms of Reference until such time as the Board has approved the consequential changes to these Terms of Reference necessary to address any such amendments or replacements.
- 1.12 These Terms of Reference are effective on and supersede all prior Terms of Reference applicable to the Committee from March 2022 in accordance with a resolution of the Board made on 3 March 2022.

2. Purpose

- 2.1 The Committee is non-executive and its role is to focus on all aspects of workforce current and future including capability, work, health and safety, wellbeing and workplace culture, with the aim of ensuring CAHS’ delivery of its strategic objectives, specifically:
- (a) consistently high quality and safe patient care;
 - (b) services shaped around patients’ needs;
 - (c) a skilled, competent, and inclusive motivated workforce;
 - (d) the provision of a safe and positive workplace for staff; and
 - (e) a sustainable diverse workforce.

2.2 The Committee will provide to the Board:

- (a) evidence based and timely advice to assist it in discharging its functions and meeting its responsibilities regarding workforce matters;
- (b) assurance in relation to CAHS' arrangements for workforce in accordance with its strategic objectives and the requirements and standards determined by the National Safety and Quality Health Service Standards and professional registration bodies;
- (c) assurance in relation to CAHS' engagement of workforce in adherence with the standards required by law; and
- (d) recommendations relating to strategic and other significant workforce matters.

2.3 The Committee is directly responsible and accountable to the Board to exercise its functions and responsibilities.

2.4 The Committee must at all times recognise day-to-day responsibility for the management of CAHS rests with the Chief Executive.

3. Responsibilities of the People, Capability and Culture Committee

3.1 Strategic workforce and workforce effectiveness

The functions of the Committee are to:

- (a) oversee strategic workforce issues including the creation and delivery of an overarching workforce plan aligned to the CAHS Strategic Plan;
- (b) to provide assurance that CAHS has adequate staff with the necessary skills, capabilities and competencies to meet the current and future needs of patients and service users;
- (c) ensure the application of workforce-related legislation and contractual arrangements;
- (d) monitor and ensure appropriate action is taken in relation to the workforce effectiveness and Diversity to meet CAHS' strategic priorities; and
- (e) monitor and ensure appropriate action is taken in response to internal and external reports relating to workforce; and
- (f) Monitor internal culture to ensure it reflects the values and strategic directions.

3.2 Aboriginal health workforce

The functions of the Committee are to provide oversight of:

- (a) the plan and actions to develop and maintain a strong, skilled and growing Aboriginal health workforce across CAHS including clinical, non-clinical and leadership roles; and

- (b) the progress towards the Aboriginal Workforce Strategy 2018-2026 implementation plan.

3.3 Equity and Diversity of the Workforce

The functions of the Committee are to provide oversight of:

- (a) equity and diversity workforce issues across CAHS including clinical, non-clinical and leadership roles (including gender, persons with a disability, culturally and linguistically diverse and the LGBTQ+ community);
- (b) the progress of policies and processes to remove barriers and organisational practices that do not promote, support or enable inclusion and highlight significant cultural issues to the Board; and
- (c) the Multicultural Plan workforce objectives and strategies.

3.4 Industrial relations

The function of the Committee is to monitor and ensure appropriate action is taken in relation to human rights and industrial relations issues that impact the CAHS workforce and highlight issues of concern to the Board.

3.5 Monitoring wellbeing and staff development

The functions of the Committee are to:

- (a) ensure appropriate performance management, staff development, team building, talent management and succession planning is in place and effective;
- (b) ensure appropriate infrastructure and access arrangements are in place for staff health, wellbeing, and morale; equity and diversity, and ensure there are mechanisms in place to allow staff to raise concerns and that these concerns are appropriately managed.

3.6 Risk Management and internal control

The functions of the Committee are to:

- (a) ensure workforce risks and relevant controls are identified, assessed and appropriately managed;
- (b) provide feedback to the Board on the audit program as it pertains to workforce and on the plan to monitor the outcomes, recommendations and their implementation;
- (c) provide feedback to the Board on the mitigation of workforce risks; and
- (d) notify the Board of newly identified high and extreme workforce risks.

3.7 CAHS Annual Report

The functions of the Committee are to review and recommend to the Board any Workforce Key Performance Indicators (KPIs) included in the Annual Report.

4. Powers of the Committee

- 4.1 The Committee will hold the powers delegated to it by the Board. The Committee will conform to any directions and financial limits within which it is required to operate as imposed on it by the Board.
- 4.2 In discharging its responsibilities, the Committee has the authority to:
- (a) require reviews be conducted by CAHS Executive into matters within the scope of the Committee's functions and responsibilities as set out in these Terms of Reference;
 - (b) require the provision of reports by CAHS Executive on matters within the scope of the Committee's functions and responsibilities as set out in these Terms of Reference;
 - (c) recommend to the Board that reviews or further reviews be conducted into matters within or related to CAHS, whether those investigations be by the Board, CAHS Executive, the Committee, or any other person or entity (inside or outside of CAHS);
 - (d) access information, records, CAHS Personnel and other parties in connection with matters within the scope of the Committee's functions and responsibilities as set out in these Terms of Reference;
 - (e) request attendance of any CAHS Personnel and other parties, at Committee meetings;
 - (f) with the approval of the Board:
 - (i) obtain legal advice in accordance with the Legal Policy Framework; and
 - (ii) obtain independent professional advice of any person or entity outside of CAHS with relevant experience and expertise if considered necessary by the Committee;
 - (g) conduct meetings jointly with any one or more Other Board Committees where the respective Chairs of each such Board Committee agree that it is appropriate; and
 - (h) undertake such other tasks the Board authorises or delegates to the Committee.
- 4.3 The Committee Chair, with the approval of the Board, has the authority to request and obtain access to information or records of any person or entity outside of CAHS where otherwise permitted by law, where such information or records may relate to any matter within the scope of the Committee's functions and responsibilities as set out in these Terms of Reference.

- 4.4 The Committee Chair has the authority to meet formally and informally with:
- (a) the Chief Executive of CAHS and/or any member of CAHS Executive;
 - (b) the Chairs of Other Board Committees;
 - (c) the Chairs of equivalent committees of other health services providers, with the approval of the Board Chairs of those health service providers (including jointly with or in the presence of the Chairs of Other Board Committees and/or the Chairs of any other committees of other health service providers); and
 - (d) such other persons or entities as the Board may approve from time to time.
- 4.5 The Committee does not have the authority to enter into contracts or agreements independently of the Board.

5. Delegation of authority to a sub-committee

The Committee does not have the authority to create sub-committees. Neither the Committee nor the Committee Chair has authority to delegate any powers, functions or responsibilities contained in these Terms of Reference or as delegated by the Board from time to time.

6. Structure and composition

6.1 Membership and appointment

- (a) Membership of the Committee is to be determined by the Board from time to time.
- (b) The Committee must have at least four members. The Committee must comprise only persons who are current members of the Board. Any Committee member who ceases to be a member of the Board shall at the same time cease to be a member of the Committee.
- (c) A person who is a staff member (as defined in section 6 of the Health Service Act) of CAHS is not eligible to be a member of the Committee.

6.2 Committee Chair

- (a) The Committee Chair shall be a member of the Board as nominated by the Board from time to time.
- (b) The Board Chair cannot act in the capacity as Committee Chair.

- (c) If the Committee Chair is absent from a meeting or vacates the Chair at a meeting, the Committee Chair must appoint another member to act as the Committee Chair on a temporary basis. When the Committee Chair is unavailable to do so or does not otherwise appoint another member to act on a temporary basis as the Chair, then the Committee shall elect a temporary Chair from those members of the Committee present at any such meeting.

6.3 Standing invitees

- (a) Holders of the following positions (or equivalent positions) are not members of the Committee (and may not vote on Committee decisions), and are not included in determining a quorum, however they may be invited to attend each meeting:
- CAHS Chief Executive
 - Executive Director, People, Capability and Culture
 - Executive Director, Medical Services
 - Executive Director, Nursing Services
 - Director, Allied Health
 - Director, Learning and Development
 - Director, Workforce
 - Manager, Work Health, Safety and Wellbeing
- (b) Holders of the following positions shall be standing invitees and shall be given notice of all meetings of the Committee (although any such member of the Board not expressly appointed to the Committee shall not become a member of the Committee by virtue of such attendance, may not vote on Committee decisions and are not included in determining a quorum for a meeting of the Committee):
- The Board Chair; and
 - The Chair of any other committees of the Board.
- (c) The Board may from time to time resolve that the holders of certain positions (or equivalent positions) at the CAHS shall be standing invitees to all meetings of the Committee (although such persons shall not be members of the Committee, may not vote on Committee decisions and are not included in determining a quorum for a meeting of the Committee).
- (d) Any member of the CAHS Board may attend Committee meetings (although any such member of the Board not expressly appointed to the Committee shall not become a member of the Committee by virtue of such attendance, may not vote on Committee decisions and are not included in determining a quorum for a meeting of the Committee).

6.4 Other participants

The Chair may request CAHS Executives, CAHS Personnel, the Department of Health Director of Workforce (or equivalent role), System Manager Executives, Mental Health Commission, employees, the Chair of the Consumer Advisory Council (CAC) or their nominee or external parties to attend a meeting of the Committee. However, such persons do not assume membership or participate in any decision-making processes of the Committee and are not included in determining a quorum for a meeting of the Committee.

6.5 Secretariat

- (a) Secretariat support will be provided to the Committee by the CAHS Board Secretariat.
- (b) All records, including the agenda, minutes and any reports or recommendations will be prepared and kept by CAHS in accordance with the *State Records Act 2000* and in the same manner as the requirements of the *Statutory Board Governance Policy – Health Service Provider Boards*.
- (c) Individuals who are not members of the Board shall only have access to the minutes, reports, recommendations or documents of the Committee with the prior approval of the Committee Chair, or the Board Chair where the Committee Chair considers it appropriate to refer the matter to the Board Chair for approval. Any person permitted to access such materials will observe the confidentiality obligations as imposed upon a Board Member and such obligations shall apply *mutatis mutandis* to all such persons.

7. Meetings

7.1 Meeting schedule

- (a) The Committee will meet at least five times per year.
- (b) The Chair of the Committee will convene meetings of the Committee whether pursuant to any schedule or timetable from time to time.
- (c) The Committee Chair will call a meeting of the Committee if requested by any member of the Committee or the Board Chair within a reasonable period of such request.
- (d) Notwithstanding any existing meeting date, schedule or timetable having been set, the Committee Chair may call additional meetings of the Committee to consider any items that are:
 - (i) unable to be accommodated within any existing meeting schedule or timetable;
or
 - (ii) of such urgency that it requires consideration prior to the next scheduled meeting.

7.2 Quorum

A quorum for the Committee meetings is at least half the members of the Committee.

7.3 Voting

- (a) The majority of affirmative votes of a quorum at a meeting of the Committee are sufficient to pass a resolution.
- (b) Each Committee member's vote has equal weight.
- (c) In the case of an equal number of votes, the Chair shall have a casting vote in addition to their deliberative (i.e. normal) vote as a member.

7.4 Agenda, Papers, Minutes, Actions and Summary

- (a) The Committee meetings will abide by normal meeting procedures and will be minuted. An agenda and supporting papers will be distributed not less than 5 working days prior to the meeting. Draft minutes will be circulated not more than 7 days after each meeting.
- (b) The Committee will receive the reports as specified by the Committee Chair or the Board from time to time.
- (c) The Committee will adhere to the requirements of the State Records Act 2000.
- (d) The committee shall receive the relevant reports, as determined by the Committee from time to time or as recorded in the list of Monthly Reports held by the Board Secretariat.

7.5 Out-of-session matters

- (a) Urgent matters can be progressed out-of-session with the agreement of the Committee Chair.
- (b) Matters progressed out-of-session and out-of-session votes may occur in the same manner as an out-of-session matter or vote with respect to the Board. A reasonable time must be given to vote. A quorum of Committee Members must vote for a resolution or decision to stand.
- (c) Confirmation of those matters progressed out-of-session and the outcome of any out-of-session vote shall be included in the meeting agenda for the next Committee meeting and confirmation of the outcome of any out-of-session vote recorded in the minutes of the next meeting of the Committee.

7.6 Virtual Attendance

Members may attend meetings by video or teleconference at the discretion of the Board Chair, and as permitted by the *Health Services Act* under section 89.

8. Formal mechanisms for reporting key decisions

8.1 Making recommendations

- (a) The Committee may make recommendations to the Board on items within its Terms of Reference.
- (b) Recommendations of the Committee will be regarded as its collective decision or advice unless there is material dissension. When there exists a material dissension both the majority and minority view will be recorded in the minutes of the meeting.
- (c) If consensus cannot be reached, the Committee Chair reserves the right to escalate the matter to the Board. Both the majority and minority view will be recorded in the minutes of the meeting and placed before the Board.
- (d) Where a matter for consideration is not solely within the scope of the Committee and falls within the scope of another Board Committee, the matter shall also be referred to that other Board Committee for consideration.
- (e) Where a matter for consideration is beyond the scope of the Committee it shall be recorded in the minutes of the Committee and the matter shall be referred to:
 - (i) another Board Committee if considered falling within the scope of another Board Committee; and
 - (ii) If not within the scope of another Board Committee, or when relevant then in addition to, the Board.

8.2 Reporting key decisions

- (a) The Committee will develop two-way communications through formal and ad hoc reporting to both the Board and the Board Chair.
- (b) The Committee reports directly to the Board.
- (c) The minutes of meetings of the Committee (whether then in draft or approved) shall be included in the papers for the next Board meeting.
- (d) Once finalised and approved the minutes of each Committee meeting shall be made available to all Board Members whether through a central data repository or another medium accessible by all Board Members.

9. Ethical Practices

- 9.1 Committee Members must at all times comply with the relevant WA health system Policy Framework mandatory requirements.

Change control register

Version	Author	Reviewed by	Approved by	Changes
1	Julia Lawrinson	People, Capability and Culture Committee of the CAHS Board	CAHS Board, as at 22 February 2019	NA
2	Julia Lawrinson	CAHS Board	CAHS Board, as at 26 April 2019	
3	Julia Lawrinson	People, Capability and Culture Committee of the CAHS Board	November 2020	NA
4	Committee Members and Board Secretariat	People, Capability and Culture Committee of the CAHS Board		Update DoH Policies and benchmark against HSPs, update of terminology

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- 9.2 In accordance with section 79(1)(2) of the *Health Services Act* all Committee Members must act impartially and in the public interest in the exercise of the member's functions. Accordingly, a Committee Member must put the public interest before the interest of CAHS, the personal interests of the Committee Member or any Board Member.
- 9.3 Committee Members will at all times in the discharge of their duties and responsibilities, exercise honesty, objectivity, independence and not engage knowingly in acts or activities that have the potential to discredit CAHS, the Board, the Committee and/or individual Board Members or Committee Members.
- 9.4 Committee Members will refrain from entering into any activity that may prejudice their ability to carry out their duties and responsibilities objectively and will, at all times, act in a proper and prudent manner in the use of information acquired in the course of their duties.
- 9.5 Committee Members will not use CAHS's information for personal gain or in any manner that would be contrary to law, or detrimental to the welfare and goodwill of another person, the Committee, the Board, CAHS or the WA health system.
- 9.6 Committee Members must not publicly comment on matters related to activities of the Committee, the Board and/or CAHS other than as authorised by the Board.
- 9.7 The Board Secretariat will maintain the following registers in accordance with the *Health Service Provider Board Governance Policy*:
- (a) A register of personal interests of all Committee Members and any standing invitees to the Committee meetings, together with any management plan regarding such personal interests;
 - (b) A register of all declarations of personal interest and/or actual, potential or perceived conflict of interest declared by members of the Committee or any attendees at a meeting of the Committee, together with any management plan regarding such conflict of interest; and
 - (c) A register of gifts, where from time to time, gifts will be offered to the Board and Committee Members during the course of, or incidental to, their appointment. The Committee must ensure Members declare to the Committee the offer that was made and this must be recorded in the gifts register. The Committee must determine if the gift should be accepted or declined. The Committee should not allow Members to accept unauthorised gifts. In all offers of gifts the Committee must assess the possibility for an actual, perceived or potential conflict of interest before the gift can be accepted.
- 9.8 Committee Members must declare all material personal interests, and any actual, potential or perceived conflicts of interest or duty. Actual, potential or perceived, conflicts of interest should be managed pursuant to the *Health Service Provider Board Governance Policy*.
- 9.9 A Committee Member who has a material personal interest or in respect of whom there exists an actual, potential or perceived conflict of interest in a matter being considered or about to be considered by the Committee must, as soon as possible after the relevant facts have come to the Committee Member's knowledge, disclose the nature of such personal interest or any actual, potential or perceived conflict of interest first to the Committee Chair and then at the Committee meeting.

- 9.10 Subject to clause 9.11, Committee Members and any other person otherwise in attendance at a Committee Meeting must not be present while a matter is being considered, participate in discussions and must not vote on any issues in respect of which there is a material personal interest or where there exists an actual, potential or perceived conflict of interest.
- 9.11 A Committee Member may be present while a matter is being considered, participate in discussions and/or vote on the matter where the Committee has passed a resolution that specifies the Committee Member has a material personal interest or actual, potential or perceived conflict of interest but the Committee considers the interest or conflict:
- (a) As so trivial or insignificant as to be unlikely to influence the disclosing Committee Member's conduct; and
 - (b) They should not be disqualified from considering or voting on the matter in question (section 82 of the *Health Services Act*).

10. Confidentiality

- (a) Committee Members may from time-to-time be in receipt of information that is regarded as confidential. Committee Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.
- (b) Committee Members and any other invitee to or attendee at a Committee meeting in receipt of Committee papers will maintain the Committee papers in a confidential manner separate from any other business or responsibilities of the Committee Member other than the business or responsibilities of the Committee Member as a Board Member.
- (c) Committee Members and any other invitee to or attendee at a Committee meeting in receipt of Committee papers or otherwise privy to information will observe the confidentiality obligations as imposed upon a Board Member and such obligations shall apply *mutatis mutandis* to all such persons.

11. Code of Ethics and Code of Conduct

Committee Members and any other invitee to or attendee at a Committee meeting will observe the obligations with respect to the code of ethics and code of conduct as imposed upon a Board Member and such obligations shall apply *mutatis mutandis* to all such persons.

The CAHS Board Living Our Values: Code of Conduct holds the CAHS values of compassion, collaboration, accountability, respect, equity and excellence as fundamental and the code describes how these values translate into action. The Code applies to all Board members, with the Chair and Deputy Chair having special responsibility to support all Board members to achieve these standards. The Board Chair also has a duty to investigate where allegations of breaches of the Code of Conduct are raised.

The WA Public Sector Code of Ethics specifies the minimum standard of conduct and integrity required of all public sector bodies and employees. Under section 9 of the *Public Sector Management Act*, all public sector bodies and employees must comply with the Code of Ethics standards of personal integrity; relationships with others; and accountability.

The Committee should refer any breaches of Code of Ethics or Code of Conduct to the Board Chair in the first instance.

12. Evaluation

- (a) The Committee will undertake an annual self-assessment of its performance to ensure that the Committee remains fit for purpose and to identify and action any areas in which the effectiveness of the Committee could be improved.
- (b) The Committee will provide a report on the annual review of performance and achievements to the Board.
- (c) The Committee's annual self-assessment must be aligned with the Board's evaluation framework and be provided to the Board in advance of the Board's annual self-assessment.

13. Review Date

This document will be reviewed on an annual basis, no later than one year from the date of the last approval.

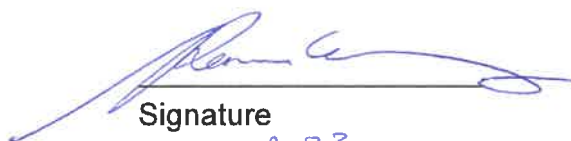
14. Endorsement

People, Capability and Culture
Committee Chair



Signature
6/4/23

Child and Adolescent Health Service
Board Chair



Signature
06/04/2023

