Government of **Western Australia**
South Metropolitan Health Service
Fiona Stanley Fremantle Hospitals Group

Consumer Advisory Council (CAC)

Terms of Reference

1. Establishment and purpose

The Fremantle Hospital (FH) CAC was established in 2009. The Fiona Stanley Hospital (FSH) CAC was established in 2013. In 2021, the FH and FSH CACs were merged to form a single CAC for the Fiona Stanley Fremantle Hospitals Group (FSFHG). The CAC establishes a formal partnership between consumer and carer representatives and the hospitals.

The purpose of the CAC is to:

- Advocate for consumers and carers in relation to FSFHG services
- Facilitate communication between consumers and carers and FSFHG
- Advise FSFHG on consumer and carer issues and perspectives.

A consumer is a potential, current or previous user of health services. A carer provides ongoing unpaid care to support family members and friends who have a disability, mental illness, chronic condition, terminal illness, an alcohol or drug issue or are frail aged.

2. Accountability

The CAC reports via the Chairperson to the FSFHG Executive Director through the FSFHG Hospital Executive Committee (HEC). The CAC will have an Executive Sponsor who is a member of HEC.

3. Reporting

The CAC is required to escalate issues and concerns to HEC by exception. The CAC will provide a brief monthly report to HEC. The CAC will complete an annual evaluation to measure performance against the Terms of Reference.

The CAC will hold an Annual Review Meeting (ARM) in April of each year, during which an Annual Report will be tabled for consideration by members. The endorsed Annual Report will be submitted to HEC.

4. Membership

Consumer and carer representatives usually have lived experience of using health services. They will be selected for committees and engagement activities based on their ability to reflect the consumer/carer perspective and provide advice on how to

improve services within FSFHG. It is important that consumer representation reflects the diversity of the FSFHG community as much as possible.

For any new member appointments, a maximum of two FSFHG Volunteers may be considered for voting membership at any time. Current employees of all WA Health Service Providers, WA Department of Health and SMHS contracted services are not eligible to participate as consumer or carer representatives.

The CAC will consist of the following members:

4.1 Voting Members (Consumers and Carers)

Up to 13 consumer and carer representatives, plus

- One Aboriginal representative (quarantined position)
- One carer representative nominated via Carers WA (quarantined position)
- One representative of each FSFHG Consumer Advisory Group (CAG.)
- One representative from SMHS CAGs with the approval of the Executive Sponsor

4.2 Non-Voting Members (Staff)

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

4.3 Proxies

There is no provision for voting members to nominate a proxy if they are unable to attend a meeting. CAG representative may nominate a proxy from within the CAG 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 CAC 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

Payment to consumer or carer representatives is acknowledgement of the value of their knowledge and expertise. Representatives are eligible for remuneration in the form of a sitting fee for each CAC meeting attended, plus other endorsed activities, and in accordance with the current South Metropolitan Health Service (SMHS) Consumer and Carer Participation Policy. Consumer representatives will not be reimbursed for preparation time, refreshments, paper or printing costs. Payment for parking and travel will not be provided except under authorisation of the relevant Executive Sponsor.

4.6 Appointment of Consumer and Carer Representatives

The decision to offer a consumer or carer an opportunity to participate should take into consideration the extent to which they have the ability, experience and interests relevant to the role and function of the committee.

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
- Australian Taxation Office Statement by Supplier form (completed annually)

4 .6.1 Selection Process

Expressions of Interest (EoI) for membership will be advertised as required.

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.

4.6.2 Term of Appointment

The term of appointment will be for three years from the date of the first meeting. Members wishing to re-apply after their initial term may submit an expression of interest to the Manager Patient and Family Liaison and will be considered equally with other applicants. The second term will be for a period of two years. 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.

Members may apply for one period of leave of absence not exceeding six (6) months. Applications for leave of absence must be in writing addressed to the Executive Sponsor. Any approved periods of leave of absence will not affect the member's overall term of appointment. There will be no replacement for a CAC member on leave of absence.

4.6.3 Chairperson and Deputy Chairperson

The roles of the Chairperson and Deputy Chairperson are detailed in the Consumer Advisory Council (CAC) Role Statement.

Any member can nominate for Chairperson or Deputy Chairperson. The Chairperson and Deputy Chairperson will be elected at the ARM for a period of two years.

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

Should the position of Deputy Chairperson vacate prior to the ARM the nomination to fill the role will proceed in the usual manner, and the election take place at the next CAC meeting.

The Chairperson may be elected for a maximum of two terms. Should the Chairperson's CAC membership term end while they are Chairperson, they may complete the current Chairperson term with approval of 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.

In exceptional circumstances should the Chairperson or Deputy Chairperson be unable to fulfil their role, with the approval of the Executive Sponsor, they may continue as a general CAC member for the current term of their executive role.

4.6.4 Resignation of Membership

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

i. Executive Sponsor / Manager Patient and Family Liaison for the Chairperson
ii. CAC Chairperson / Manager Patient and Family Liaison for all other members.

4.6.5 Termination of Membership

Any person’s membership may be terminated in writing by the CAC Chairperson, Manager Patient and Family Liaison, Executive Sponsor and/or the FSFHG Executive Director, in consultation with the member concerned, if a member:

i. is not able to attend a minimum of nine meetings per calendar year (unless a leave of absence has been granted)
ii. is not able to attend three consecutive meetings (unless a leave of absence has been granted)

iii. does not adhere to the Terms of Reference
iv. does not disclose a conflict of interest
v. does not adhere to the confidentiality agreement
vi. does not adhere to Department of Health principles of conduct.

4.6.6 Orientation and Education

CAC members will attend FSFHG induction as close to their first meeting as possible. All members will attend the Health Consumers' Council WA Consumer Representative training within their first year of membership.

FSFHG will facilitate up to three workshops for the CAC per year. Topics will be determined by the members.

5. Responsibilities and Functions

The responsibilities of the CAC are to:

i. Ensure, where relevant, the impact on patient safety and quality of care is considered in all decision making

ii. Refer appropriate matters to HEC.

The functions of the CAC are to:

iii. Advise HEC on consumer and carer initiatives, priority areas of work, and issues requiring consumer and carer involvement.
Measures: number and content of items reported to HEC

iv. Provide consumer and carer input to service planning, delivery and evaluation
Measures: relevant membership of committees, quality improvement projects, review of safety, quality, risk and consumer feedback data, records in CAC minutes.

v. Review safety, quality and performance data, including consumer feedback, and make recommendations for change or improvement
Measures: CAC minutes of discussions and decisions, responses to the CAC of how CAC feedback influenced decisions.

vi. Advise and respond to committees on the needs of FSFHG consumers and carers, in particular vulnerable groups.
Measures: number and content of items reported to committees, CAC membership on quality improvement projects.

vii. Participate in the development and review of patient publications, surveys, hospital signage and way finding, policies and procedures.
Measures: records in CAC minutes, responses to the CAC of how CAC feedback influenced decisions, other relevant minutes, CAC membership on quality improvement projects.

viii. Participate in staff recruitment, orientation and education as required.
Measures: reports from members, records in CAC minutes.

ix. Support the implementation and evaluation of Partnering with Consumers and other relevant Standards of the National Safety and Quality Health Service Standards.
Measures: records in CAC minutes, responses to the CAC of how CAC feedback influenced decisions, other relevant minutes.

x. Participation on SMHS and WA Health committees as required.
Measure: membership of committees and groups, records in CAC minutes.

xi. Other consumer related activities as required.

6. Obligations of CAC members

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

i. Comply with the Terms of Reference
ii. Read all agenda items prior to meetings and action/respond to delegated action items within the allocated timeframes
iii. Make all reasonable attempts to attend each meeting, and forward an apology to the Secretariat should they be unable to attend
iv. Report to the CAC on activities or feedback from the other consumers and carers they represent
v. Actively participate and provide input to CAC deliberations, seeking clarification from other consumers and carers as necessary
vi. Report back to other consumers and carers they represent on the CAC activities.

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

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

6.1 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 information sensitive to WA Health is to be discussed, only relevant CAC members will be in attendance. This is at the discretion of the Chairperson. Significant breaches of this procedure will be raised with the SMHS Manager, Integrity and Ethics.

6.2 Confidentiality

The proceedings and records of the CAC 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 where access is restricted to appropriate persons.

6.3 Other Committees

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 Chairperson 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 voting member of the CAC shall have one vote. Non-voting and co-opted persons shall not have a vote, and the Chairperson shall not have a casting vote. Any issues unable to be resolved following voting are to be escalated to HEC for resolution.

8. Frequency

The CAC will meet monthly according to a date, time, and venue schedule that will be agreed and reviewed as required. A meeting will not usually occur in January but can if required by members.

The Chairperson reserves the right to call special or supplementary meetings to meet the responsibilities and functions of the CAC, with the approval of the Executive Sponsor. The Chairperson may cancel a meeting if there is insufficient business to warrant holding a meeting.

9. Subgroups and Working Parties

The CAC will not establish subgroups. The CAC 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 a working party, the expected deliverables and timeframe for the working party shall be specified.

10. Secretariat

The Secretariat will be provided by Patient and Family Liaison or the Executive Sponsor. The Secretariat:

i. Prepares and circulates all relevant meeting documentation as required (agenda, meeting papers and minutes will be reviewed by the Chair prior to distribution)
ii. Records each meeting attendance and maintains meeting attendance records
iii. Books rooms and equipment as necessary for meetings
iv. Organises calendar invitations for members and visiting speakers as required
v. Circulates requests for Consumer Publication Reviews and Consumer Complaint Response Reviews, and collects, records and circulates review responses as required.

11. Record of proceedings

The agenda together with reports and supporting documentation will be forwarded to Committee members with enough time to enable consideration prior to the meeting. Where practicable, this will be at least a week prior to the meeting.

Minutes will be kept of each meeting. Minutes will be forwarded to the Chairperson for review prior to distribution to members as soon as practicable following the meeting. The minutes of a meeting shall be tabled at the next meeting for ratification by members. Confirmed minutes shall be signed by the Chairperson.

The Secretariat will ensure that all CAC documentation, communications and other relevant information, including up-to-date Terms of Reference, are appropriately saved. All documentation, communication or other relevant information remains the property of FSFHG and must be preserved in accordance with the State Records Act.

12. Adoption and amendment of Terms of Reference

The CAC Terms of Reference will be reviewed every two years, or earlier if required.

Document control and history:

Version	Amendment Date	Endorsed by
1.0	**June 2021**	**Neil Doverty** Executive Director, FSFHG
2.0	**September 2022**	**Kellie Blyth** A/Executive Director, FSFHG
3.0	**December 2024**	**Neil Doverty** Executive Director, FSFHG
4.0	**July 2025**	**Luke Dix** A/Executive Director, FSFHG

Signed: _____ Date: __15/07/2025_____

Luke Dix
Acting Executive Director
Fiona Stanley Fremantle Hospital 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		✓										
FSFHG Ward Walk report												✓
FSFHG CAC Annual Report				✓								

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: _____