

Family Advisory Council

Terms of Reference

1. Vision

At the Royal Children's Hospital (RCH) delivery of great care everywhere is based on partnerships between patients, families and all those involved in their care. Patient and family centred care is an important component in the delivery of high quality care and is based on principles of dignity and respect, information sharing, participation and collaboration. This is recognised in the National Safety and Quality Health Service (NSQHS) standards where Standard 2; *'Partnering with Consumers'*, underpins all other standards. Implementation of effective patient and family centred care at RCH is be directed by the requirements of this standard.

The RCH Family Advisory Council (FAC) is established to formalise the partnership between families and hospital staff, working together to enhance the consumer experience in the provision of services at the RCH and deliver sustainable improvement to patient and family centred care.

2. Objectives

FAC will:

- Represent and advocate for the RCH community.
- Engage with the diverse RCH community to understand their needs, including the consumers and carers.
- Engage in active and effective collaborative communication
- Share previous knowledge and lived experience
- Continue to support system improvements to ensure compliance with the NSQHS Partnering with Consumers – Standard 2
- Through the review of RCH information and data, provide advice and monitor progress of service delivery

3. Roles and Responsibilities

FAC will:

- Observe relevant RCH Policies and Procedures, including the RCH Code of Conduct, and operate in accordance with the RCH values of unity, respect, integrity and excellence in all its dealings with and on behalf of the RCH
- Monitor information, reports and key performance indicators related to patient and family centred care at the RCH, including but not limited to:
 - Consumer feedback
 - Incident management themes
 - Open disclosure/ Statutory Duty of Candour
 - Consumer Surveys
 - Other data as agreed by FAC and RCH
- Provide advice to RCH's Community Advisory Committee (CAC) on policy, planning co-design, service development and improvement from a family perspective
- Provide advice about identified areas for improvements related to patient and family centred care at RCH
- Identify and support patient and family centred care training activities from which the RCH and its consumers could benefit
- Be familiar with RCH processes and KPIs for consumer feedback
- Maintain communication with the Consumer Partnerships Manager (FAC liaison role) to update RCH about FAC activities
- Annually evaluate its performance as a Family Advisory Council, against its Terms of Reference (TOR) and using any other criteria as agreed by members, and include this assessment in an annual report to the RCH CAC

RCH will:

- Provide information, reports and key performance data related to patient and family centred care at the RCH, including but not limited to:
 - Consumer feedback and themes
 - Consumer Surveys
 - Other data as agreed by FAC and RCH
- Seek and be guided by advice from the FAC on policy, planning, service development and improvement from a family perspective
- Seek and be guided by advice about potential improvement activities prior to implementation (wherever applicable) of improvement activities related to patient and family centred care
- Provide information to the FAC about activities that underpin improvements to the delivery of patient and family centred care at the RCH

- Facilitate appropriate patient and family centred care training activities from which the RCH and its consumers could benefit
- Develop, implement and maintain robust processes for the provision of consumer feedback to the RCH
- Provide a staff resource (Consumer Partnerships Manager) to be the primary point of liaison between the FAC and the RCH, and provide administrative and organisational support to the FAC (including but not limited to scheduling and holding meetings, recruiting members, accessing and using hospital information and collaborating with RCH staff)
- Facilitate the achievements of the agreed FAC objectives, responsibilities and key focus areas
- Provide opportunities to present and promote the function of the FAC to the wider RCH community
- Provide an Executive Sponsor of the FAC
- Receive the annual report of the FAC.

4. Key focus areas

The key focus areas for the Family Advisory Council are:

1. Explore and advise the RCH on ways to promote consumer participation:

- Identify, consult and assist to address gaps in the RCH consumer participation process and implementation of NSQHS Partnering with Consumers - Standard 2.
- Develop orientation and information packages for consumers at RCH
- Develop draft policies and procedures about the recruitment and engagement of consumers, and the provision of access to consumers
- Promote and educate RCH staff in the engagement and contribution of consumers representatives at the RCH
- Evaluate consumer representative volunteer engagement within the RCH
- Provide a support link for RCH consumer representative volunteers.

2. Explore and advise RCH on ways to promote patient and family centred care:

- Advise on staff education processes, procedures and opportunities
- Identify and supply resources that may assist in the delivery of education to staff.

3. Work in conjunction with RCH committees including, but not limited to:

- RCH Community Advisory Committee
- RCH Diversity and Inclusion Advisory Committee
- Aboriginal Advisory Committee

4. Contribute to various work plans that support the RCH commitment to family centred care and address family concerns and priorities.

5. Membership

- Representation should demonstrate the diverse range of backgrounds in the RCH community, including those people who may experience barriers to providing feedback
- Maximum of 20 members, made up of no more than 12 consumer representatives and eight RCH staff representatives
- One of the 12 Consumer Representative Volunteer positions should be filled by a young person.
- Consumer members will be appointed for a three-year period with the option to extend membership
- RCH staff members will be appointed for a three-year period with the option to extend membership as needed. Departments will ensure an appropriate and engaged staff member to be involved.
- The appointment of consumers will be transparent and managed in accordance with the RCH Consumer Appointments to Committees procedure
- All members will be requested to confirm their ongoing commitment for the following year before or at the November meeting of each year.

Staff members will be:

- Executive Sponsor (to be determined by CEO)
- Quality and Improvement representative
- Manager of Consumer Partnerships
- Nurse Unit Manager representative
- Nursing Leadership Team representative
- Allied Health representative
- Social work representative
- Medical Staff representative (Junior Medical Officer (JMO) or other)

Other members may be co-opted on to the FAC as required.

Using a transparent process, the FAC will appoint a Chairperson and Deputy Chair. Applicants for the position of Chair, should be a current member of FAC and have served a minimum of at least 12 months on the committee. Positions will run for 2 years, with the option of an extension, based on a vote at the second meeting of the year (March/April).

Resignation from the FAC outside of cycle to be written, addressed to the Chair, giving as much notice as possible.

If a member does not perform duties or behaviours consistent with the Terms of Reference, the Chair, in consultation with the Executive Sponsor may ask the member to resign from the council.

6. Meetings

- FAC meetings will be held on a regular basis at a time to be determined by the members, no fewer than six per year
- In the absence of the permanent Chair, the Deputy Chair or a nominated FAC member will stand in
- The quorum will be 50% of FAC members including a minimum of three Consumer Representative Volunteers.
- The RCH Quality and Improvement department will provide administrative support including preparation of papers for meetings and taking of minutes
- Absence of a member without apology for more than three consecutive meetings will prompt the Chair and Executive Sponsor to initiate a discussion with the member about their ongoing membership
- The FAC meeting will run for no more than 90 minutes, extension beyond this can be called for through the Chair and Executive Sponsor (to a maximum of 120 minutes) and will be notified to all members where possible.

7. Voting

- Where possible, the FAC will reach consensus on matters under consideration. At any meeting a resolution put to the meeting shall be decided by voting.
- Every member present in person shall have one vote.
- Where voting becomes necessary, the decision of the majority shall be carried. On equal votes, determined on a show of hands, the Chair of the meeting shall have the casting vote in addition to the vote that he/she may be otherwise entitled.
- Where a FAC member abstains or dissents, this fact may, at the discretion of the member be recorded in the minutes.

8. Reporting out

Recommendations from the FAC may be channelled to other managers and departments of the RCH through the relevant Director, Quality and Improvement.

The FAC will report through the Chair and RCH Executive Sponsor, to the RCH Community Advisory Committee (CAC).

A minimum of one FAC member will also be a member of the CAC.

9. Review

The Terms of Reference are to be reviewed every two years by the Family Advisory Council and final version provided to the Executive Sponsor for endorsement.