



Government of Western Australia
Department of Health



Consumer and Community Advisory Council

2015 Annual Report

SEPTEMBER 2015

1. Chairs Report

Robin S Sharma (World renowned Leadership expert) once wrote...

“Change is hardest at the beginning, messiest in the middle and best at the end.”

Looking back, not just on the passed 12-months, but for the entire 2.5 years the Fiona Stanley Hospital Community and Consumer Advisory Council (the Council) has been in existence, I understand to a certain extent what he means.

It was hard when the Council first came into being, trying to establish our internal and external identities, considering our collective purpose and striving to gain recognition and acceptance.

Having achieved much of this, the second year was to be about developing our Strategic purpose, implementing our consumer engagement procedures and providing the consumer/patient perspective on a range of documents and committees. And on reading this Annual Report you will see this is exactly what we did achieve among a range of other outcomes including the development of a Strategic Plan, the commencement of a Council Induction manual, the implementation of a Council training program and the development of Council promotional materials. However, to read this list does not provide any context and recognition into the excellent effort that was required for this to be achieved, given how messy or challenging this second year has been.

The challenge came about from the Council achieving our goals, while ensuring we provided vital support to the hospital and its staff, firstly through its phased opening, then through the Interim Accreditation and finally through the Review of Operational Clinical and Patient Care at Fiona Stanley Hospital. All three activities drove the need for extra consumer input but with very short timelines.

It is a testament to the commitment of the Council members that they were able to provide this support and their valuable knowledge, during this time. It would also be remiss not to recognise the enormous dedication and commitment from both WA Health and FM staff during this period, which was simply inspiring.

Hopefully moving into the third year for the Council, with the initial challenges behind us we can now focus on the best way to support Consumers, the wider Community and FSH with our endeavours.

As this will be the final time I will write this report, I would like to recognise

- Kelli Porter, the Council's Deputy Chair, not only for the work she completed on the development of our first Strategic Plan, which will drive the Council's efforts next 18 months, but also for her support and advice over the last 2.5 years

- The Council members – Michelle Atkinson- de Garis, Teresa Campbell, Kerry Mace, Seamus Murphy, Nancy Pierce, Bev Sinclair and Margaret Walsh – you have all taught me a lot.

I would also like to recognise the fantastic support provided by the FSH Customer Liaison Service, in particular Sally Freight for all her hard work and to the manager of that unit, Michelle John, who through her drive, determination and commitment to consumer participation, the Council has been able to achieve what we have. You both have made my job far easier.

I would also like to thank the non-voting members of the Council, for the support you have provided the Council as a whole and me personally.

- Paula Chatfield, Co-Director Service Area 3, FSH
- Taylor Carter, Director of Nursing and Midwifery, FSH
- Vanessa Unwin, Director of Safety, Quality and Risk, FSH

A special mention to Kat Lothian, Serco Stakeholder and Communications Manager, for always taking the time to attend our meetings, answer our questions and support our endeavours.

I can now sit back, for the next part of the Council, under a new Chair and enjoy the best part of change.

Piper Marsh
Chair Person
Consumer and Community Advisory Council
Fiona Stanley Hospital

2. Background

The Fiona Stanley Hospital Consumer and Community Advisory Council (the Council) held their initial meeting on 29 May 2013. Within this second 12-month period the Council has focused:

- Supporting the Hospital through the phased openings to now being a fully functioning tertiary hospital
- Developing a team of diverse committed individuals while identifying the wide range of strengths, skills, interests and networks amongst the Council members
- The review and provision of feedback in relation to a range of communications and policies/procedures that the hospital is developing
- The implementation of a Consumer, Carer and Community Partnership Framework which includes processes and procedures for Consumer Engagement at FSH
- The implementation of the inaugural Council Strategic Plan which initially guided the Council through the commissioning phase of the hospital and now guides the strategic operations of the Council during the operational phase
- The drafting of a Council Member Training Manual to support new Council Members

Throughout this period the Council structure has consisted of nine local consumers and community representatives, three non-voting FSH representatives, and a representative from Facilities Management. The Council has established a formal, proactive and productive partnership between the consumer and community representatives and Fiona Stanley Hospital staff, which is unique and valued by all parties.

3. Year in a Snapshot

- Development of the inaugural FSH CCAC Strategic Plan
- Council members participated in over 30 internal and external committees
- Participated in the 'Day in the Life of a patient' testing process, prior to opening
- Assisted with the development of the Patient Centred Care DVD
- Participated in Mock Accreditation, the Interim Accreditation and the Review of Operational Clinical and Patient Care at Fiona Stanley Hospital
- Participated in the Phased Opening of the hospital

4. **Committee Effectiveness** – The Council has together compiled a Strategy and Operational plan, and is currently in the process of designing and trialling a Committee Effectiveness survey. The results of the survey will be included in future reports as part of the committee's self-assessment.

5. Broader Community Involvement

The Council representatives are also members of:

- Other Community Advisory Council's – Telethon Institute for Child Health Research, Children and Adolescent Community Health, King Edward Memorial Hospital, South Metropolitan, Royal Perth
- Health Consumer Council
- Health Consumers Council Chair Roundtable
- Consumer Health Forum of Australia
- Royal Perth Hospital Student Training Ward
- Health Networks - Musculoskeletal, Chronic Disease Support
- Inflammatory Arthritis Working Group
- Rheumatology Steering Group
- Fremantle Hospital - Mental Health – CAG
- South Perth Coastal - Medicare
- Australian Primary Care Community Partnership
- Cochrane Colloquium
- Carers WA
- Cockburn and Melville Council
- Midwifery WA
- Rural Practice Pathway Steering Committee
- Eastern Wheatbelt Primary Care Project Shire Governance Committee
- GP Obstetrics WA Advisory Group
- GP Anaesthetic Mentoring Working Party
- Royal Perth Hospital Equitable Access Committee
- GP Stakeholder Steering Committee

6. Participation Activities

The Council currently provides consumer representation on the following FSH Committees and Working Groups:

Meeting	Frequency	Involvement/role
Standard 2 – Partnering with Consumers Committee	Monthly meetings	Representing consumers and CCAC. Link between CCAC and this committee.
Standard 5 – Patient Identification and Procedure Matching Committee	Monthly meetings – attendance not always required	Patient ID issues, Terms of Reference, WA Health and SMHS Patient ID policies, risk assessment for 2 ID bands, audit framework, education, policies, forms and procedure matching
Emergency and Disaster Management Committee	Initially weekly and gradually reducing to fortnightly then monthly	Representing consumers and CAC
Nursing and Midwifery Executive Council	Monthly meetings	FSH CCAC attend meetings as possible and provide advice
FSH Hospital Executive Committee	FSH CCAC involvement is fortnightly	Representing consumers and CCAC. Link between CCAC and this committee.

7. Concerns/priorities

Since opening a number of consistent issues have been raised either through the formal compliments/complaints process or informally through communication with Council members, these include

- Parking – feedback has focused on cost, inability to find parking and inability to access ACROD bays when parking structures are full.
- Transport – issues including location of bus stops, bus accessibility for people with disabilities
- Patient Entertainment System – cost of service for short stay patients
- Wayfinding
 - Externally (road system) – lack of signage on freeway and access roads differentiating between FSH and St John of God
 - Internally (hospital grounds including within the hospital) – wayfinding to specific areas

Currently a number of these issues are still being progressed. Progress so far has included;

- Request for further information or clarification
- Escalation to Hospital Executive or SMHS
- Providing clarification and response
- Requesting participation on a working group/committee to address the issue

As a result of consumer feedback, a number of quality improvements have been implemented which include:

- Additional wayfinding signage has been installed on surrounding roads to clarify hospital location. Reviews of internal signage continues.
- The Parking Subsidy policy has been expanded to include additional patient demographic groups.
- Additional vending machines have been installed.

8. Safety and Quality Activities

- LARU Accreditation – the Council participated in the mock accreditation conducted by the Department of Health Licensing and Required Unit during December 2014, attending meetings to discuss Standard 2.
- Interim Accreditation – the Council participated in the AQHS Interim Accreditation as part of Standard 2 – Partnering with Consumers, where we provided our perspective in achieving Standard 2. All Core and Developmental Standards were achieved.
- Review of Operational Clinical and Patient Care at Fiona Stanley Hospital – the Council participated in the Review attending meetings to discuss Standard 2. The Council is now working with the Safety, Quality and Risk team to implement recommendations relevant to consumers.

- Reviewed Safety and Quality Communications Plan – this plan details method for provision and dissemination of FSH Safety and Quality information to the community.
- Safety and Quality Display Boards – provided input into the key performance indicators to be communicated and the layout of the display

9. Training

- HCC Training – members attended training on
 - Influence and Negotiation Master Class
 - Consumer Representative Training (held on-site at FSH)
- FSH Induction – the Council participated in the FSH Staff Induction
- SAC Incidences
- Partnering with Consumers
- The Patient Entertainment System

10. Patient Information Publications Reviewed/Developed

The Council has reviewed and provided feedback on a range of FSH communications. These communications have included;

- FSH CCAC Brochure – brochure promoting the role and work of the Council
- FSH CCAC Website Article – article promoting the work of the Council and ways for community members to become involved
- A range of Outpatient letters
- National Standards and Accreditation Information
- Customer Liaison Brochures – Patient Information and Customer Services Charter
- Consumer Feedback form's – for adults and children
- Chemotherapy Diaries
- Development of Principles for Publications – The Council developed a range of Principles to be incorporated in all relevant documents, prior to review by the Council. The Council also reviewed the FSH Communication policy, which outlines practices and methodologies for sharing information to consumers and the community.
- Range of SMHS Publications including Youth poster, Keep Yourself Safe in Hospital poster, Emergency Department factsheets, Publications Policy and Patient Consent forms

11. Other activities

- Commenced the review of Clinical Incidents and Hand Hygiene data
- Participated as an Interview Panel Representative for the appointment of FSH Patient Advocates

- Provided feedback on the Service Line Acceptance Tests – External Transport, Patient Entertainment System, Reception prior to opening
- Participated in and reviewed the Patient Centred Care Educational Video that has now been endorsed and is used in all staff inductions
- Provide support and assistance during the Phase 1 move of the State Rehabilitation Service
- Reviewed Facilities Management Catering Services and provided feedback on quality, taste and range of meals and snack boxes
- Participated in the development of a FSH CCAC Job Description Form

12. Attendance Report

Council Member	Commencement	No. of potential meetings	No. of meetings attended
Michelle Atkinson-de Garis	May 2013 – May 2015	5	3
Teresa Campbell	May 2013	7	4
Kerry Mace	May 2013	7	7
Piper Marsh	May 2013	7	7
Seamus Murphy	May 2013	7	5
Nancy Pierce	May 2013	7	6
Kelli Porter	May 2013	7	6
Bev Sinclair	May 2013 – July 2015	6	4
Margaret Walsh	May 2013	7	7

13. Members

13.1. Chair – Piper Marsh



Background

I have worked within community based health and disability organisations for over 20 years. Currently I am employed as the Community Support Manager at Muscular Dystrophy WA. Due to my experiences within these organisations I believe I have a good understanding of the diverse needs of people as they move through our health system. I am also working towards my Masters in Business Administration and with my husband I am raising a young family.

Consumer Participation and Involvement

I currently serve on the following committees;

- FSH Hospital Executive Committee
- FSH Standard 2 Partnering with Consumers Working Group
- SMHS Community Advisory Council
- Health Consumer Council CAC Chairs Round Table

Portfolio of Interest

- Quality and Safety
- Accreditation
- Community engagement within health
- Chronic disease management
- Neuromuscular conditions
- Health Management and Governance

13.2. Deputy Chair – Kelli Porter



Background

I am a long term resident of the City of Melville with experience working in the primary care setting within the region. This has provided me with a good understanding of the health care concerns and needs of the local community and a strong interest in helping to meet those needs.

I have also worked in the tertiary health sector and currently work in the not for profit health setting, where my responsibilities include engagement with local communities for primary care service planning in rural Western Australia. I hold a Bachelor of Science (Health Promotion), Graduate Certificate in Health Policy and Management and a Graduate Diploma of the Australian Institute of Company Directors.

My particular areas of focus are working towards access to quality health care for all consumers, exploring new models of health service delivery and encouraging the uptake of medical, nursing and allied health careers among our future workforce.

Consumer Participation and Involvement

- Fiona Stanley Hospital Consumer and Community Advisory Council
- Community Interviewer for the UWA Medical and Dentistry student selection interviews
- Past Board Member of Headache Help

Portfolio of Interest

- Chronic neurological conditions
- Gastroenterology
- Medical, nursing and allied health workforce
- Telehealth
- Clinical governance

13.3. Kerry Mace



Background

Having been diagnosed with Inflammatory Arthritis as a teenager I became involved with the Arthritis Foundation almost 20 years ago, my involvement with the foundation has led me to become the consumer representative that I am today.

I have been married for 22 years, for the last 9 years we have been small business owners, giving me the time and flexibility necessary to become involved with my passion of health

advocacy. I am also a Gypsy Caravan Tribal belly dancer, for

the last 10 years I have been developing my dance with accreditation with Master Teachers from Australia and overseas teachers.

Consumer Participation and Involvement

- Arthritis WA Support Group Facilitator
- Arthritis WA - Camp Freedom Co-ordinator
- Self-Management Course Leader - Loric
- Health Networks - Inflammatory Arthritis Working Group
- Musculoskeletal Health Network Executive Advisory Group
- Health Networks Consumer & Carer Group
- Armadale Inflammatory Arthritis Steering Committee
- Fiona Stanley Consumer & Community Advisory Council

Portfolio of Interest

- Inflammatory Arthritis
- Adolescent Transition
- Self-Management

13.4. Margaret Walsh



Background

General Nursing at RPH 1963–66, Midwifery at KEMH 1966–67. I have worked in hospitals and community in country WA and overseas plus in HACC and Disability Services for some 25yrs and retired in 2011.

Consumer Participation and Involvement

- Health Consumer Council
- RPH CAC & Equitable access committee
- Association of Independent Retirees – WA State committee
- Association of Independent Retirees – National Board
- WA Self-Funded Retirees
- Developmental Disability Council
- National Disability Services
- Friendship Force

Portfolio of Interest

- Disability access and inclusion
- Health delivery standards
- Aged Care
- Personally Controlled Electronic Health Records

13.5. Michelle Atkinson-de Garis – until May 2015

Background

Trained Primary school teacher

Consumer Participation and Involvement

- Telethon Kids Institute CCAC
- Brain and Behaviour (TKI)
- Children and Adolescent Community Health
- Oral Health
- HCC
- RPH Student Training Ward
- Health Consumers' Council

Portfolio of Interest

Paediatrics

- inter-professional staff training
- consumer advocacy
- women's health
- families with young children
- Aboriginal health
- refugee health

13.6. Nancy Pierce



Background

I have lived in the Perth South Metropolitan region for a period of 27 years.

During that time, my activities have included membership of committees and steering groups involving National and State governments, local councils and community groups with the aim of improving health services and outcomes for patients living in their local communities.

Presently, I am promoting more effective communication strategies between primary and tertiary care to assist patients in their recovery upon leaving hospital.

Consumer Participation and Involvement

I currently provide ongoing consultations with SMHS Public Health Unit and Fremantle Medicare Local with reference to chronic condition self-management and consumer/carer engagement.

I attend the following:

- Fremantle Medicare Local Strategic Committee
- SMHS Community Advisory Council
- SMHS Medical and Safety Committee

- Convenor and member Australian Primary Care Community Partnership
- Health Department of Western Australia (HDWA) Therapeutics Advisory Group Medication Safety Advisory Group.
- HDWA Research Advisory Council
- HDWA State Consumer and Carer Committee

Portfolio of Interest

- Areas of interest are across the spectrum of health and always focus on improving services and service delivery for patients, be it in primary, tertiary or aged care.
- Research and evaluation of current programs and policies is something with which I has been involved in the past and in which I have an on-going interest.

13.7. Bev Sinclair – until July 2015

Background

A volunteer, work history including community organisations, non-government associations, local and state government, medium and small business, in sectors including community, health and environment. A lifelong interest in participating in community to support the provision of quality of life opportunities for all ages and stages from youth to seniors, but am now personally focused on the demanding phase of 'young family'.

Consumer Participation and Involvement

- Women's and Newborn's Health Network Executive Advisory Group and Continuity of Care Working Group Consumer Representative
- Kaleeya Hospital Midwifery Group Practice working group (ceased) Consumer Representative
- Health Consumer Council member
- The Bump WA –Centre for Pregnancy and Childbirth Education and Early Parenting Services Inc. (formally Community Midwifery Association WA) - Treasurer
- Child care, playgroup (Secretary) and local public primary school

Portfolio of Interest

- Maternity and women's health
- Children and families
- Health promotion and disease prevention education
- Evidence based, quality and safety
- Consulting with consumers, qualitative and quantitative research contributing to continuous improvement
- Environmental health
- Population health, cancer and cardiac

13.8 Seamus Murphy



Background

Diploma in Business and Marketing / Business Administration, with 35 years business experience in Retail Management, Administration, Sales and Marketing. Interest in Crime Prevention and Community Safety - 24 years; Mental Health issues - 16 years Completed Training in Governance, Strategic Planning; Mental Health - Self Harming and Suicide Prevention; Various Drug and Alcohol Training Courses; Perth Health Consumer Council Training

Consumer Participation and Involvement

- Affiliations – Memberships
- WA Mental Health Association - WAAMH
- Mental Health Law Centre - Board Member
- Australian Crime Prevention Council - Board Member
- Health Consumers Council – Member
- FSH – CCAC
- Fremantle Hospital- Mental Health – CAG
- Fremantle Hospital- CAC
- South Perth Coastal - Medicare Local Advisory Committee (Mental Health)
- South Perth Coastal- Medicare Local - Strategic Advisory Committee
- Wounds West Committee , Como, Perth - Health & Mental Health Consumer representative,
- Graylands Hospital-Inter Hospital Patient Transfer Hospital Transfer Committee

Portfolio of Interest

- Strategic Planning, Administration, Policy & Planning
- Governance
- Health issues
- Mental Health
- Seniors issues
- Youth MH issues
- Haematology
- Psychology & Sociology

13.9 Teresa Campbell



Background

I am a Registered nurse, and have been employed in a community setting in various roles.

These include running my own crèche (50 babies from 6 weeks to 2 years old) for eight years, managing a home care service (including District Nursing), Community Engagement, Occupational health and Safety, Senior First Aid, Recruitment selection and internal quality assurance auditing.

Consumer Participation and Involvement

- I have served on a number of community engagement workshops, including 2 community centre's user groups, businesses, NGOs, staff and residents of City of Melville.
- I have also facilitated workshops on engagement for my fellow colleagues.
- I have attended a number of International Association for Public Participation workshops and training sessions.

Portfolio of Interest

- City of Melville Residents
- People with a disability
- Seniors
- Volunteering
- Emergency Management
- Rehabilitation, particularly spinal injuries and acute care services

14. Strategic Plan

Consumer and Community Advisory Council Strategic Plan

Our Vision

To create an environment that is responsive to patient, carer and consumer needs

Our Goal

To drive consumer, carer and community partnerships for the development, delivery and evaluation of quality hospital services

Our Values

Commitment, Accountability, Respect, Excellence



Focus Areas	Priorities
1. Governance Systems	<p>1.1 Develop and implement Consumer and Community Advisory Council operational procedures</p> <p>1.2 Ensure feedback mechanisms and/or CCAC representation for FSH Safety and Quality Committees</p>
2. Communication, Promotion and Information	<p>2.1 Develop and build a CCAC profile for information and awareness raising in regards to partnering with consumers and patient centred care at FSH</p> <p>2.2 To steer effective communication between Fiona Stanley Hospital, the Consumer and Community Advisory Council and the community</p>
3. Education and Training	<p>3.1 Develop a training program for Consumer and Community Advisory Council members</p> <p>3.2 Provide input into the development of consumer partnering and patient centred care at FSH</p>
4. Measurement, Evaluation and Feedback.	<p>4.1 Review and provide feedback on safety and quality performance within FSH</p> <p>4.2 Develop and implement procedures for annual evaluation of the Consumer and Community Advisory Council</p>

Operational Plan 2014-2015

Focus Area Priorities	Key Performance Indicators	Progress
<p>1. Governance Systems</p> <p>1.1. Develop and implement Consumer and Community Advisory Council operational procedures</p> <p>1.2. Ensure feedback mechanisms and/or CCAC representation for FSH Safety and Quality Committees</p>	<p>1.1.1 Develop CCAC operational procedural manual</p> <p>1.1.2 Build and report against the Consumer, Carer and Community Participation Framework</p> <p>1.2.1 Increase capacity and diversity of Consumer representation and participation at FSH through recruitment to the CCAC and development of a bank of consumer representatives</p> <p>1.2.2 Identify and contribute to relevant FSH committees</p>	<p>Commenced – contents has been agreed upon and information gathering and development has commenced. Framework is in place and focus is on promotion and adherence</p> <p>Procedures and forms have been developed. Recruitment is underway and ongoing.</p> <p>Governance structure has been agreed upon, CCAC members have highlighted their portfolios. Linking both has commenced.</p>
<p>2. Communication, Promotion and Information</p> <p>2.1 Develop and build a CCAC profile for information and awareness raising in regards to partnering with consumers and patient centred care at FSH</p> <p>2.2 To steer effective communication between Fiona Stanley Hospital, the Consumer and Community Advisory Council and the community</p>	<p>2.1.1 Review avenues for promotional materials in relation to the CCAC</p> <p>2.1.2 Identify and contribute to procedures and processes for communication between FSH service areas and the CCAC and back into the community</p> <p>2.2.1 Maintain a CCAC information page on the FSH website to provide information to the community and receive feedback</p>	<p>CCAC brochure and article has been developed.</p> <p>Ongoing and component of Framework.</p> <p>Page is maintained and monitored. Feedback received via CCAC email is standing agenda item.</p>

Focus Area Priorities	Key Performance indicators	Progress
<p>3. Education and Training</p> <p>3.1 Develop a training program for Consumer and Community Advisory Council members</p> <p>3.2 Provide input into the development of patient information, consumer partnering and patient centred care at FSH</p>	<p>3.1.1 Identify CCAC member training/professional development requirements and options</p> <p>3.1.2 Design an induction package for CCAC members</p> <p>3.1.3 Establish CCAC member portfolios to assist with skills development and appropriate matching for effective consumer representation</p> <p>3.2.1 Advocate for the integration of patient centred care and partnering with consumers across the spectrum of FSH training programs</p> <p>3.2.2 Contribute to training FSH staff in consumer partnering and patient centred care</p> <p>3.2.3 Review FSH educational materials in relation to consumer partnering patient centred care</p> <p>3.2.4 Promote consumer review of all patient information publications prepared by the health service</p>	<p>Training options for 2015 were identified. Council training initiated with Health Consumers Council. 3 training sessions funding; 1 completed. Induction manual developed as part of 1.1.1</p> <p>Portfolios highlighted and matching to relevant committees commenced. Ongoing – Discussions held on how to include with Standard 2 Committee and Nursing and Midwifery education.</p> <p>As above</p> <p>A number of communications have been reviewed, see Annual Report section 10.</p> <p>Process included in Framework and promoted to FSH departments</p>
<p>4. Measurement, Evaluation and Feedback.</p> <p>4.1. Review and provide feedback on safety and quality performance within FSH</p> <p>4.2. Develop and implement procedures for annual evaluation of the Consumer and Community Advisory Council</p>	<p>4.1.1 Establish mechanisms for receiving and providing consumer feedback for FSH on safety and quality</p> <p>4.1.2 Identify areas of action for CCAC from patient feedback and outcomes</p> <p>4.2.1 Report against CCAC operational plan and relevant Consumer Care and Community Partnership Framework KPIs</p>	<p>Commenced participation in patient effectiveness survey planning and process. CCAC representatives nominated to work with Safety, Quality and Risk to identify Consumer Key performance Indicators. Areas have been highlighted</p> <p>Ongoing</p>

15. 2014-2015 Terms of Reference

FIONA STANLEY HOSPITAL Consumer and Community Advisory Council Terms of Reference

1. Name of Committee

The Committee shall be known as the Fiona Stanley Hospital (FSH) Consumer and Community Advisory Council (CCAC), to reflect the inclusion and participation of both groups in the activities and decision making of the Council. Consumer refers to individuals who use or who are potential users of health care services, particularly FSH services, while Community refers to members of a geographical grouping or a community with shared interests (WA Health Consumer, Carer and Community Engagement Framework). The FSH CCAC establishes a formal partnership between consumer and community representatives and the FSH Executive team.

2. Purpose

- 2.1. To advocate on behalf of and bring to the attention of the FSH Executive, consumer and community perspectives in relation to service and policy planning, development, implementation and delivery.
- 2.2. To advise the FSH Executive on strategies to enhance and promote consumer and community participation.
- 2.3. To facilitate effective communication between the FSH Executive and FSH consumers and community.
- 2.4. To advise the FSH Executive on consumer and community initiatives, priority areas of work and issues requiring consumer and community involvement.
- 2.5. To participate in FSH strategic and operational planning and assist in implementation processes.
- 2.6. To participate in the development, implementation and monitoring of the FSH Consumer, Carer and Community Partnership Framework.
- 2.7. To assist the FSH Executive in the development and monitoring of key performance indicators related to the safety, quality and accessibility of services.
- 2.8. To participate in the development, implementation and monitoring of the FSH Disability Access and Inclusion Plan (DAIP).

3. Functions and responsibilities

- 3.1. Participate in the development and evaluation of FSH strategic and operational plans.
- 3.2. Monitor and report on the needs of FSH consumers, in particular disadvantaged groups, providing consumer and community focused input into service delivery planning and development.
- 3.3. Review safety, quality and performance data, including feedback, satisfaction survey and complaints information, and make recommendations for change or improvement as necessary.
- 3.4. Provide an annual report to the FSH Executive on the activities of the Council.
- 3.5. Participate in and provide advice on the development of consumer evaluation and customer satisfaction surveys.
- 3.6. Participate in the review and development of FSH Policies, Procedures and Clinical Practice Standards where appropriate as well as patient education / information documents and hospital signage and way finding.
- 3.7. Participate in the selection process for staff appointments where appropriate.
- 3.8. Provide advice and participate in staff orientation and education sessions as requested.
- 3.9. Provide advice on the implementation and evaluation of Standard 2 of the National Safety and Quality Health Standards, "Partnering with Consumers" and other Standards where relevant.

4. Accountability

The CCAC is accountable through the FSH Executive Committee to the Executive Director (ED) FSH.

5. Sub committees and working parties

- 5.1. The CCAC will not create any standing sub committees
- 5.2. The CCAC 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 CCAC minutes.

6. Communication and transparency

The minutes of the CCAC will be available to members. The FSH Executive will receive minutes of all meetings. The activities of the CCAC may be reported to FSH community and consumers via a number of mediums such as the FSH website, Hub and newsletter/s.

7. Membership

The CCAC membership should reflect the diversity of the local community and hospital catchment and will comprise up to a total of 16 members as follows:

7.1. Voting Members

- Local Consumer and Community Representatives (up to 12)

7.2. Non-Voting Members

- Co-Director Service 3 (1)
- Director of Nursing (1)
- Manager CLS (1)
- Facilities Manager Representative (1)

Total 16

8. Appointment of consumer, carer and community 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 and carers from the community served by FSH. The FSH ED will ratify members' appointments.

8.1. Selection Process

Expressions of Interest for membership will be advertised.

A selection panel of three people which must include the CCAC Chair, or nominated representative, and the Manager CLS will be convened to undertake the selection process. Appointment recommendations will be ratified by the FSH ED. An agreed set of selection criteria will guide the panel.

8.2. Term of Appointment

The term of appointment will be for three years from the date of the first meeting. Members wishing to reapply after their initial term will be considered equally with other applicants.

8.3. Resignation of Membership

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

- FSH ED for the Chair
- Chair for all other members

8.4. Termination of Membership

Membership may be terminated by the Chair in consultation with the member concerned and the ED or his/her delegate in the event that a member:

- is unable to attend three or more consecutive meetings
- does not disclose a conflict of interest
- does not adhere to the protocols of the Council
- does not adhere to the confidentiality agreement

9. Meeting procedures

9.1. Chairperson and Deputy Chairperson

The Chairperson and Deputy Chairperson will be elected by and from the CCAC members for a period of two years. Election of members to these positions will be ratified by the FSH ED.

9.2. Secretarial Support

The FSH Customer Liaison Service will provide the secretariat.

The role of the Secretariat is to ensure that the administrative needs of the Council and the Chair are met. The Secretariat is responsible for:

- Preparing agenda papers;
- Distributing papers to members in sufficient time to allow consideration before meetings;
- Generating and distributing draft and final minutes of meetings;
- Forwarding of meeting records (or excerpts) to the relevant non- Council members;
- Keeping and maintaining relevant records on behalf of the Council.

9.3. Frequency of Meetings

The Council will meet every six weeks. The Chair may call extra meetings for special purposes as required.

9.4. Proxies

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

9.5. Notice of Meetings

As far as possible, notices of meetings and supporting papers will be distributed five working days in advance of the meeting date.

9.6. Quorum

A quorum will consist of 50% of members. In the absence of a quorum, a meeting may be held but its decisions will be subject to ratification at the next full meeting of the Council.

9.7. Co-opted Expertise / Invitees

With approval from the Chair, others may be invited to attend meetings of the Council in relation to a specific agenda item(s) and may be called to give presentations and to advise on relevant matters.

9.8. Voting

Decisions will normally be made by consensus, however if a vote is required, each voting member of the Council will have one vote. In the event of a tied vote the Chair will have the casting vote.

9.9 Remuneration

Consumer and community representatives will be paid an honorarium for each Council meeting attended in accordance with the Health Consumers' Council *Consumer Representative Payment Policy* and SMAHS Policy: Consumer and Carer Participation.

9.10. Annual General Meeting

- 9.10.1 The Council will hold an AGM in August of each year during which an Annual Report shall be submitted for consideration by the FSH CCAC members.
- 9.10.2 The Terms of Reference shall be reviewed every 2 years, and endorsed at the FSH CCAC AGM.
- 9.10.3 Variations to the Terms of Reference will require approval of the FSH CCAC members and endorsement by the FSH ED.
- 9.10.4 Upcoming member vacancies shall be reviewed at the AGM.

10. Conflict of interest

Members of the Council are required to declare any issue which may be a potential, actual or perceived conflict of interest and will not participate or be present in any discussion or recommendation related to that issue.

11. Confidentiality

Members of the Council will sign a confidentiality agreement on appointment. Discussions and decisions made at meetings and documents distributed will remain confidential and not conveyed to unauthorised persons.

12. Records

The secretariat will keep files of at least the following:

- Agendas, meeting papers and meeting records; and
- Correspondence and papers circulated other than with agendas.

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.

13. Evaluation

The CCAC will conduct an annual self and peer assessment of performance on the role, functions and Terms of Reference of the Council. The results will be presented at the CCAC AGM.

14. Adoption, review and amendments of these terms of reference

SIGNED OFF BY: Executive Director

Version No.	Amendment Date	Approved By
1.00	3 September 2014	Dr Robyn Lawrence