# DHAC Annual Report 2025

## [DHAC Name]

## This report is designed to provide a summary of the DHAC previous year’s activities and to measure activity.

### Key achievements, actions and events

Please provide a summary of the key achievements, actions and events undertaken by your DHAC during 2026.

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| **Key achievements:****Actions:****Events undertaken:** |

### Key issues identified by your community

What were the key issues and or health service needs identified during your DHAC’s consultation with the community?

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### DHAC workplans for 2025

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| Did you achieve your DHAC work plan actions? Were there any **changes made** that led to improving the patient experience or health service that should be shared throughout WACHS?Do you have any suggestions of what can be improved in terms of support from WACHS? |

### Please provide a list of your current DHAC membership, meetings attended, and training attended from March 2025 – Feb 2026

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| --- | --- | --- | --- |
| **Position** | **Name** | **Number of meetings attended** | **Health Consumer Council/Other Training attended**  |
| **Chair** |  |  | *(Example – Acknowledging Country/ Introduction to Consumer Representation Training/Consumer Leadership Academy)* |
| **Deputy Chair** |  |  |  |
| **Operations Manager** |  |  |  |
| **Secretariat** |  |  |  |
| **Member** |  |  |  |
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| **Member** |  |  |  |

### Did you hold any DHAC meetings in the community?

### Yes [ ]  No [ ]

### If yes how many times?

### Did your DHAC identify diverse consumers within your community and request their feedback on the health service in a culturally appropriate and secure manner?

Yes [ ]  No [ ]

### If yes how many times?

### Did your DHAC meet with the Mental Health Advisory Group in your district during the year?

### Yes [ ]  No [ ]

###  If yes how many times?

### Does your DHAC have External Stakeholders attend meetings?

### Yes [ ]  No [ ]

### If yes how many times?

### Did you meet with your Operations Manager before each meeting to set the DHAC agenda?

### Yes [ ]  No [ ]

### If yes how many times did you meet?

### Did a member from Safety and Quality present/report at your DHAC meetings?

### Yes [ ]  No [ ]

### If yes how many times?

Name of DHAC Chair: **DHAC:**

Signed by DHAC Chair: **Date:** Click or tap to enter a date.

### Office Use

Operations Manager: Signed by OM: