



Health Issues Centre
Consumer voices for better healthcare



Community Advisory Committee Evaluation Framework v02

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In 2022-2023, with funding from SCV, HIC piloted and evaluated the implementation of the Framework with the following five health services:

- Alfred Health
- Central Rural Highlands
- Dental Health Services Victoria
- Royal Melbourne Hospital
- Women’s Hospital

The findings of the pilot evaluation informed the update to the Framework:

Versions

Version	Details	Date approved	Approved by
V01	New	30 June 2022	HIC
V02	<ul style="list-style-type: none">• Strengthened requirement for CAC Evaluation to be co-produced with CAC members and evidence informed• Included introduction with more information about project management, program evaluation and the Model for Improvement• Included more information about measuring and reporting CAC impact in accordance with SCV CAC Guidelines• Transformed appendices into a Toolkit with separate resources on program logic and templates for evaluation plan and report		

Purpose

The purpose of this evaluation framework is to support health services to evaluate their Community Advisory Committee (CAC) or equivalent, as defined by the *Health Services Act 1988*.

The framework provides a consistent approach with tools and resources that can be applied or adapted to guide internal evaluation and enable continuous quality improvement of a health service's CAC in accordance with the *CAC Guidelines* (SCV, 2021) and the *Model for Improvement* (SCV, 2022).

The evaluation should be co-produced with CAC members and other stakeholders including planning and delivering the evaluation together. Other stakeholders might include but not be limited to Consumer Engagement Leads, the CAC secretariat, Board Chair, Executive representatives and quality and safety managers. The evaluation should be guided by the CAC's purpose as defined in its Terms of Reference and program logic, its relationship to other consumer and community engagement work, and local context including the health services' organisational readiness.

Scope

This evaluation framework can be used by public health services in Victoria with a Community Advisory Committee appointed by the board under the *Health Services Act 1988*. Any other health service who has appointed, or is interested in appointing, a CAC to the board or governing body and conducting an evaluation may also find this framework useful.

Principles

The principles of the evaluation framework are:

- **Co-production:** the evaluation should support stakeholders with different expertise to collaboratively work together including CAC members, board, health service leadership and staff and health service consumer advisors. Co-production of the evaluation enables CAC members to be involved in, or lead, defining the CAC purpose, evaluation and continuous improvement activities (Roper, Grey & Cadogan, 2018).
- **Inclusive:** the evaluation should be conducted in an inclusive manner with respect for the people involved in the CAC including members, staff, the board and other consumer advisors and community members. The evaluation should respect the diversity, time, and contributions of all people.
- **Flexible:** the evaluation framework is a guide that can be adapted by health services according to local circumstances.
- **Purposeful:** the evaluation should support the continuous improvement of the CAC in relation to function, activities, impact, and outcomes.
- **Evidence-informed:** the design and delivery of the evaluation should be informed by the emerging evidence about best practice community engagement in health service governance, program evaluation, and improvement science.

Introduction

Since 2000, the *Health Services Act 1988* (Vic) has required 19 public health services to establish a Community Advisory Committee (CAC), report on its activities (s 65ZA), and appoint persons who can

represent the views of the community it serves (s 65ZB). All other public hospitals and health services are encouraged to also develop a CAC. Safer Care Victoria (SCV) and the Health Issues Centre (HIC) have published a range of resources to support health services to establish a CAC including the *Building your healthy community: A guide for health service community advisory committees* [SCV CAC Guidelines] (SCV, 2020) and *Guide for setting up and managing a Community Advisory Committee* (HIC, 2021).

Regular review and evaluation of the health service’s CAC is important to ensure it is meeting stakeholder needs and expectations, achieving it’s intended purpose or impact, and identifying areas for improvement. “Evaluation is the formal process of judging the ‘value’ of something...an evaluation will determine the extent to which a program has achieved its desired outcomes and will assess the contribution of different processes that were applied to achieve these outcomes” Bauman & Nutbeam (2014).

To plan and deliver a purposeful evaluation of the CAC in a co-produced manner with representation from key stakeholders is a significant undertaking. Time and resources should be available to enable CAC members to shape and guide the evaluation and take action on its findings and recommendations. A co-produced evaluation is likely to create shared agreement and engagement in the CAC’s purpose and intended impacts and outcomes, leading to “profound and sustainable change” (Roper, Grey & Cadogan, 2018). To support this, the *Model for Improvement* (SCV 2022) should inform the evaluation and include the following stages:

- **Plan:** agree the focus of the evaluation, obtain sponsorship to proceed, and establish evaluation team.
- **Do:** design the evaluation including agreeing evaluation questions (process and impact), developing data plan, and data collection instruments. Develop a program logic with key stakeholders.
- **Study:** deliver the evaluation including by taking a project management approach. Collect and analyse quantitative and qualitative data to answer the evaluation questions, develop findings, validate with key stakeholders, and make recommendations for improvement.
- **Act:** share findings and take action to continuously improve the CAC.

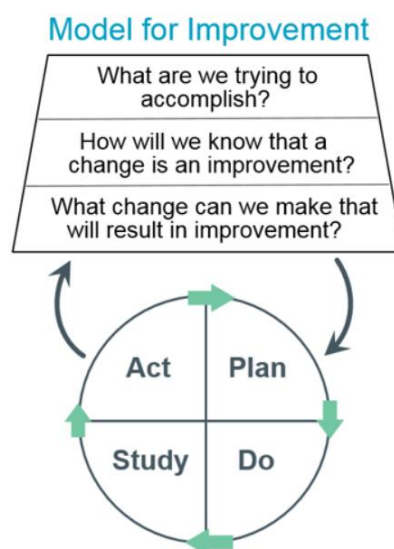


Figure: Model for Improvement (SCV, 2022)

Plan and design the evaluation

An evaluation plan based on the *Model for Improvement* (SCV, 2022) should be codesigned with CAC members and key stakeholders to guide the evaluation approach. An evaluation plan template is available in the **CAC Evaluation Toolkit**. Effective program evaluation requires clarity about the CAC's desired outcomes and activities. This may be described in the CAC's Terms of Reference or the health service's related strategies and plans for partnering with consumers. Caution should be taken to ensure the CAC purpose and activities described in the Terms of Reference are agreed by key stakeholders and are feasible. A program logic can be developed with key stakeholders to review and validate the CAC Terms of Reference and test its logic and assumptions.

A program logic (or equivalent logic model) provides a visual representation of how a program or strategy is intended to work by linking activities with outputs, impacts and outcomes (NSW Ministry of Health, 2017). It enables robust planning, implementation and evaluation by presenting the logic of the program or strategy. Drawing on the *Building your healthy community guide* (SCV, 2020), an "Introduction to Program Logic" training slides and CAC Program Logic template are included in the **CAC Evaluation Toolkit**. Health services using this framework to evaluate the CAC should engage with stakeholders to develop their own program logic model to describe the purpose and intent of the CAC with reference to its Terms of Reference.

Project management

A project management approach informed by the *Model for Improvement* (SCV, 2022) is recommended to conduct and co-produce the CAC Evaluation. The project management approach should be documented in the Evaluation Plan and endorsed by key stakeholders. Central to taking a project management approach is the following:

- Obtaining endorsement from the health service board and leadership for the evaluation, including by the CAC Executive Sponsor.
- Agreeing the evaluation purpose and scope. Will your evaluation be limited to process indicators or also include an impact evaluation?
- Appointing an Evaluation Lead from the health service staff, ideally with a Co-Lead from the CAC membership. Alternatively, the health service may wish to appoint an external evaluator. An independent facilitator may also be useful in delivering key stakeholder and evaluation workshops e.g. program logic workshop(s).
- Establishing an Evaluation team with representation from key stakeholder groups including the health service CAC, board, leadership, and other consumer and community advisors.
- Developing an evaluation timeline and budget to ensure sufficient time and resources are available to conduct and co-produce the evaluation.
- Identifying and engaging key stakeholders including developing an engagement plan that describes how they will receive information and in what format. How will they be engaged in, and contribute to, the evaluation design and receive information about evaluation findings and recommendations
- As part of any evaluation, you should also consider and address any ethical issues and manage any risks e.g. including diverse or vulnerable consumers and considering whether ethics approval may be required for any or all of the evaluation data capture activities planned.

Purpose

The purpose of the CAC should be identified from review and consideration of the SCV CAC Guidelines, Terms of Reference, Program Logic workshop and health service strategy and policy. SCV (2020) states “a Community Advisory Committee provides a forum for consumer, carer, and community participation”. A CAC may also support the health service to meet the requirements of the National Safety and Quality Health Service Standards 2nd edition (ACSQHC, 2021), Standard 2 Partnering with Consumers, as it supports “consumers as partners in planning, design, delivery, measurement and evaluation of systems and services”.

Assumptions and internal and external factors

The evaluation should consider any assumptions and other factors, internal or external, that may influence the effectiveness of the CAC’s activities in achieving impacts and outcomes. Examples may include:

- Availability of resources (human and financial) to support the CAC.
- Support from management and the Executive Sponsor.
- Ability of consumers and community members to participate in the CAC.
- Understanding of, and agreement on, the purpose, activities and outputs of the CAC.
- The external operating environment including national quality and safety standards, economic and socio-political landscapes.
- Organisational culture and readiness related to partnering with consumers and communities in planning, design and delivery of healthcare.

Evaluation design

The health service should articulate the evaluation design in the evaluation plan. The evaluation design should be appropriate to the evaluation scope, questions and data plan. A mixed methods approach is beneficial to collect and analyse qualitative and quantitative data that answers the evaluation questions related to the process, impact and outcomes of the CAC.

Evaluation questions

Your health service, CAC members and key stakeholders will need to agree on the evaluation questions which will focus the evaluation. Evaluation questions will generally evaluate the process of establishing the CAC and whether it achieved its intended impact or outcomes. The evaluation questions guide the evaluation team in identifying the data needed to answer the questions and how the data will be sourced or collected, analysed and reported.

An evaluation question bank is included in the **CAC Evaluation Toolkit** to give you a starting point for the questions you may like to use. They are drawn from the CAC guidelines - *Building your healthy community guide* (SCV, 2020), *Evaluation framework for health promotion and disease prevention programs* (Victorian Government Department of Health, 2010) and the *Partnering in healthcare framework* (Horvat, 2019). You may wish to brainstorm evaluation questions and add your own in an Evaluation Planning workshop with key stakeholders.

Deliver the evaluation

Delivery of the evaluation involves overseeing and reporting on the implementation of the evaluation plan in partnership with the evaluation team and other stakeholders. Taking a project

management approach, informed by the *Model for Improvement* (SCV 2022) will support delivery of a robust and co-produced CAC evaluation.

Project management

Taking a project management approach to the delivery of the CAC Evaluation involves the following:

- Organise and prepare for regular Evaluation Team meetings. Monthly meetings are recommended for an evaluation spanning six to twelve months.
- Implement the Stakeholder Engagement Plan including providing regular updates and reports to the CAC Executive Sponsor, health service leadership and board.
- Oversee the evaluation timeline and budget. Report any significant variances or issues to the Executive Sponsor.
- Identify and manage any risks as they arise including as documented in the Evaluation Plan or any new or emerging risks.

Data collection and analysis

The evaluation will need to collect and review data to answer the evaluation questions in accordance with the evaluation design and questions. Quantitative and qualitative data may be collected from the following sources:

- Review of health service documents and records e.g. Terms of Reference, member recruitment records, meeting schedule, meeting papers, work plans, board papers, health service strategic plans
- Observation of CAC meetings, events, and other activities
- Surveys, interviews or focus groups with key stakeholders including CAC members, health service staff, board, executive (including the CAC Executive Sponsor), consumer advisors and community representatives.
- Consumer self-assessment tools or questionnaires.

After you have collected or sourced the data, you then need to analyse it to develop your evaluation findings and recommendations. Data analysis will include the identification of key themes either by frequency or significance, and any observable changes over time. You will need to describe your sources and method of collecting and analysing data in the evaluation report. A template Evaluation Report and Action Plan is included in the **CAC Evaluation Toolkit**.

Impact measures

Evaluation of the CAC's impact and whether it has achieved its intended outcomes may be sensitive. It is important that the evaluation identifies relevant measures and indicators in partnership with key stakeholders. Consumer and community engagement in health service governance is a relatively new phenomenon and there is not much contemporary evidence available in relation to best practices. Evidence is emerging with new research and literature being published. Where possible, the design and delivery of the evaluation should be informed by this evidence.

The SCV CAC Guidelines (2021) provide useful instruction in relation to the potential impact of the CAC and its relationship to the board. The Guidelines state the CAC "provide a voice for the community and consumers...helps you to coordinate your community engagement and consumer feedback strategies. They can also provide insights/ advice about how your health service is meeting the needs of its consumers/ community.

The role of the committee is to:

- represent and advocate for the community
- engage with the community to understand their needs, including the consumers and carers who use the health service
- advise the board and the health service on consumer, carer and community views on health service development, planning and quality improvement” (p3).

They also state "the board must:

- consult with the committee in relation to major strategic changes to hospital policy or services
- monitor and keep the committee informed of the health service’s implementation of the committee’s workplan and Partnering in Healthcare Framework Statement of Intent” (p4).

Indicators

Evaluation of the CAC may also involve the identification of indicators including those described in the *Guide for setting up and managing a Community Advisory Committee (CAC)* (HIC, 2021).

Indicators could include:

- Number of members recruited and duration/ retention rates including any vacancies.
- Number of meetings and events held and attendance rates including total hours contributed.
- Number of consultations with, and feedback to, local communities.
- Extent of input into health service strategic plans and work plan alignment with the strategic plan.
- Number of recommendations of the CAC that have resulted in observable change in practice in the health service.

Data plan [sample]

Your Evaluation Team should complete the below data plan to identify what data is needed to answer the evaluation questions (process or impact). Some examples are provided in italics. You will need to add more items to this data plan according to your evaluation purpose and questions. A table is included in the Evaluation Plan template in the **CAC Evaluation Toolkit**.

Question	Type	Measure/ Indicator	Data Source/ Tool
<i>Is the health service recruiting committee members to represent the diversity of your community?</i>	<i>Process</i>	<i>% of members who identify as representing diverse community groups</i>	<i>Local demographic data Recruitment records Survey of members</i>
<i>Is the Community Advisory Committee providing advice and input to the Board?</i>	<i>Impact</i>	<i>% of board meetings with Community Advisory Committee agenda item # requests for advice from board to Committee % completion of annual report of activities to board Satisfaction with input/s advice received</i>	<i>Board papers/ minutes Annual reports Survey/ interviews of CAC members and Board</i>

Question	Type	Measure/ Indicator	Data Source/ Tool
<i>Is the Community Advisory Committee strengthening the consumer and community voice in health service planning and decision-making including in the planning, design, delivery, measurement and evaluation of systems and services?</i>	<i>Impact</i>	<i>% of stakeholders who agree or strongly agree with this statement Evidence of input in health service plans and decisions Attendance and participation at relevant meetings and forums</i>	<i>Surveys and interviews/ focus groups with members, board and health service staff Health service plans Meeting records</i>
<i>[Add your own evaluation questions and indicators]</i>			

Evaluation findings and recommendations

Once the data has been collected according to the evaluation plan, it should be analysed and triangulated to identify themes, trends, changes and understand:

- What's working well
- What's not working well
- Areas for improvement.

This analysis should be presented as findings, including any limitations of the evaluation design, with recommendations to the health service board and executive about actions that could be taken to continuously improve the CAC. The implications of evaluation may address the following questions:

- Where to from here?
- How should the CAC be supported and strengthened, particularly in relation to influencing and informing the health service board and strategic plan?
- What monitoring and continuous improvement activities should be progressed into the future?
- How will the impacts of the CAC be sustained?
- Are additional resources required to continue or further develop the Community Advisory Committee?
- How frequently should the CAC be evaluated? A formal evaluation may only yield useful results in comparison to previous performance and thus might be scheduled for review every two to three years. It can be supported by an annual review of the CAC's Terms of Reference.

The evaluation methods, findings, limitations and recommendations may be presented to the health service board as a formal report and/or in another format e.g. presentation at a meeting. It is useful to consider visual and engaging presentation of the findings including through inclusion of graphs, tables and direct quotes. In accordance with improvement science and the *Model for Improvement* (SCV 2022) the evaluation should make suggestions about how the CAC can be continuously improved. Improvement actions can be presented in an action plan for ongoing monitoring and reporting. A template evaluation report and action plan are available in the **CAC Evaluation Toolkit**.

Dissemination

The results of the evaluation should be published and shared widely within the health service, with consumer advisors and community members, and other partners/key stakeholders to enable lessons to be learned and support continuous improvement. Your health service may wish to:

- Produce an evaluation report and action plan and make it available on your website. Templates are available in the **CAC Evaluation Toolkit**.
- Communicate the evaluation findings and recommendations in newsletters, at relevant meetings or using social media.
- Share your findings and report with key stakeholders e.g. by email.
- Prepare a journal article.
- Identify relevant conferences and workshops to present the findings and recommendations.

Review and improvement

This is the second iteration of the Community Advisory Committee evaluation framework. As it is implemented by health services, feedback will be obtained to support the review and improvement of the framework. Feedback can be provided to Health Issues Centre at info@hic.org.au or (03) 8676 9050.

References

- Australian Commission on Safety and Quality in Health Care (ACSQHC, 2021). *National Safety and Quality Health Service Standards. 2nd ed. – version 2.*
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- Safer Care Victoria (SCV) (2020). *Building your healthy community: A guide for health service community advisory committees.* [SCV CAC Guidelines].
- Safer Care Victoria (SCV) (2022). *Step by step guide to using the Model for Improvement.*
- Victorian Government Department of Health Prevention and Population Health Branch (2010). *Evaluation framework for health promotion and disease prevention programs.*

Attachments - CAC Evaluation Toolkit

1. [CAC Evaluation-Introduction to Program Logic Training Slides](#)
2. [CAC Evaluation-Program Logic Template](#)
3. [CAC Evaluation-Evaluation Plan Template](#)
4. [CAC Evaluation-Evaluation Stakeholder Engagement Plan Template](#)
5. [CAC Evaluation-Evaluation Questions Bank](#)
6. [HIC Guide to Assess own Quality of Engagement](#)
7. [Middlemore Consumer Engagement Questionnaire](#)
8. [CAC Evaluation-Evaluation Report and Action Plan Template](#)
9. [CAC Evaluation-Checklist](#)