Building a transformative Community Advisory Committee through a robust evaluation process

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Overview



1. RMH CAC JOURNEY



2. EVALUATION FRAMEWORK PILOT 2023



3. EVALUATION OUTCOMES AND FUTURE FOCUS



RMH CAC Journey

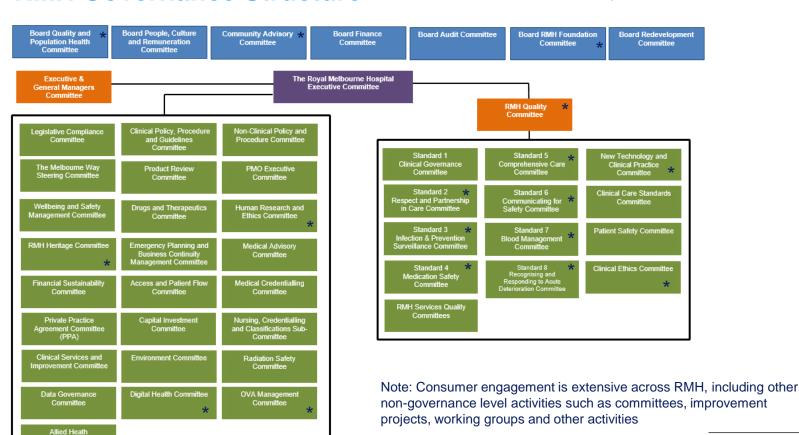




RMH Governance Structure

Credentialling Committee

* Committees where a Consumer representative sits within the membership



The Royal
Melbourne Hospital



RMH CAC established



Created consumer Deputy Chair role



Increased CAC links to Quality and Safety committees & Impacted change to structure & function of Cultural Diversity Committee



Codesigned communication strategy for RMH Health Literacy Framework



Reviewed and codesigned Person Centred Care KPIs



New recruitment strategies to broaden membership and community perspectives

 2001-2002
 2007
 2008
 2018
 2019
 2019-2020
 2020-2021
 2021-2022
 2021-2023
 2022-2023

Progressed long term goal integrating consumer participation into RMH strategic and operational plans and processes

Established consumer panel for RCA

involvement (with KPI of 100%) First in Australia Recommendation to Board for embedding codesign at RMH for achieving partnership in care



Created Cultural Advisor role for Wurundjeri Elder



Codesigned workplan with strategic priority areas.

Deepening understanding with NWMH of requirements and broadening support for codesign across whole organisation







Evaluation Framework Pilot





Evaluation readiness

2022

- RMH CAC aware of need for strategic leap
- Health Issues Centre Pilot of Safer Care Victoria CAC Evaluation Framework v1
- Board and Senior leadership support



Evaluation methodology



Established evaluation working group

50% consumers 50% staff



Program logic

Preparation workshops (HIC)



Stage 1

Determined RMH CAC need and purpose

Completed **pre-evaluation logic model**

- Inputs
- Activities
- Outputs
- Impacts short / medium / longterm
- Assumptions
- External factors / constraints



Program logic – pre data collection **Activities Outputs Short-term impacts** Medium term impacts Long term impacts **Inputs** Chair Member recruitment TOR Understanding what are Inform the design and Ensure the health service **Board Chair** Orientation Consumer / community community needs and delivery of responsive can respond to the needs preferences for health health services that meet **Deputy Chair** Member training member position of diverse communities Nominate deputy Chair description services individual's and CAC self assessment community needs and evaluation Member connecting Annual Workplan Advice about codesign of Better health outcomes Consumer and **Building organisation** community members Consumer mentorship Report and culture, capacity and and experiences for services capability for codesign diverse communities training presentation to Board RMH staff: Meetings Advice to Board, Exec, Influence awareness of Advice about consultation Working groups other committees, patient story impact CEO, Exec Sponsor, Patient and engagement with experience, Community Consumer-only precommunity community Engagement meetings connections Standing agenda item Involvement in RMH Influence the systems and **Budget** Report to Board at Sitting fees **AGM** projects related to CAC processes for outcomes priorities from patient stories Annual self-assessment CAC briefing document Other resources for invited presenters **Assumptions** Vic Govt legislation Seek and discuss patient Increased community feedback and experience partnerships with ·Board will act on advice data and stories stakeholders provided by the CAC Presentations to external Leadership and culture External Factors/ groups **Constraints** Policy/ politics SCV CAC Guide Support development of Advocate codesign Funding resources and processes **Build consumer** Accreditation for codesign training mentorship

Evaluation methodology



Stage 2

- Developed Evaluation questions 16 in total (process and impact)
- Developed Data Plan
 - Data collection over 4 months (Dec – end March'23)

Data Plan	Collection method	
Document review	Distribute documents to evaluation team members	
Consumer, carer, community member perspectives self-assessment	Framework survey tool – Evolving or Expert	
Consumer, carer, community member perspectives - iterative post self assessment	Focus group	
Staff perspectives	Focus group	
Board perspectives	Interview with Chair and Board member by Deputy Chair	
New CAC member perspectives	Focus group	
All committee workshop	Workshop – 2 or 3 hrs, facilitated, blue sky thinking	



RMH CAC evaluation results pre-workshop

Overall findings

- Need to understand influence and impact stakeholder clarity of common goal for future success
- 2. Early engagement essential codesign with earlier consumer engagement, strategic focus still not adequately achieved
- **3. Communicate and celebrate** the CAC purpose and journey, to build connections to patients, other consumers, committees and community
- 4. Ongoing strengthening of inclusive and community based input to CAC membership and issues
- **5. Negotiate processes for success** engaging dialogue, feedback loops, meeting structure, future focussed workplan



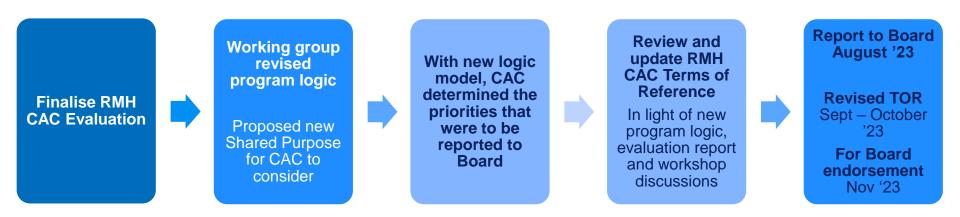


CAC Workshop

- Facilitated by Sarah Barter on behalf of Health Issues Centre
- Introductory session: optional session to introduce people (new committee members) and introduce concepts to be explored at full workshop
- Full workshop: to brainstorm and imagine the CAC of the future and its identity/ role in working with RMH to meet the needs of the community.
- Structure:
 - Background
 - Future State
 - Gap analysis
 - Where next



Post data collection process





Evaluation Outcomes





Evaluation outcomes

- New Shared Purpose
- CAC to oversee a service wide Patient,
 Consumer, Carer and Community
 Engagement (PCCCE) Strategy for RMH
- Positioning CAC to drive activities and outcomes that improve culture and support strategic planning decision making
- Cocreate a multi-level person-centred health service that effectively engages with consumers, carers and communities





RMH CAC Post Evaluation outcome – new shared purpose

To improve and embed the culture of engagement with consumers, carers and community at Royal Melbourne Hospital

Influence the way everyone thinks about the person they are connecting with. This involves building awareness, understanding and worldview related to engaging with others.

Enablement of voices for strategic planning and codesign of health services

Meaningful partnerships within RMH (Board and senior leadership) and beyond to community

CHANGE IDEAS FOR LOGIC

Incorporate consumers / carers into organisational Staff training - build and codesign at all levels

New reporting communication with Board

General communication strategy with organisation and public (profile raising)

Oversight / codesign of PCCCE strategy

Promoting conversations (stronger voices)

Review and build a CAC that is purpose driven, effective committee

Stronger links with governance and senior leadership / quality committees

Create networks, including broader RMH consumer register / network and into community

More focus on needs of diverse community

2023 – 2024 CAC priority actions post evaluation: *To improve and embed the culture of engagement*

Action plan focus	6/12 focus By Mar 2024	12/12 focus By Dec 2024	KPIs
Building engagement worldview	Revise CAC Terms of Reference to reflect post-evaluation purpose Oversight of Patient Consumer Carer Community Engagement (PCCCE) Strategy	Create Communication Profile Plan to promote awareness across RMH of CAC Engage with committee chairs to build participation in annual Consumer Engagement Survey / Jointly analyse survey Support development of resources for codesign training (staff and consumers)	New TOR Meet with 8 committee chairs/ year Conduct and report on Annual Survey Review and report to the Board on outcomes of Survey At least two resources developed
Enablement of voices	Change focus of patient stories across RMH – diversity and impact Increased community interactions and partnerships with stakeholders, including external organisations presentation of needs to CAC On behalf of the CAC, Presentation and publication of committee initiatives and outcomes	Annual CAC half day review/planning workshop Annual 'CAC-led partnership' report to Board (progress with Engagement Strategy)	Annual workshop held Annual report to board Numbers of publications and presentations reported to CAC
Meaningful partnerships	Concurrent internal & external partnership building Invite external partners to meet with CAC Build cross consumer mentorship and communication Develop understanding of consumers experience and contribution and promote cooperation across RMH	Create strategic partnership map – internal and external (linked to Engagement Strategy)	Targeted partnerships (2/year) Processes established to enable cross consumer communication (linked to Engagement strategy)

What ensured a successful evaluation process and outcomes?



- SCV Framework and program logic an enabler
 - Strategic approach & materials
 - Collaboration & codesign
 - Necessary conversations
- All stakeholder engagement (Board and CEO in-person time a strength of our evaluation)
- Resourcing for external workshop facilitator for final data collection



Reflections

- Expect to be surprised
- Be ready for deep listening
- Everyone is on a journey build involvement and good foundations
- Importance of senior executive and Board involvement (not new, ongoing, but prepared to be interviewed by consumer)
- Value of whole committee workshop to openly explore issues





Evaluation pilot outcome

Contributions of five Victorian Health Services

Health Issues Centre & Safer Care Victoria CAC Evaluation Framework v 2

https://hic.org.au/wp-content/uploads/2023/09/SCV-HIC-CAC-Evaluation-Framework-v02-Final.pdf







Community Advisory Committee
Evaluation Framework v02
June 2023



Thank you



