**Barwon Health Vision 2020-2025**

**Vision:** By 2050, everyone in our community enjoys the best health and wellbeing in Victoria.

**Purpose:** Provide best care, every person, every day, so that our consumers feel better.

**Alignment:** [**Strategic Plan 2020-2025**](https://onepoint.barwonhealth.org.au/news/Publications/Strategic%20Plan%202020-25.pdf#search=strategic%20plan)

Refer: [Strategic Plan 2020-25](https://onepoint.barwonhealth.org.au/news/Publications/Strategic%20Plan%202020-25.pdf#search=strategic%20plan)

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| **Strategic Priority 1**  **Deliver Best Care** | **Strategic Priority 2**  **Invest to Improve** | **Strategic Priority 3**  **Ensure our Future** |

**Strategic Priorities**

Strategic Priority 1. Deliver Best Care

**Health Service Standards**

* National Safety and Quality Health Service Standards [[1]](#footnote-1)
* Aged Care Quality Standards [[2]](#footnote-2)

**Guiding Documents**

* Charter of Australian Healthcare Rights [[3]](#footnote-3)
* Charter of Australian Aged Care Rights [[4]](#footnote-4)
* Standard 2 ‘Partnering with Consumers’ of the Australian Commission on Safety and Quality in Health Care’s National Safety and Quality Health Service Standards Second Edition [[5]](#footnote-5)
* Aged Care Quality Standards [[6]](#footnote-6)
* Partnering in Healthcare: A framework for better care and outcomes [[7]](#footnote-7)

**Major Legislation**

The Community Advisory Committee (CAC) is legislated under the Health Services Act 1988, which states public health service Boards must appoint at least one community advisory committee to provide a forum for consumer, carer and community participation [[8]](#footnote-8).

1. **Purpose and Role**

The purpose of the CAC is to represent and advocate for the Barwon Health community in the development, planning and quality improvement of services, and the measurement and improvement of patient and family experience, across Barwon Health.

The role of the CAC is to 8:

* Represent and advocate for the community;
* Engage with the community to understand their needs and their experience with the health service;
* Advise the Board on health service development, planning, quality improvement and patient and family experience;
* Advise the Board on mechanisms for community involvement; and
* Advise the Board on the effectiveness of Barwon Health in translating community engagement into practice.

1. **Composition**

**2.1 Membership**

The CAC membership includes:

* No less than three directors of the Barwon Health Board, one of whom will also be a member of the Board’s Quality, Safety and Clinical Governance Committee; and
* At least eight but no more than twelve community members appointed by the Chair of the Board.

**2.2 Chair**

The Chair of the Board will appoint one of the members of the CAC to the role of Chair of the CAC.

A Co-Chair may be appointed by the Chair of the Board. Where the Chair is a Board director, the Co-Chair will be a consumer member; where the Chair is a consumer member, the Co-Chair will be a director.

The Chair and any Co-Chair will be appointed on an annual basis, with the opportunity for reappointment.

The role of the Chair is to:

* Provide leadership by setting strategic objectives and providing direction;
* Provide a whole of organisation perspective to the discussions of the CAC and lead meeting processes efficiently, bringing issues to resolution in accordance with strategic priorities;
* Manage CAC membership, in conjunction with the Board Chair, and monitor the performance of the CAC and its members and undertake a performance review of the CAC annually; and
* Report upwards to the Barwon Health Board of Directors.

**2.3 CAC Chairs are expected to:**

* Develop Terms of Reference to be endorsed and monitored by the Board;
* Develop an annual work plan for the CAC in alignment with Barwon Health’s strategic objectives. The work plan is to be endorsed and monitored by the Board;
* Approve documentation for the CAC – agenda, minutes, papers; and
* Manage the agenda during the meeting to focus discussion, address items, promote conversation, summarise discussions and confirm agreed outcomes.

**2.4 Community members:**

* Should contribute specialist knowledge and expertise by providing consumer, carer and community perspectives;
* Should be active in the community with strong community networks and a sound understanding of local issues;
* Need to have the capacity to reflect on and present community issues, rather than focusing on personal concerns or individual issues;
* Are appointed as an individual, not as a representative of any organisation or interest group;

**2.5 Attendees by standing invitation are the:**

* Chief Executive Officer (or delegate)
* Chief of Nursing, Midwifery and Allied Health (CAC Executive Sponsor)
* Consumer Experience Lead

By invitation of the Chair, others may attend all or part of one or more meetings of the CAC as a resource or in an advisory capacity or for their information.

1. **Terms of Appointment**

Membership of Barwon Health Board director members will be reviewed by the Chair of the Board annually.

Community representatives will be appointed by the Chair of the Board for a term up to two years.

The Chair may review individual membership based on performance and/or attendance and make recommendations to the Chair of the Board, who can review membership at any time as a result of those recommendations.

Members have the opportunity for reappointment.

Renewal dates will, where possible, be staggered so significant knowledge and expertise is not lost to the CAC. The Board Chair will endeavour to replace an external member within three months of a vacancy arising.

1. **Remuneration**

Community members are able to seek reimbursement for reasonable costs associated with travel, parking and attendance at meetings.

1. **Secretary**

The Board’s Executive Officer will act as Secretary for the CAC.

1. **CAC Responsibilities**

The CAC is responsible for developing, maintaining, reviewing, implementing and evaluating the CAC workplan.

1. **Meetings**

Meetings will be held five times per year on the second Tuesday of the month in the St Mary’s Board Room.

1. **Quorum and Decision Making**

A quorum will consist of 50% of members, including at least two Board directors. Members may be present in person or by using any technology.

For any resolution of the Committee to be carried, it must be supported by a simple majority of those members present and voting. A member has the right to abstain from voting on any resolution. There is no provision for absent members to appoint a proxy.

The Chair has a casting vote, being a second vote in addition to the Chair’s vote as a member of the Committee, should it be required.

1. **CAC Papers**

An agenda that includes appropriate documentation to inform the CAC and support decision-making will be circulated five working days before each meeting to ensure that members have time to consider the contents.

Following approval by the Chairperson, members may place an item on the agenda with appropriate documentation. Documents to be placed on the agenda should be forwarded to the nominated Secretariat two weeks prior to the meeting.

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1. **CAC Minutes**

The Secretary will prepare minutes of meetings and have them approved by the Chairperson before circulation to members. The minutes will be confirmed at the following meeting of the CAC. Approved minutes will be published on the unrestricted One Point site. The minutes shall be submitted to the Board of Directors meeting.

1. **CAC Review**

These Terms of Reference will be reviewed every three years or earlier if required.

1. **Accountability**

The CAC reports to the Barwon Health Board.

1. **Aligned committees / specialist groups**

* Board Safety, Quality and Clinical Governance Committee
* Consumer Experience and Clinical Governance Committee

1. **Conflict of Interest**

Members of the CAC are bound by the Conflict of Interest – Barwon Health Board and Board Committees Policy (“Policy”). Members must avoid actual or perceived conflicts of interest wherever possible. Members must identify and declare any conflicts of interest and notify the CAC’s Secretary to ensure such interests are recorded on the Register of Interests. At the commencement of each meeting, members must declare any interests against any agenda items. Should an issue arise during the course of a meeting regarding which a member may have an interest, the member should declare this to the Chair immediately. Conflicts of Interest will be managed by the Chair in accordance with the Policy. The Secretary will record the declaration of the conflict in the minutes, together with the actions taken by the Chair to manage the conflict and other details as requires by the Policy.

1. **Confidential & Private Information**

In accordance with the Barwon Health Privacy, Confidentiality and Security Agreement, all persons, including Barwon Health employees, non-Barwon Health researchers, contractors, volunteers, students and partner organisations must ensure that the affairs of Barwon Health, its patients, clients, residents and staff, remain private, secure and strictly confidential and are not divulged to any third party, except where required for clinical purposes or by law.

1. National Safety and Quality Health Service Standards 2nd ed. 2017 Sydney Australian Commission for Safety and Quality in Healthcare. [↑](#footnote-ref-1)
2. Aged Care Quality and Safety Commission 2018, *Guidance and Resources for Providers to support*

   *the Aged Care Quality Standards.* [↑](#footnote-ref-2)
3. Charter of Australian Healthcare Rights 2nd ed. 2019 Sydney Australian Commission for Safety and Quality in Healthcare. [↑](#footnote-ref-3)
4. Charter of Australian Aged Care Rights 2019 Canberra Aged Care Quality and Safety Commission [↑](#footnote-ref-4)
5. National Safety and Quality Health Service Standards 2nd ed. 2017 Sydney Australian Commission for Safety and Quality in Healthcare. [↑](#footnote-ref-5)
6. Aged Care Quality and Safety Commission 2018, *Guidance and Resources for Providers to support*

   *the Aged Care Quality Standards.* [↑](#footnote-ref-6)
7. Horvat, L 2019. Partnering in healthcare for better care and outcomes, Safer Care Victoria, State

   Government of Victoria, Melbourne. [↑](#footnote-ref-7)
8. Safer Care Victoria. Building your healthy community: A guide for health service community advisory committees, Victorian Government. August 2020 [↑](#footnote-ref-8)