



## Fiona Stanley Fremantle Hospitals Group

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# FSH Consumer Advisory Council (CAC) Terms of Reference

### 1. Establishment and purpose

The Committee was established by Fiona Stanley Hospital (FSH) in 2013 to develop and implement a formal partnership between consumer and carer representatives and the hospital.

The purpose of the CAC is to:

- Advocate for consumers and carers in relation to FSH service planning, delivery and evaluation
- Enable communication between FSH consumers and carers and the Fiona Stanley Fremantle Hospital Group (FSFHG) Executive Committee
- Advise the FSFHG Executive Committee on consumer and carer perspectives

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

### 2. Accountability

The Committee reports via the Chairperson to the FSFHG Executive Director through the FSFHG Executive Committee.

### 3. Reporting

The Committee is required to escalate issues and concerns to the FSFHG Executive Committee by exception. The Committee will provide a brief monthly report to the FSFHG Executive Committee. The Committee will provide an annual evaluation to measure the performance of the Committee against the terms of reference.

The FSH CAC will hold an Annual General Meeting (AGM) in August of each year, during which an Annual Report by the Chair will be tabled for consideration by members. The endorsed Annual Report will be submitted to the FSFHG Executive Committee.

## **4. Membership**

The Committee will have an Executive Sponsor who is a member of, and has been endorsed at, the FSFHG Executive Committee.

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, people who have experience as a carer, and vulnerable groups will be considered a priority.

A maximum of two FSH Volunteers may be considered for voting membership.

Current FSFHG staff are not eligible for voting membership.

The Committee will consist of the following members:

### **4.1 Voting Members (Consumers and Carers)**

- Up to 12 local consumer and carer representatives

Plus

- One Aboriginal representative (quarantined position)
- One carer representative nominated via Carers WA (quarantined position)
- One representative of each FSH Consumer Advisory Group (CAG)
- One representative of Fremantle Hospital (FH) Consumer Advisory Council

### **4.2 Non-Voting Members (Staff)**

Executive Sponsor  
Representative of the Facilities Manager (Serco)  
Manager Patient and Family Liaison (PFL)

### **4.3 Proxies**

There is no provision for general voting members to nominate a proxy if they are unable to attend a meeting. CAGs and FH CAC may nominate a proxy if the usual representative is unable to attend.

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 Committee may invite (co-opt) non-members to participate in meetings 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**

Voting members (consumer and carer 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 2019. An Australian Taxation Office Statement by Supplier form must be completed annually by all members.

## **4.6 Appointment of Consumer and Carer 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)
- Complete a health assessment
- 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 as required.

A selection panel of three people, including the FSH 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.

### **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 re-apply 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.

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.

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) for a period of two years.

Should the Chairperson vacate the position prior to an AGM, the Deputy Chairperson will act as Chair until the next AGM.

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 Executive Sponsor.

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

### **4.6.4 Resignation of Membership**

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

- Executive Sponsor for the Chairperson
- FSH CAC Chairperson for all other members.

### **4.6.5 Termination of Membership**

Any person's membership may be terminated in writing by the FSH CAC Chairperson, Manager Patient and Family Liaison, Executive Sponsor 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 three 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**

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

All members will attend the Health Consumers' Council Consumer Representative training as soon as practicable, ideally within their first year of membership.

FSH 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 Committee are to:

- Ensure the impact on patient safety and quality of care is considered in all decision making
- Ensure where relevant the impact on staff and organisational safety and quality is considered in all decision making
- Advise on consumer and carer initiatives and involvement
- Advise on the needs of FSH consumers and carers, in particular vulnerable groups
- Provide consumer and carer input to service planning, delivery and evaluation
- Participate in the development and evaluation of FSFHG strategic and operational plans as required
- Review safety, quality and performance data, including consumer and carer feedback, and make recommendations for change or improvement
- Participate in and provide advice on the development of consumer and carer evaluation and satisfaction surveys as required
- Participate in the review and development of FSFHG policies, procedures, patient publications, hospital signage and way finding
- Participate in the selection process for staff appointments as required
- Participate in staff orientation and education as required
- Support the implementation and evaluation of National Safety and Quality Health Service Standards where relevant
- Consider appropriate matters referred by the FSFHG Executive Committee
- Act as a conduit to relevant groups/committees at a South Metropolitan Health Service level or WA Health level as required
- Other consumer and carer related activities as required.

## **6. Obligations of committee members**

All members of the Committee and person(s) co-opted to assist the Committee will:

- Comply with the Committee's terms of reference
- Be required to read all agenda items prior to meetings and action/respond to delegated action items within the allocated timeframes
- Make all reasonable attempts to attend each meeting
- Forward an apology to the committee Secretariat should they be unable to attend
- Report to the Committee on activities or feedback from the other consumers and carers they represent
- Actively participate and provide input to the Committee's deliberations, seeking clarification from other consumers and carers as necessary
- Report back to other consumers and carers they represent on the Committee's activities

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 Secretariat**

- Prepares and circulates the agenda and meeting papers
- Ensures the attendance record is completed at/for each meeting
- Records minutes of meetings and distributes draft for members perusal
- Books rooms and equipment as necessary for meetings at each site
- Prepares relevant documentation as required

The secretariat will be an Executive Assistant (or delegate) nominated/provided by the Executive Sponsor.

### **6.2 Conflict of interest**

Members should consider any conflict of interest prior to the commencement of the meeting and either excuse themselves or declare the conflict prior to any discussion. When issues may present a conflict of interest or sensitive information to WA Health is to be discussed, only relevant committee members will be in attendance. This is at the discretion of the Chair. Significant breaches of this procedure will be raised with the SMHS Manager, Integrity and Ethics.

### **6.3 Confidentiality**

The proceedings and records of the Committee are confidential to members and the endorsing committee 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 be stored on the W: / shared drive where access is restricted to the appropriate person(s).

Members will be required to sign a confidentiality agreement.

### **6.4 Other Committees**

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



## **7. Quorum and voting**

A quorum comprises the Chair (or Acting Chair) and 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 member of the committee shall have one vote. Non-voting and co-opted person(s) shall not have a vote and the Chair shall not have a casting vote. Any issue(s) unable to be resolved following voting is to be escalated to the FSFHG Executive Committee for resolution.

## **8. Frequency**

The Committee will meet monthly according to a date, time, and venue schedule that will be agreed and renewed as required.

The Chair reserves the right to call special or supplementary meetings to meet the objectives/activities of the committee, with the approval of the Executive Sponsor. The Chair may cancel a meeting if there is insufficient business to warrant holding a meeting.

## **9. Subgroups and Working Parties**

The Committee will not establish subgroups. The Committee may create temporary working parties or groups, with the approval of the Executive Sponsor, to complete specific projects, which will be recorded within the meeting minutes. At the time of commencement of the working party the expected deliverables and timeframe for disbandment of the working party shall be specified.

## **10. Record of proceedings**

- The agenda together with reports and supporting documentation will be forwarded to the committee members with sufficient time to enable consideration prior to the meeting. Where practicable, this will be at least a week prior to the meeting.
- Attendance is recorded on the minutes and forms part of the monthly reports to the FSFHG Executive Committee.
- Accurate minutes will be kept of each meeting. Minutes will be forwarded to the Chair for review prior to distribution to members as soon as practicable following the meeting.
- The minutes of a meeting shall be submitted at the next subsequent meeting of the Committee for ratification by members. Confirmed minutes shall be signed by the Chairperson.
- The committee secretariat will ensure that all committee documentation, communications and other relevant information, including up to date Terms of Reference, are maintained within the relevant W: / shared drive. All documentation, communication or other relevant information remains the property of FSFHG and must be preserved in accordance with the State Records Act.

## 11. Adoption and amendment of terms of reference

These Terms of Reference were endorsed by the FSFHG Executive Committee on 5<sup>th</sup> May 2020.

The Committee will evaluate its Terms of Reference, performance, membership and need for continuation on an annual basis.

Variations to these Terms of Reference must be endorsed by the FSFHG Executive Committee.

Document control and history:

Version	Amendment Date	Endorsed by
1.0	September 2014	<b>Dr Robyn Lawrence</b> Executive Director, FSH
2.0	January 2016	<b>Taylor Carter</b> Acting Executive Director, FSH
3.0	February 2017	<b>Paul Forden</b> Executive Director, FSFHG
4.0	February 2018	<b>Janet Zagari</b> Executive Director, FSFHG
5.0	April 2019	<b>Neil Doerty</b> Executive Director, FSFHG
6.0	May 2020	<b>Neil Doerty</b> Executive Director, FSFHG

Signed: Neil Doerty Date: 05.05.20

Neil Doerty

**Executive Director**

**FIONA STANLEY FREMANTLE HOSPITALS GROUP**



## Appendix A – Reporting Schedule

Data	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Reports from CAC members sitting on other committees	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FSFHG Safety Quality and Risk Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FSFHG Consumer Feedback Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Summary of CAC publication reviews	✓											
Summary of CAC complaint response reviews							✓					

## **Appendix B – Acceptance of Terms of Reference by Members**

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

Member Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_