



Fiona Stanley Fremantle Hospitals Group

Fremantle Hospital

Consumer Advisory Council (CAC)

Terms of Reference

1. Establishment and Purpose

The Fremantle Hospital (FH) Consumer Advisory Council (CAC) was established in 2009 as the Community Advisory Council. The FH CAC establishes a formal partnership between consumer, carer and community representatives and the Fiona Stanley Fremantle Hospital Group (FSFHG).

The purpose of the CAC is to:

- Advocate for consumers, carers and the community in relation to FH 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 FH consumers, carers and community and the FSFHG Executive Committee.

The definition of 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 FH CAC is accountable via the Chairperson through the FSFHG Executive Committee to the FSFHG Executive Director.

3. Reporting

The FH CAC shall 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 (Consumers)

Up to 6 local consumer, carer and community representatives

One (1) Aboriginal representative (quarantined position)

One (1) Carer representative nominated via Carers WA (quarantined position)

Representatives of other FH consumer advisory groups

Representative of FSH Consumer Advisory Council

4.2 Non-Voting Members (Staff)

Executive Sponsor, Partnering with Consumers
Manager, Patient and Family Liaison (PFL)

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 FH 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 South Metropolitan Health Service (SMHS) Consumer and Carer Participation Policy.

An Australian Taxation Office 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 FH.

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 FH 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 are required to be approved by the Executive Sponsor Partnering with Consumers.

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 Eoi to the Manager Patient and Family Liaison and will be considered equally with other applicants. A maximum of two terms will be allowed.

The two year term will commence from the date of endorsement of these Terms of Reference, and expiring terms will be staggered over 12 months to support appropriate handover and recruitment.

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 Partnering with Consumers

Past members cannot re-apply for a period of two years.

4.6.3 Chairperson and Deputy Chairperson

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

The Chairperson may be elected for a maximum of two terms. Should the Chairperson's CAC term end whilst they are Chair, a further two years as Chair can be approved by the the Executive Sponsor Partnering with Consumers.

An outgoing Chairperson may complete a further three months as a general member to assist the transition to the incoming Chairperson.

4.6.4 Resignation of Membership

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

- Executive Sponsor Partnering with Consumers for the Chairperson
- FH CAC Chairperson for all other members

4.6.5 Termination of Membership

Any person's membership may be terminated in writing by the FH CAC Chairperson, Manager Patient and Family Liaison, Executive Sponsor Partnering with Consumers and/or the FSFHG Executive Director, 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

FH CAC members will attend FH Induction as close to their first meeting as possible. FH will facilitate up to 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 FH 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
- Advise on the needs of FH 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, patient publications 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 as required
- Provide advice on the implementation and evaluation of Partnering with Consumers of the National Safety and Quality Health Service Standards and other Standards where relevant
- Other consumer related activities as required.

Refer to Appendix A for a reporting schedule.

5.1 Other Committees

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

5.2 Annual General Meeting (AGM)

The FH CAC will hold an AGM in February 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 FH 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 FH 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 Acting Chair, plus 50% of the current voting 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 FHCAC has the right to vote. Non-voting and co-opted members or any other persons in attendance may not vote. The Chair shall not have the casting vote. Any issue that is unable to be resolved following voting is to be escalated to the FSFHG Executive Committee for resolution.

8. Frequency

The FH 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, with the approval of the Executive Sponsor Partnering with Consumers and the FSFHG Executive Director.

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

9. Subgroups and Working Parties

The FH CAC will not create any standing sub committees.

The CAC may create short-term working parties with the approval of the Executive Sponsor Partnering with Consumers and the FSFHG Executive Director. 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

FH Patient and Family Liaison 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 FH 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 FH CAC secretariat will ensure that copies of committee documentation, terms of reference, communications and other relevant information are maintained.

The files are the property of FH 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 FH CAC will evaluate its terms of reference, performance, membership and need for continuation annually. Variations to the Terms of Reference require endorsement by the FSFHG Executive Committee.

Document control and history:

Version Number	Amendment Date	Approved by
1.0	2009	
2.0	10/02/2014	FHHS HEG
3.0	16/06/2015	FHHS HEG
4.0	31/10/2018	FSFHG Executive Director
5.0	05/11/2019	FSFHG Executive Director

Signed: Neil Doherty Date: 7-11-19

Neil Doherty
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	Frequency
Reports from CAC members sitting on other FSFHG committees	Every meeting
Safety Quality and Risk Report	Every meeting
Consumer Feedback Report	Every meeting