



Fiona Stanley Fremantle Hospitals Group

Fiona Stanley Hospital

Consumer Advisory Council (CAC)

Terms of Reference

1. Establishment and Purpose

The Fiona Stanley Hospital (FSH) Consumer Advisory Council (CAC) establishes a formal partnership between consumer, carer and community representatives and the Fiona Stanley Fremantle Hospital Group (FSFHG). The CAC was established in 2013.

The purpose of the CAC is to:

- Advocate for consumers, carers and the community in relation to FSH services and policy planning, development, implementation and delivery
- Advise the FSFHG Executive Committee on consumer, carer and community perspectives, and strategies to enhance and promote consumer, carer and community participation
- Facilitate effective communication between FSH consumers, carers and community and the FSFHG Executive Committee.

A consumer is a potential, current or previous user of health services.

A carer is a person who provides ongoing unpaid care and support to family members and friends who have a disability, a mental illness, chronic condition, terminal illness or are frail aged.

A community is a group of people who share something in common. It may be location, interests, culture, language, beliefs, values or traditions.

[Definitions from *You Matter: A guideline to support engagement with consumers, carers, communities and clinicians in health*. WA Department of Health, 2017]

2. Accountability

The CAC is accountable via the Chairperson through the FSFHG Executive Committee to the FSFHG Executive Director (ED).

3. Reporting

The CAC is required to escalate issues and concerns to the FSFHG Executive Committee by exception.

The CAC will provide an Annual Report to the FSFHG Executive Committee.

4. Membership

CAC membership should reflect the diversity of the local community and hospital catchment. Representation from culturally and linguistically diverse communities, Aboriginal people, people with a disability and people who have experience as a carer will be considered a priority.

4.1 Voting Members

Up to 12 local consumer, carer and community representatives

One (1) Aboriginal representative (quarantined position)

One (1) Carer Representative nominated via Carers WA

4.2 Non-Voting Members

Executive Sponsor, Standard 2

Manager, Patient and Family Liaison (PFL)

Manager, Patient Safety

Representative of the Facilities Manager

Representative of other FSH Consumer Advisory Groups

4.3 Proxies

There is no provision for proxies if a consumer member is unable to attend meetings.

Non-voting members can nominate a representative to report on their behalf at meetings if unable to attend.

4.4 Co-opted Expertise / Invitees

The CAC may invite non-members to participate in meetings in order to provide information, expert advice or to observe proceedings. This may include consumer representatives or other external persons. Non-members have no voting rights.

4.5 Remuneration

Consumer, carer and community representatives will be paid an honorarium for each CAC meeting attended, plus other endorsed activities, in recognition of effort and out of pocket expenses, and in accordance with the Health Consumers' Council WA Consumer Representative Payment Policy.

A Statement by Supplier form must be completed annually by all members.

4.6 Appointment of Consumer Representatives

Appointments are based on an applicant's ability to provide advice on health issues as well as the capacity to understand and represent the perspectives of consumers, carers and the community served by FSH.

Prior to commencement, members will be required to:

- Complete a Criminal Record Screening. The cost of this will be met by FSFHG.
- Sign a confidentiality agreement
- Sign a conflict of interest declaration
- Sign acceptance of the Terms of Reference.

4.6.1 Selection Process

Expressions of Interest (Eoi) for membership will be advertised.

A selection panel of three people, including the CAC Chairperson, Deputy Chairperson and the Manager Patient and Family Liaison, will be convened to undertake the selection process. If unavailable, each of these positions may nominate a suitable proxy.

Appointment recommendations will be ratified by the Executive Sponsor Standard 2.

4.6.2 Term of Appointment

The term of appointment will be for two years from the date of the first meeting.

Members wishing to reapply after their initial term may submit a written Expression of Interest to the Manager Patient and Family Liaison and will be considered equally with other applicants. A maximum of two terms will be allowed.

Where a member was appointed for three years under previous Terms of Reference, any subsequent term will be under the current Terms of Reference for a period of two years.

Continuity and succession planning will be considered and under exceptional circumstances, the term of appointment may be extended for a limited time. This will require endorsement by the Executive Sponsor Standard 2.

Past members cannot re-apply for a period of two years and will be considered equally with other applicants.

4.6.3 Chairperson and Deputy Chairperson

Any member can nominate for Chairperson or Deputy Chairperson. The Chairperson and Deputy Chairperson will be elected at the Annual General Meeting (AGM) via silent vote for a period of two years.

The Chairperson and Deputy Chairperson may be elected for a maximum of two terms. Should the Chairperson or Deputy Chairperson's CAC term end prior to the AGM, that member must request via the Manager Patient and Family Liaison, to be extended until the next AGM. This will require endorsement by the Executive Sponsor Standard 2.

4.6.4 Resignation of Membership

Resignation prior to the end of the term will be in writing to:

- Executive Sponsor Standard 2 for the Chairperson
- CAC Chairperson for all other members

4.6.5 Termination of Membership

Membership may be terminated in writing by the CAC Chairperson, Manager Patient and Family Liaison and/or Executive Sponsor Standard 2, in consultation with the member concerned, in the event that a member:

- does not attend a minimum of nine meetings per calendar year
- is not able to attend 3 consecutive meetings
- does not adhere to the Terms of Reference
- does not adhere to the Functions and Responsibilities (section 5)
- does not disclose a conflict of interest
- does not adhere to the confidentiality agreement
- does not adhere to Department of Health principles of conduct (section 6).

4.6.6 Orientation and Training

CAC members will attend FSH Induction as close to their first meeting as possible.

FSH will facilitate three training sessions for the CAC per year. Topics will be determined by the members.

5. Functions and Responsibilities

The functions and responsibilities of the CAC are to:

- Advise the FSFHG Executive Committee on consumer, carer and community initiatives, priority areas of work and issues requiring consumer, carer and community involvement
- Monitor and report on the needs of FSH consumers, in particular disadvantaged groups
- Provide consumer, carer and community input to service delivery planning and development
- Participate in the development and evaluation of FSFHG strategic and operational plans
- Review safety, quality and performance data, including consumer feedback and complaints information, and make recommendations for change or improvement
- Participate in and provide advice on the development of consumer evaluation and satisfaction surveys
- Participate in the review and development of FSFHG policies, procedures, clinical practice standards, patient education and information and hospital signage and way finding
- Participate in the selection process for staff appointments as required
- Provide advice and participate in staff orientation and education sessions as required
- Provide advice on the implementation and evaluation of Standard 2 (Partnering with Consumers) of the National Safety and Quality Health Service Standards and other Standards where relevant
- Participate in the development, implementation and monitoring of the FSFHG Consumer, Carer and Community Partnership Framework
- Assist the FSFHG Executive Committee in the development and monitoring of key performance indicators related to the safety, quality and accessibility of services
- Participate in the development, implementation and monitoring of the FSFHG Disability Access and Inclusion Plan (DAIP).

Refer to Appendix A for a reporting schedule.

5.1 Other Committees

CAC members may be appointed to consumer representative positions on other committees / groups at FSH. Members in these roles will provide a report on each meeting to the next CAC meeting.

5.2 Annual General Meeting (AGM)

The CAC will hold an AGM in August or September of each year, during which an Annual Report will be submitted for consideration by members. The endorsed Annual Report will be submitted to the FSFHG Executive Committee.

6. Obligations of Committee Members

All members of the CAC and persons co-opted to assist the CAC will:

- Comply with the CAC terms of reference
- Comply with the CAC Functions and Responsibilities (section 5)
- Read all agenda items prior to meetings and action / respond to items within the allocated timeframes
- Make all reasonable attempts to attend each meeting
- Forward an apology to the committee secretariat if unable to attend.

CAC members are required to follow the WA Department of Health principles of conduct:

- Act professionally and ethically
- Demonstrate honesty and integrity
- Promote a positive work environment
- Maintain professional relationships
- Communicate and use official information responsibly
- Use public resources responsibly
- Not engage in fraudulent or corrupt behaviour
- Maintain records in accordance with expected standards.

6.1 Conflict of Interest

Members will be required to sign a conflict of interest declaration.

Members should consider any conflict of interest prior to the commencement of the meeting and excuse themselves, or declare the conflict prior to any discussion. When issues may present a conflict of interest or sensitive information is to be discussed, only relevant members will be in attendance. This is at the discretion of the Chair.

Significant breaches of this procedure will be raised with the Accountable Officer.

6.2 Confidentiality

Members will be required to sign a confidentiality agreement.

The proceedings and records of the CAC are confidential to members and the endorsing committees and are only to be used for authorised work related purposes. All paper-based information must be kept secure and placed in appropriate confidential bins when no longer required. Electronic information should only be stored where access is restricted to appropriate persons.

7. Quorum and Voting

A quorum consists of the Chair or delegate plus 50% of appointed members. In the absence of a quorum, a meeting may be held but its decisions would be subject to ratification by the succeeding full meeting or via an email process between meetings.

Each voting member of the CAC has the right to vote. Non-voting and co-opted members or any other persons in attendance may not vote. The Chair shall have the casting vote.

8. Frequency

The CAC will meet once each month for up to two hours.

The Chair reserves the right to call special or supplementary meetings to meet the objectives / activities of the CAC.

The Chair may cancel a meeting if there is insufficient business to warrant holding a meeting.

9. Subgroups and Working Parties

The CAC will not create any standing sub committees.

The CAC may create short-term working parties. Where this occurs, the purpose, membership and expected period of activity of the working party must be recorded in the CAC minutes.

10. Record of Proceedings

FSH will provide a secretariat to the CAC to assist with meetings.

Where practicable, the agenda and corresponding reports and documents will be forwarded to members five working days prior to meetings to enable consideration.

Minutes will be kept for each meeting of the CAC. The minutes of a meeting shall be forwarded to the Chair for review within five working days following the meeting. Minutes will be distributed to CAC members within 10 working days of the meeting.

Minutes will be verified at the following meeting and signed by the Chair.

Copies of the minutes will be provided to FSFHG Executive Committee.

The CAC secretariat will ensure that copies of committee documentation, terms of reference, communications and other relevant information are maintained within W:\Executive\FSH\Safety Quality & Risk.

The files are the property of FSH and must be preserved in accordance with the State Records Act 2000 and the Freedom of Information Act 1992. The Health Services (Quality Improvement) Act 1994 may also apply to the documents.

11. Adoption and Amendment of Terms of Reference

The Terms of Reference will be reviewed every year.

Variations to the Terms of Reference require endorsement by the FSFHG Executive Committee.

The CAC will evaluate its terms of reference, performance, membership and need for continuation annually.

Document control and history:

Version Number	Amendment Date	Approved by
1.0	3 September 2014	Dr Robyn Lawrence Executive Director, FSH
2.0	2 January 2016	Taylor Carter A/ Executive Director, FSH
3.0	14 February 2017	Paul Forden Executive Director, FSFHG
4.0	27 February 2018	Janet Zagari Executive Director, FSFHG

Signed: _____



Date: _____

28/02/2018

Janet Zagari

EXECUTIVE DIRECTOR

FIONA STANLEY FREMANTLE HOSPITALS GROUP

12. Acceptance of Terms of Reference by Members

I acknowledge that I have read, understood and accepted these Terms of Reference

Member Name: _____

Signature: _____

Date: _____

Appendix A – Reporting Schedule

Report / Data	
Consumer committee reports	Every meeting (written report)
Safety Quality and Risk Report	Every meeting
Consumer Feedback Report	Every meeting
Publication reviews	As required (completed out of session)
Complaint response reviews	As required (completed out of session)
Policy reviews	As required
Training Program reviews	As required
CAC training	Three times a year
Annual Report	Annual (August/September)
Operational Plan	Annual review
Strategic Plan	Annual review
Terms of Reference review	Annual review

