

## Barwon South Western Regional Integrated Cancer Service Governance Committee Terms of Reference

### Background

The Victorian Government funds the Integrated Cancer Services (ICS) who are responsible for promoting system integration across structural boundaries and encouraging collaborative approaches for evidence-based cancer service development and improvement.

The purpose of an ICS's governance arrangements is to provide clear guidance for the way in which health services, health care providers, researchers and consumers within each ICS work together in the planning and provision of cancer services throughout the whole care pathway. This includes the areas of quality and performance monitoring, and relationships with other key service providers and funders, and where appropriate, relationships with other ICS.

The governance arrangements of each ICS will support its administrative, structural, network and financial arrangements. The governance arrangements must also support long-term sustainability and accountability arrangements for the ICS.

### Role of the Governance Committee

The role of the Barwon South Western Regional ICS (BSWRICS) Governance Committee is to provide leadership, vision and overall accountability for BSWRICS, ensuring an integrated and collaborative approach to high quality cancer care in Victoria.

As such it will:

- provide leadership, support for and oversight of, the development and ongoing operations of the ICS (including the ICS Program Office, stakeholder groups, reference groups and committees)
- ensure resources allocated to BSWRICS are used to pursue the achievement of the relevant Departmental cancer policies (including the Victorian Cancer Plan)
- implement clear and transparent processes for planning, review and approval of expenditure to achieve BSWRICS outcomes.
- lead, endorse, monitor, support and evaluate the development, implementation and monitoring of a local operational plan and associated communication strategy, that aligns with the ICS vision and outcomes for BSWRICS to sustainably achieve the relevant priorities
- make decisions and develop strategies to best achieve BSWRICS outcomes for the population it serves
- identify and manage risks to the achievement of the BSWRICS operational plan and outcomes
- monitor the progress, and ensure the completion, of the activities of BSWRICS and the achievement of BSWRICS outcomes
- develop, implement and monitor a strategy for engaging with consumers and community groups to enable their participation in achieving the ICS outcomes
- establish stakeholder reference and/ or working groups to support clinical engagement and to progress the work of BSWRICS, ensuring clarity of purpose, and that specific skills and expertise are sought and utilised
- assess whether a project or activity has delivered value for money

- provide regular reports to the Department and as requested by the Department
- inform itself of, and support through its actions, all relevant State-wide cancer initiatives
- provide advice to DHHS and to member health services within the ICS about systematic cancer services enhancement, improvement and implementation issues
- take overall responsibility for strategic collaboration across BSWRICS members and between ICS
- promote the work of the ICS by sharing relevant ICS, member health service and DHHS data and information with other ICSs, health services, clinicians and other key stakeholders, subject to all applicable privacy and data protection legislation, regulations and policies.
- establish and annually review governance group membership, meeting and decision-making processes to effectively support the ICS members to collaborate to achieve improved cancer outcomes for the populations they serve.

### **Authority of the Governance Committee**

The Governance Committee has the authority to direct the resources of BSWRICS to fulfil the requirements of the Memorandum of Understanding (MoU) Integrated Cancer Services and the schedules to the MOU and to meet the associated terms concerning ICS funding, host-agency responsibilities and reporting requirements in-line with the current Victorian Cancer Plan and cancer policy and subject to the MOU and its schedules.

### **Committee Structure and Composition**

The Governance Committee comprises at a minimum:

- A representative from senior management of each member. The member's representative may be one of the following:
  - (i) the chief executive, or their nominee;
  - (ii) another senior employee of that member; or
  - (iii) a clinical leader from key clinical areas of surgical, medical and radiation oncology, oncology nursing, or allied health, as appropriate.
- The Clinical Director and Program Manager of the ICS (in attendance)
- A finance representative from the host agency (at least bi-annually, to present a finance report)
- At least two consumer representatives
- Primary care representation.

### **Role Statements for Members**

In the spirit of cooperation and collaboration, each member will be respectful of the philosophy, priorities, knowledge and experience of other members and stakeholder groups.

#### **Health sector members**

Health service members are drawn from senior executive, operational and clinical personnel of participating organisations and stakeholders.

Membership of the Committee is non-representational; rather members are committed to work together to improve the quality of care and quality of life outcomes for people who are affected by cancer, through service system collaboration and reform.

Members are expected to be active ambassadors for role and work of BSWRICS.

Members are expected to communicate the direction and work of BSWRICS within their organisations and other networks.

### **Consumer members**

Consumer members will have developed knowledge from their experience and are able to represent the views of others. This experience does not have to be as a patient. The diagnosis of cancer affects more than the individual, it affects the family, carers, loved ones, neighbours and the community. But out of that comes a desire to better the experience of others who are affected by cancer or may be affected in the future.

Members are participants in their own right, not constrained in their view or representing other organisations to which they may belong.

The role of consumer representatives involves:

- protecting the interests of consumers, service users and potential service users
- providing information about any relevant issues affecting consumers and how consumers may think and feel about certain issues
- contributing consumer experiences
- ensuring the Governance Group recognises consumer concerns
- being sensitive to confidential information as required

BSWRICS is committed to consumer participation and will compensate consumers for sharing knowledge, experience and time. We will consult with consumer members of the group about the form of compensation that best suits them.

### **Appointment**

Members are appointed for a three year term. Members may be re-appointed by the Governance Committee for a further three year period.

### **Chair**

The Chair provides a strategic leadership role with specific responsibilities to ensure the effectiveness of the proceedings of the governing entity and ensure members have access to appropriate levels of information. The chair also has a significant role in representation and advocacy for BSWRICS.

The Chair is drawn from the CEOs of the ordinary member health services with the exception of the host agency CEO. The term of the Chair is for two years on a rotating basis. If the Chair is unable attend, Chairing to be undertaken host-agency Executive Lead.

The host agency CEO and executive staff are exempt from the Chair role, to support separation of host-agency accountabilities and policies from strategic accountabilities of Barwon South Western Regional ICS.

## **Operation of the Committee**

### **Secretariat**

Secretariat support is to be provided by the BSWRICS Program Office.

### **Frequency**

The Governance Committee will meet at least quarterly.

## **Notice**

The schedule of meetings will be approved annually for the year ahead.

Agenda and meeting papers to be circulated a week in advance and minutes will be circulated two weeks after the meeting.

## **Attendance**

Members are expected to attend at least 75% of meetings and may send a delegate with equivalent authority or a proxy for occasional absences.

## **Quorum**

Meeting quorum is half the membership plus one.

## **Interests**

All members will declare their interests, identifying any conflicts at the start of each meeting.

## **Reporting**

The Committee is accountable to the Department of Health & Human Services, Cancer Strategy & Development and copies of all meeting papers are provided to them as part of the reporting requirements of the Integrated Cancer Services.

## **Sub-committees**

### **Clinical Advisory Group**

Comprised of the Clinical Director, Program Manager and senior clinicians from across the Barwon South West region. The Clinical Director will act as Chairperson and meet at least three times per year.

### **Finance**

Comprised of the Chair, Host Agency Executive Lead, Program Manager and Finance representative from host agency and meets at least six monthly to review half-yearly finance reports.

## **Review/Evaluation**

Terms of Reference for the Governance Committee and other relevant BSWRICS Committees will be reviewed annually by the membership.

The Terms of Reference will be endorsed by the BSWRICS Governance Committee.

The Committee will review its performance annually.

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**Revised:** 20 May 2019 by Governance Committee membership

**Endorsed:** 20 May 2019 by the Governance Committee

**Next review:** May 2020 or as required by DHHS