


<b>Title:</b>	<b>COMMUNITY ENGAGEMENT COMMITTEE TOR</b>			
<b>Section:</b>	Governance	<b>PRH:</b>	Chief Executive Officer TOR.004	

**COMMUNITY ENGAGEMENT COMMITTEE  
TERMS OF REFERENCE**

**1. Purpose**

The Community Engagement Committee (CEC) is a strategic advisory committee to the Alexandra District Health Board (Board). The CEC aims to improve consumer, carer and community participation in service planning and operations at Alexandra District Health (ADH).

**2. Responsibilities**

The CEC undertakes the following:

- Provides advice to the Board on community participation and inclusion of consumer, carer, and community views into all levels of health service operations, planning and policies.
- Advocates to the Board on behalf of the consumer, carer, and community.
- Advises the Board and ADH on consumer, carer and community views on health service development, planning and quality improvement.
- Considers matters referred by the Board or the ADH Chief Executive Officer (CEO).
- Assists the Board and ADH Executive in communication and engagement with the consumers and community.
- Assists with the development of information for consumers and the community.

**3. Membership**

The CEC shall consist of a maximum of 8 community representatives, appointed by the Board, in addition to representatives from the Board, ADH Executive and ADH Staff. When appointing CEC members, consideration should be given to the following:

- CEC members should ideally not be a practitioner registered by AHPRA or current or former employees of ADH or a current employee of another health service. (Former employees of a ADH may become a member if their employment ended more than 12 months prior to commencement of their role).CEC members should be able to represent the diversity of the local community.
- CEC members should have an interest in creating safer systems and better care.

**4. Terms of Appointment**


Initial appointments are for up to three years. CEC members can be reappointed for up to three terms, to ensure continuity of membership. An exemption to the maximum tenure (of 9 years) will only be approved by the Board in exceptional circumstances.

A leave of absence may be requested by a CEC member and approved by the CEC committee. A leave of absence cannot exceed 12 months.

**5. Workplan**

The Workplan is aligned with the ADH Strategic Plan, as well as the Partnering in Healthcare Framework and the Statement of Intent, which outlines the Partnering in Healthcare domains and priorities on which ADH will focus. Review of the Partnering in Healthcare Action Register is to be included in the Workplan.

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The CEC should develop their workplan to:

- Be submitted to the Board annually
- Reconcile with time available at meetings
- Address how consumers, carers and community members are actively involved and supported to participate in service development, planning and quality improvement.

## 6. Invitees

As required, representatives of specific areas will be invited to brief and provide expert advice on specific issues.

## 7. Meeting Frequency

The CEC should meet at least 10 times per year, with a minimum of 8 meetings per year. Standard meetings should run from 60 to 90 minutes. It is expected that workplan / strategy meetings will run for a longer period of time.

It is expected that at least 30% of all meetings will be in person.

## 8. Quorum

The quorum shall consist of a minimum of half the membership and include at least fifty percent of the community representatives. If quorum is not achieved, agenda items will be rolled over to next meeting, or anything urgent will be addressed via email to all participants in the interim period

In the event of the Chair's absence from the meeting, the members present will select a Chair for that particular meeting.

## 9. Attendance

It is expected that CEC Members will attend approximately 60 per cent of scheduled meetings unless there are exceptional circumstances agreed to by the Executive Sponsor.

## 10. Roles

### **Chair:**


The Chair of the CEC may be either a community member or a representative from Health Service. The Chair should be selected through a transparent recruitment process. The role may be split (i.e. Co-Chairs). A Co-Chair arrangement between a consumer and an ADH representative may assist in fostering a strong partnership approach between community and health service.

Chairs should be appointed for at least two years.

The chair is responsible for:

- Welcoming all members and running the meeting to an agreed agenda.
- Making sure meetings are accessible, user-friendly, run on time, culturally safe and include appropriate breaks.
- Explaining each agenda item so that all members understand the issue and the decision to be made (if any).

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- Giving everyone the opportunity to speak, ensuring all CEC Members feel they have equal say and that their opinions are valued.
- Summarising the discussion and agreed actions.
- Seeking feedback at the end of every meeting on how successful it was.

***The Role of ADH:***

The CEC must have representation from ADH, including:

- The Executive Sponsor
- Two representatives from the Board, ideally with a community perspective, one of whom may be the chair of the CEC
- One representative from the Quality and Clinical Governance subcommittee of the Board
- A dedicated staff member to be the CEC’s secretariat.

***The Role of the CEO:***

The CEO is the Executive Sponsor and is responsible for:

- Supporting the chair during meetings or acting as co-chair.
- Ensuring CEC membership represents the diversity of the local community.
- Removing any barriers that community members may face in serving on the CEC.
- Providing the CEC with timely and relevant information so it can provide meaningful advice.
- Promoting the CEC at ADH (ensuring that staff training incorporates information about the CEC)
- Supporting the CEC to develop a Workplan that aligns to ADH’s Strategic Plan and Partnering in Healthcare Statement of Intent.
- Reporting regularly to the Board on ADH’s implementation of the CEC’s Workplan.
- Overseeing evaluation for the Board, every two years, of the CEC’s effectiveness, including:
  - workplan achievements
  - advice sought by and offered to the Board appropriately and in a timely manner
  - recommendations to the Board that have been considered, responded to and resulted in a change of practice
  - effectiveness as judged by Members and staff of ADH.


***The Executive Sponsor:***

The Executive Sponsor may choose to delegate some responsibilities to senior staff of ADH.

***CEC Secretariat:***

The CEC Secretariat will be the secretary to the Board who is the Executive Assistant to the CEO and is responsible for:

- Recruiting CEC members.
- Running the CEC orientation and induction program and sourcing training.
- Supporting the CEC’s efficient operations, including:
  - offering access to interpreters and car parking
  - scheduling meetings at times suitable for members

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- developing agendas with CEC Member input
- assisting in work planning and evaluation activities
- Drafting submissions and responses on the CEC’s behalf.
- Helping to develop community networks.
- Making professional advice available to the CEC as needed, including mentoring arrangements.

The CEC Secretariat may choose to delegate some responsibilities to other staff of ADH.

**Community Representative Roles:**

Community representatives are appointed by a recruitment process and are endorsed by the Board. By law, membership must represent the diversity of ADH’s community.

Community representatives are responsible for:

- Contributing specialist knowledge and expertise by providing consumer, carer and community perspectives, whether through lived, personal or professional experience.
- Using their strong community networks and/or their good understanding of local issues to inform planning.
- Reflecting on and presenting community issues (rather than focusing on personal concerns or individual issues).

**11. Annual Review of Performance**

The Committee should perform an annual review of its performance against its objectives.

**12. Meeting Protocols**

**Agenda**

The Executive Sponsor in conjunction with the Chairperson, is responsible for agenda preparation, with its supporting documentation, and its circulation. The agenda and supporting agenda papers should be distributed five working days prior to each meeting. The Chairperson may allow papers to be tabled at meetings in exceptional circumstances.

**Minutes**

The CEC Secretariat is responsible for keeping minutes of all committee meetings. Draft minutes will be sent to the Chairperson within ten working days of the meeting. The secretariat is responsible for circulating the minutes to the CEC members and other interest parties.

**Code of Conduct** All CEC members must have the opportunity to put their views on issues before the CEC. While members must treat each other with courtesy and observe the other rules in this Code of Conduct, members should be able to engage in vigorous debate on matters of principle.

**Confidentiality**

Members must respect the confidentiality and sensitivity of information as appropriate.

**Conflict of Interest**

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Declarations of conflict of interest will be a standing item on every agenda. Committee Members will be invited to disclose conflicts of interest at the commencement of each meeting.

Where members or invitees are deemed to have a real or perceived conflict of interest, they will be excluded from committee discussions and decisions in respect of the issue for which the conflict is declared.

### 13. Review of TOR

The Terms of Reference should be reviewed by the CEC every two years. The Board should oversee and endorse the CEC's Terms of Reference.

### 14. Resources

Partnering in Healthcare Framework  
<https://www.bettersafecare.vic.gov.au/publications/partnering-in-healthcare>

Alexandra District Health Strategic Plan  
<https://adh.org.au/about-us/publications/>

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