Overview

**Objective file number:** 2012-111524/1 eA895361
**Document classification:** PUBLIC I1-A1
**Policy developed by:** System Performance and Service Delivery Safety and Quality Unit
**Approved at Portfolio Executive on:** August 2015
**Next review due:** August 2020

**Summary**
The Consumer and Community Advisory Committee / Group (CACAC / CAG) policy guideline and toolkit is a practical tool to assist health care services to implement the [SA Health A Framework for Active Partnership with Consumers and the Community](#) (the Framework) and [SA Health Guide for Engaging with Consumers and the Community](#) (the Guide). The guide is used by SA Health to strengthen and improve the practice of consumer and community engagement processes across SA Health. The accompanying tools will assist staff who are responsible for the facilitation and management of the health care services Consumer and Community Advisory Committee / Group.

**Keywords**
Consumer, community, active partnership, engagement, framework, guide, partnering, partner, carer, stakeholder, participation, engagement, engaging, inform, consult, involve, collaborate, empower, Consumer Advisory Committee, group, CACAC, CAG, Policy Guideline

**Policy history**
- Is this a new policy? Y
- Does this policy amend or update an existing policy? Y
- It is to be read in conjunction with:
  - [SA Health A Framework for Active Partnership with Consumers and the Community](#)
  - [SA Health Guide for Engaging with Consumers and the Community](#)
  - [SA Health Guide for Engaging with Aboriginal People](#)
  - [SA Health Sitting Fees and Reimbursement for External Individuals Policy Directive](#)
  - [SA Health Partnering with Consumers Accreditation Resource Guide](#)
- Does this policy replace an existing policy? N

**Applies to**
All Health Networks

**Staff impact**
All Staff, Management, Admin, Students; Volunteers

**EPAS Compatible**
Other

**Registered with Divisional Policy Contact Officer**
NA

**Policy doc. Reference No.** G0149

**Version control and change history**

<table>
<thead>
<tr>
<th>Version</th>
<th>Date from</th>
<th>Date to</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>10/09/2015</td>
<td>current</td>
<td>Original version</td>
</tr>
</tbody>
</table>

© Department for Health and Ageing, Government of South Australia. All rights reserved.
Consumer and Community Advisory Committee / Group (CACAC / CAG) Policy Guideline and Toolkit
### Document control information

<table>
<thead>
<tr>
<th>Document owner</th>
<th>Director, Safety and Quality Branch, SA Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributors</td>
<td>Senior Project Officer, Safety and Quality, SA Health</td>
</tr>
<tr>
<td></td>
<td>SA Health Governance Work Group for Consumer and Community Advisory Groups (CAGs) – a sub-committee of the SA Health Partnering with Consumers and Community Advisory Group</td>
</tr>
<tr>
<td>Document classification</td>
<td>PUBLIC I1-A1</td>
</tr>
<tr>
<td>Document location</td>
<td>SA Health internet – ‘policies page’</td>
</tr>
<tr>
<td></td>
<td>SA Health intranet only – ‘policies page’ (publishing exemption requested)</td>
</tr>
<tr>
<td>Reference</td>
<td>2012-111524/1 eA895361</td>
</tr>
<tr>
<td>Valid from</td>
<td>10 September 2015</td>
</tr>
<tr>
<td>Review date</td>
<td>30 August 2020</td>
</tr>
</tbody>
</table>

### Document history

<table>
<thead>
<tr>
<th>Date</th>
<th>Author</th>
<th>Version</th>
<th>Change reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/08/15</td>
<td>Director, Safety and Quality</td>
<td>V.1</td>
<td>PE Approved</td>
</tr>
</tbody>
</table>

### Endorsements

<table>
<thead>
<tr>
<th>Date</th>
<th>Endorsed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/6/15</td>
<td>SA Health Partnering with Consumers and Community Advisory Group</td>
</tr>
</tbody>
</table>

### Approvals

<table>
<thead>
<tr>
<th>Date</th>
<th>Endorsed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/09/15</td>
<td>Portfolio Executive</td>
</tr>
</tbody>
</table>
Contents Page

1. Objective 4
2. Scope 4
3. Principles 5
4. Detail 6
5. Roles and responsibilities 7
6. Reporting 9
7. National Safety and Quality Health Service Standards 10
8. Evaluation 10
9. Definitions 10
10. Associated Policy Directives / Policy Guidelines 11
11. References, resources and related documents 12
12. Attachments (refer to CACAC / CAG Toolkit) 12

Toolkit

Recruitment process for Consumer and Community Advisory Committee / Group
1. Recruitment options
2. Role Descriptions: Chairperson, CACAC / CAG Member (Consumer / organisation representative) / Consumer Engagement Manager / Facilitator / Executive Officer
3. Expression of interest in consumer engagement opportunities
4. Application form
5. Selection criteria, checklist and interview questions

Appointment process
6. Appointment letter
7. Unsuccessful applicant letter
8. Appointment checklist
9. Appointment contact details form
10. Code of Conduct
11. Agreement on Confidentiality and Conflict of Interest

Governance of Consumer and Community Advisory Committee / Groups
12. Terms of reference
13. Attendance record
14. Role Descriptions: Chairperson, Member (Consumer / organisation representative) / Consumer Engagement Officer / Facilitator / Executive Officer
15. Meeting agenda template
16. Meeting minutes template
17. Orientation / introduction guide
18. Resignation Checklist
19. Thank you letter at end of term or resignation
20. Member and committee evaluation questionnaire
21. Education and training requirements (under development)
1. Objective

The Consumer and Community Advisory Committee / Group (CACAC / CAG) policy guideline and toolkit is a practical tool to assist health care services to implement the SA Health A Framework for Active Partnership with Consumers and the Community (the Framework) and SA Health Guide for Engaging with Consumers and the Community (the Guide).

The guide is used by SA Health staff to strengthen and improve the practice of consumer and community engagement processes across SA Health. The accompanying tools will assist staff who are responsible for the facilitation and management of the health care services Consumer and Community Advisory Committee / Group. The tools are based on current best practice, consumer methodology toolkits and resource guides.

The Consumer and Community Advisory Committee / Group (CACAC / CAG) policy guideline and toolkit is to be read / administered in conjunction with the:

- SA Health A Framework for Active Partnership with Consumers and the Community
- SA Health Guide for Engaging with Consumers and the Community
- SA Health Guide for Engaging with Aboriginal People
- SA Health Sitting Fees and Reimbursement for External Individuals Policy Directive
- SA Health Partnering with Consumers Accreditation Resource Guide

For the purpose of this guideline and toolkit, when referring to the CACAC / CAG, the term is interchangeable for Consumer and Community Advisory Committee, Group, Consumer Advocacy Council, Health Advisory Councils, Liaison Group, Consumer and Carer Forum, Carer Reference Group, Consumer and Carer Advisory Group etc.

2. Scope

The Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standard 2 – Partnering with Consumers ensures leaders of health service organisations implement systems to support partnerships with patients, carers and other consumers to improve the safety and quality of care. Patients, carers, consumers, clinicians and other members of the workforce use the systems for partnering with consumers. "The Standard ensures that consumers are partners in service planning, designing care, service measurement and evaluation.

**Consumer partnership in service planning**
Governance structures are in place to form partnerships with consumers and / or carers.

**Consumer partnership in designing care**
Consumers and / or carers are supported by the health service organisation to actively participate in the improvement of the patient experiences and patient health outcomes.

**Consumer partnership in service measurement and evaluation**
Consumers and / or carers receive information on the health organisation’s performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.

---

1 Australian Commission on Safety and Quality Health Care (ACSQH) National Safety and Quality Health Service Standard 2: Partnering with Consumers
3. Principles

As outlined in the SA Health A Framework for Active Partnership with Consumers and the Community (the Framework) and SA Health Guide for Engaging with Consumers and the Community (the Guide), health care services should ensure there are mechanisms in place to actively engage with consumers and the community in order to meet their needs, and develop appropriate services.

Consumers are people who use, or are potential users of healthcare services. When referring to consumers, SA Health means patients, families, carers, friends and other support people.

Consumers involved in the governance of your organisation can be individuals representing themselves or their family, consumer representatives, members of community groups or organisation representatives of consumer groups.

Not all consumers are the same, so it is important that you have a clear understanding of the consumer experience that you want to hear from. You should ensure that you match the skills, experience and preferences of the consumer to the role within your organisation. It is also important to seek consumers with different opinions, experiences and expertise to ensure that different voices and views can be heard.

Principle 1 – Partnership
Partnering with consumers and the community to design the way care is delivered to better meet patient needs and preferences. Consumers and the community engage with health care service organisations in the strategic and/or operational planning for the organisation, as equal partners.

Principle 2 – Engagement
Consumers and the community are actively encouraged in decision making about improving consumer experience, safety and quality and service improvement.

The levels of engagement are based on the International Association for Public Participation, IAP2 Spectrum. The five levels of engagement are to:

- **inform** – to provide the public with a balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions.
- **consult** – to obtain public feedback on analysis, alternatives and/or decisions.
- **involve** – to work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.
- **collaborate** – to partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.
- **empower** – to place final decision-making in the hands of the public.

---

2 Australian Commission on Safety and Quality in Health Care, Tip Sheet 1 Standard 2: Helpful things to know when partnering with consumers
3 SA Health A Framework for Active Partnership with Consumers and the Community 2013
4 International Association for Public Participation, IAP2 Spectrum
4. Detail

The Consumer and Community Advisory Committee / Group (CACAC / CAG) members are equal partners in service planning, designing care, service measurement and evaluation.

The SA Health Partnering with Consumers Accreditation Resource Guide is designed to be used when implementing the National Safety and Quality Health Service Standard 2 – Partnering with Consumers.

The Partnering with Consumers Accreditation Resource Guide was developed by SA Health and assists health services in identifying examples of evidence to demonstrate how to meet individual actions.

It includes a combination of resources (policies, guidelines and tools) for health service organisations on partnering with consumers in governance including:

- involving consumers as representatives on the board or on existing committees.
- creating a new, or using an existing, consumer advisory group to gain advice from consumers about specific issues or a specific project.
- creating a new, or using an existing, ‘critical friends’ group, which may be suited to smaller organisations. It involves identifying and approaching a small group of patients and / or carers that use the service to help identify and consider quality improvement strategies together.
- systematically seeking feedback and information from consumers on governance issues.

Members of the CACAC / CAG’s are to be representative of the health care organisation patient / consumer profile. The NSQHS Standard states: “Governance partnerships should be reflective of the diverse range of backgrounds in the population serviced by the health service organisation, including those people that do not usually provide feedback”.

It is important to include consumer representation from a diverse range of backgrounds including cultural and linguistically diverse (CALD) communities, Aboriginal and Torres Strait Islanders, people with a disability, mental health lived experience, vulnerable communities, and experience of health issues.

The Standard suggests that "health service organisations identify the types of consumers who access your organisation’s services by undertaking a community profiling project, administering a survey, using demographic data and / or networking with other organisations or individuals in the community".

---

5 Australian Commission on Safety and Quality in Health Care (ACSQHC) Standard 2: Partnering with Consumers Safety and Quality Improvement Guide
5. Roles and Responsibilities

5.1 Chief Executive SA Health is responsible to:
   5.1.1 ensure consumer and community engagement occurs across SA Health in accordance with the SA Health A Framework for Active Partnership with Consumers and the Community (the Framework).

5.2 Deputy Chief Executive, System Performance and Service Delivery in conjunction with Director Safety and Quality will;
   5.2.1 establish, maintain and review the SA Health consumer and community engagement system and associated processes at state level.

5.3 Department for Health Executive Directors, Directors and other senior managers will:
   5.3.1 ensure mechanisms for consumer and community engagement are in place to support, foster and enhance a participatory culture.
   5.3.2 as outlined in the SA Health Sitting Fees and Reimbursement for External Individuals Policy Directive, ensure sitting fees and reimbursement processes are in place to recognise the significant contribution made by consumers who bring knowledge, skills and experience.

5.4 Local Health Network (LHN) / SA Ambulance Service (SAAS) Chief Executive Officers will, as outlined in the Framework:
   5.4.1 ensure there is consumer engagement with service design, planning and service measurement and evaluation.
   5.4.2 ensure adherence to the SA Health A Framework for Active Partnership with Consumers and the Community (the Framework).
   5.4.3 as outlined in the SA Health Sitting Fees and Reimbursement for External Individuals Policy Directive, ensure sitting fees and reimbursement processes are in place to recognise the significant contribution made by consumers who bring knowledge, skills and experience.
   5.4.4 develop an effective relationship and participate with the LHN CACAC / CAG.
   5.4.5 ensure the LHN Health Advisory Council Inc (“the Governing Council”) support and drive consumer engagement.
   5.4.6 delegate responsibility for the ongoing management of consumer engagement.
   5.4.7 allocate appropriate support and resources to implement an effective consumer engagement system in the LHN.
   5.4.8 support the role of Health Advisory Councils (HACs) as referred to in Part 4 of the South Australian Health Care Act 2008.

5.5 Safety, Quality and Risk Managers or SA Health department Delegate / Manager / Consumer Engagement Manager / Facilitator will:
   5.5.1 promote the Framework, accompanying guidelines and assist others to ensure that the health unit / LHN meets its obligation under the Framework.
   5.5.2 as outlined in the SA Health Sitting Fees and Reimbursement for External Individuals Policy Directive, ensure sitting fees and reimbursement processes are in place to recognise the significant contribution made by consumers who bring knowledge, skills and experience.
   5.5.3 ensure that an evaluation strategy is in place to assess the compliance of the Framework.
   5.5.4 develop and maintain own skills and knowledge in consumer engagement methods and health literacy, and act as a resource for other staff.
   5.5.5 participate in planning, implementation and review of appropriate consumer engagement with mechanisms that suit the social, economic, cultural and linguistic composition of the local population.

6 7 8 SA Health Sitting Fees and Reimbursement for External Individuals Policy Directive
5.5.6 support consumer engagement and the implementation of the Framework and accompanying guidelines.
5.5.7 ensure policies or processes are in place that articulate the role of consumers and / or carers in strategic, operational and service planning.
5.5.8 provide reports on safety and quality performance including consumer feedback, consumer experience and patient incident data to Consumer and Community Advisory Committee / Group and senior management on a regular basis and discuss strategies for improvement and develop quality improvement action plans.
5.5.9 provide support and assist the Consumer and Community Advisory Committee / Group Executive Officer in the coordination of the meetings.
5.5.10 provide training and support to existing and new members of the Consumer and Community Advisory Committee / Group members.
5.5.11 develop and implement a systematic process for sourcing consumer and / or carer feedback on patient information publications prepared by the health service organisation (for distribution to patients).
5.5.12 participate or provide advice in consumer consultation.
5.5.13 participate in the design and delivery of relevant training for staff around consumer engagement methodology, and health literacy, including tools and resources in the SA Health Guide for Engaging with Consumers and the Community.

5.6 Consumer and Community Advisory Committee / Group Executive Officer (Administrative Officer) will:
5.6.1 ensure policies or processes are in place that articulate the role of consumers and / or carers in strategic, operational and service planning.
5.6.2 provide support to the Consumer and Community Advisory Committee / Group members including support with terms of reference, minutes, agenda and actions. (refer to the Role descriptions)
5.6.3 ensure committee terms of reference, membership, selection criteria, meeting papers and minutes demonstrate and document consumer engagement in strategic and operational processes
5.6.4 as outlined in the SA Health Sitting Fees and Reimbursement for External Individuals Policy Directive, ensure sitting fees and reimbursement processes are in place to recognise the significant contribution made by consumers who bring knowledge, skills and experience.
5.6.5 ensure sitting fees and reimbursement claims process is undertaken in a timely fashion.
5.6.6 ensure consultation processes held with consumers and / or carers feedback and comments are documented, and input is incorporated into strategic and operational planning processes.
5.6.7 facilitate and coordinate the process for consumers and / or carers to provide feedback on patient information publications prepared by the health service organisation (for distribution to patients).
5.6.8 ensure internal and external orientation and training is provided to consumers partnering with the organisation, including documented training attendance, training calendars and training materials. (refer Education and training – under development).

9 SA Health Sitting Fees and Reimbursement for External Individuals Policy Directive
5.7 The role of a **Consumer** is to provide an experiential / individual perspective primarily based on their own knowledge, experience and skills as an individual consumer of health services; or as someone supporting a consumer of health services\(^{10}\)

5.8 The role of a **Consumer / Community organisation representative** also provides a consumer perspective, but their input is often informed by feedback and the views of other consumers as well as their own experience and opinions.

The role of the consumer / community organisation representative involves liaison between the SA Health committee and their consumers / community organisation, as well as their network of consumers, associations or consumer organisations. These groups serve as the broad constituency for the consumer representative.

Generally the role of the consumer / community organisation representative is to:
- protect the interests of consumers
- promote consumer experience relating to service use and policy development
- identify and advocate for consumer perspectives in decision making
- report the activities of the committee to consumers; thus increasing accountability
- ensure that there is a two way dialogue between the CACAC / CAG and their consumer / community organisation.

Terms of reference and confidentiality processes should recognise the liaison and advocacy roles of the consumer organisation representative.

Refer to the Role of the consumer or consumer representative, in the CACAC / CAG Toolkit.

6. **Reporting**

The Consumer and Community Advisory Committee / Group will report directly to the Department / Local Health Network Chief Executive Officer, through the Safety and Quality Unit representative or overarching groups, as per the LHN governance structure and reporting responsibilities.

The CACAC / CAG will be required to report annually to the Department / Local Health Network Chief Executive Officer, and their governance structure. This report will include the Committee / Group’s annual work plan, quality improvement action plan(s) outlining their involvement, outcomes and achievements, and consider public reporting for transparency.

The annual report will also include the CACAC’s / CAG’s involvement in providing feedback on the health service organisation’s patient information publications.

---

\(^{10}\)Australian Commission on Safety and Quality in Health Care, Tip Sheet 1 Standard 2: Helpful things to know when partnering with consumers
7. National Safety and Quality Health Service Standards

Standard 2 – Partnering with Consumers

8. Evaluation

An annual evaluation survey of the Consumer and Community Advisory Committee / Group member participation and committee evaluation will be undertaken and reported to the Local Health Network Chief Executive Officer (refer to Member and Committee Evaluation Questionnaire, in the CACAC / CAG Toolkit).

9. Definitions

Consumers and / or carers
Consumers and / or carers are people who use, or are potential users of healthcare services\(^{11}\). Consumers may participate as individuals, groups, organisations of consumers, consumer representatives or communities\(^{12}\). When referring to consumers, SA Health means patients, families, carers, friends and other support people.

Carer\(^{13}\) means a person who provides care and support for their parent, partner, child or friend who has a disability, is frail, or who has a chronic mental or physical illness. An individual is not a carer merely because he or she is the spouse, de facto partner, parent, guardian, child or other relative of an individual, or lives with an individual who requires care. Carers can include parents and guardians caring for children and children caring for parents and guardians.

Consumer and Community Advisory Committee / Group (CACAC / CAG)
An advisory group established by a health care service which compromises of consumers and / or carers including those from diverse and hard-to-reach groups who use the organisation’s services. The consumer advisory group provides a structured partnership between consumers and / or carers and the health care service on safety and quality issues, patient experiences, patient / consumer centred care and other issues identified in its terms of reference\(^{14}\).

---

\(^{11}\) Australian Commission on Safety and Quality in Health Care (ACSQHC) Standard 2: Partnering with Consumers Safety and Quality Improvement Guide

\(^{12}\) Health Consumers Queensland Consumer and Community Engagement Framework

\(^{13}\) Carers Recognition Act 2005

\(^{14}\) Adapted from Australian Commission on Safety and Quality in Health Care, Tip Sheet 1 Standard 2: Helpful things to know when partnering with consumers
The Consumer and Community Advisory Committee / Group needs to comprise a mix of health care service providers, and consumer / community organisations as listed, and individuals with an interest in participating in the local CACAC / CAG, as they are committed to their local health care organisation.

When referring to the CACAC / CAG, the term is interchangeable for Consumer and Community Advisory Committee, Group, Consumer Advocacy Council, Health Advisory Councils, Liaison Group, Consumer and Carer Forum, Carer Reference Group, Consumer and Carer Advisory Group etc.

**Consumer representative** is someone who is member of an SA Health internal committee, who voices consumer perspectives and takes part in the decision-making process on behalf of consumers. This person can be an individual consumer or can be nominated by, and is accountable to an organisation of consumers (ie nominated by Health Consumers Alliance SA). Consumer representatives generally have experience as consumers of the healthcare system. They are also generally trained and supported by the consumer organisation to which they belong.\(^{15}\)

**Consumer health organisation** is an organisation which represents the views and interests of healthcare consumers and supports consumers to be active participants within the healthcare system. These organisations include advocacy groups, interest groups and patient support groups. Consumer health organisations generally provide structured support, systems and advice for consumers interested in working with the healthcare system to improve care. Some organisations provide information, liaison services and training to consumers, healthcare organisations and government organisations\(^{16}\). For example Health Consumers Alliance SA.

**Consumer / Community organisation representative** provides a consumer perspective, but their input is often informed by feedback and the views of other consumers as well as their own experience and opinions. The organisation representative liaises between the committee and other governance mechanisms that they are involved in and interested consumers, associations or organisations that are outside the health service\(^{17}\). For example organisations may include and are not limited to Aboriginal Health Council SA (AHCSA), Council on the Ageing (COTA), Carers SA, multicultural communities, disability organisations etc.

10. **Associated Policy Directives / Policy Guidelines**

SA Health A Framework for Active Partnership with Consumers and the Community

SA Health Guide for Engaging with Consumers and the Community

SA Health Guide for Engaging with Aboriginal People

SA Health Sitting Fees and Reimbursement for External Individuals Policy Directive

SA Health Partnering with Consumers Accreditation Resource Guide

---

\(^{15}\)\(^{16}\) Adapted from [Australian Commission on Safety and Quality in Health Care, Tip Sheet 1 Standard 2: Helpful things to know when partnering with consumers](https://www.ama.com.au/patient/partnering-consumers)
11. References, Resources and Related Documents

Australian Commission on Safety and Quality Health Care (ACSQH) National Safety and Quality Health Service Standard 2: Partnering with Consumers

Australian Commission on Safety and Quality in Health Care (ACSQHC) Standard 2: Partnering with Consumers Safety and Quality Improvement Guide

Partnering with Consumers Standard 2 Fact Sheet

Tip Sheet 1: Helpful things to know when partnering with consumers

Tip Sheet 2: Getting started with partnerships with consumers

Tip Sheet 3: Training for partnerships with consumers

Tip Sheet 4: What is the rationale and intent of the actions in Standard 2

Partnering with consumers self-assessment tool for hospitals

Carers Recognition Act 2005

Health Consumers Queensland Consumer and Community Engagement Framework

Paediatric Integrated Cancer Centre (PICS) A Toolkit for Consumer Participation and Engagement

12. Attachments

The Consumer and Community Advisory Committee / Group Toolkit includes examples of documents.

Toolkit

Recruitment process for Consumer and Community Advisory Committee / Group

1. Recruitment options
2. Role Descriptions: Chairperson, CACAC / CAG Member (Consumer / organisation representative) / Consumer Engagement Manager / Facilitator / Executive Officer
3. Expression of interest in consumer engagement opportunities
4. Application form
5. Selection criteria, checklist and interview questions

Appointment process

6. Appointment letter
7. Unsuccessful applicant letter
8. Appointment checklist
9. Appointment contact details form
10. Code of Conduct
11. Agreement on Confidentiality and Conflict of Interest

Governance of Consumer and Community Advisory Committee / Groups

12. Terms of reference
13. Attendance record
14. Role Descriptions: Chairperson, Member (Consumer / organisation representative) / Consumer Engagement Officer / Facilitator / Executive Officer
15. Meeting agenda template
16. Meeting minutes template
17. Orientation / introduction guide
18. Resignation Checklist
19. Thank you letter at end of term or resignation
20. Member and committee evaluation questionnaire
21. Education and training requirements (under development)
Consumer and Community Advisory Committee / Group (CACAC / CAG) Toolkit
## Document control information

<table>
<thead>
<tr>
<th>Document owner</th>
<th>Director Safety and Quality Branch, SA Health</th>
</tr>
</thead>
</table>
| Contributors   | Senior Project Officer, Safety and Quality, SA Health  
SA Health Governance Work Group for Consumers and Community Advisory Groups (CAGs) – a sub-committee of the SA Health Partnering with Consumers and Community Advisory Group |
| Document classification | PUBLIC I1-A1 |
| Document location | SA Health internet – ‘policies page’  
SA Health intranet only – ‘policies page’ (publishing exemption requested and approved by Portfolio Executive) |
| Reference | 2012-111524/1 eA895361 |
| Valid from | 6 August 2015 |
| Review date | August 2020 |

## Document history

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Who approved New/Revised Version</th>
<th>Change reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/08/15</td>
<td>V1</td>
<td>Director Safety and Quality</td>
<td>PE Approved</td>
</tr>
</tbody>
</table>

## Endorsements

<table>
<thead>
<tr>
<th>Date</th>
<th>Endorsed by</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11/6/15</td>
<td>SA Health Partnering with Consumers and Community Advisory Group</td>
<td></td>
</tr>
</tbody>
</table>

## Approvals

<table>
<thead>
<tr>
<th>Date</th>
<th>Approved by</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>06/08/15</td>
<td>Portfolio Executive</td>
<td></td>
</tr>
</tbody>
</table>


Contents Page

Objective

Scope

Recruitment process for Consumer and Community Advisory Committee / Group

1. Recruitment options
2. Role Descriptions: Chairperson, CACAC / CAG Member (Consumer / organisation representative) / Consumer Engagement Manager / Facilitator / Executive Officer
3. Expression of interest in consumer engagement opportunities
4. Application form
5. Selection criteria, checklist and interview questions

Appointment process

6. Appointment letter
7. Unsuccessful applicant letter
8. Appointment checklist
9. Appointment contact details form
10. Code of Conduct
11. Agreement on Confidentiality and Conflict of Interest

Governance of Consumer and Community Advisory Committee / Group

12. Terms of reference
13. Attendance record
14. Role Descriptions: Chairperson, Member (Consumer / organisation representative) / Consumer Engagement Officer / Facilitator / Executive Officer
15. Meeting agenda template
16. Meeting minutes template
17. Orientation / introduction guide
18. Resignation Checklist
19. Thank you letter at end of term or resignation
20. Member and committee evaluation questionnaire
21. Education and training requirements (under development)
1. **Objective**

The SA Health Consumer and Community Advisory Committee / Group Policy Guideline and Toolkit is used by SA Health staff to strengthen and improve the practice of consumer and community engagement processes across SA Health. The accompanying tools will assist staff who are responsible for the facilitation and management of the health care services Consumer and Community Advisory Committee / Group.

Health services using this Toolkit should ensure that the tools / resources used meet their governance structure, mission and vision statements, and procedures at a local level, including the confidentiality requirements. The tools are based on current best practice, consumer methodology toolkits and resource guides.

The Consumer and Community Advisory Committee / Group (CACAC / CAG) policy guideline and toolkit assist health care services to implement the SA Health A Framework for Active Partnership with Consumers and the Community (the Framework) and SA Health Guide for Engaging with Consumers and the Community (the Guide).

The Consumer and Community Advisory Committee / Group (CACAC / CAG) policy guideline and toolkit is to be read / administered in conjunction with the:
- SA Health A Framework for Active Partnership with Consumers and the Community
- SA Health Guide for Engaging with Consumers and the Community
- SA Health Guide for Engaging with Aboriginal People
- SA Health Sitting Fees and Reimbursement for External Individuals Policy Directive
- SA Health Partnering with Consumers Accreditation Resource Guide

For the purpose of this toolkit, when referring to the CACAC / CAG, the term is interchangeable for Consumer and Community Advisory Committee, Group, Consumer Advocacy Council, Health Advisory Councils, Liaison Group, Consumer and Carer Forum, Carer Reference Group, Consumer and Carer Advisory Group etc.

2. **Scope**

The Australian Commission on Safety and Quality in Health Care National Safety and Quality Health Service Standard 2 – Partnering with Consumers ensures leaders of health service organisations implement systems to support partnerships with patients, carers and other consumers to improve the safety and quality of care. Patients, carers, consumers, clinicians and other members of the workforce use the systems for partnering with consumers.1

The Standard ensures that consumers are partners in:
- service planning
- designing care
- service measurement and evaluation.

---

1 Australian Commission on Safety and Quality Health Care (ACSQH) National Safety and Quality Health Service Standard 2: Partnering with Consumers
Recruitment

Recruitment options for Consumer and Community Advisory Committee / Group

Below are some suggested consumer members and recruitment options for the LHN Consumer and Community Advisory Committee / Group, which may include and is not limited to consider:

**Consumers**
- Patients (current or past)
- Families
- Carers
- People with a disability
- Lived experience
- Older persons
- Vulnerable groups
- Nominated by the Health Consumers Alliance SA

**Consumer / Community organisations**
- Health Consumers Alliance SA
- Aboriginal Health Council SA
- Carers SA
- Council on the Ageing
- Multicultural organisations
- Youth organisations

**Local Health Network / Hospital level**
- Undertake a patient / consumer profile of those accessing your LHN (review your patient demographics)

Advertise / promote via:
- LHN website
- LHN newsletter
- On-hold telephone messages
- Hospital main entrance
- Hospital notice boards / posters / post cards
- Establish an 'Expression of Interest' register
- Staff informing patients / consumers of consumer engagement opportunities in the LHN or their department.

**Media**
- Local Messenger / Newspaper
- Advertiser
Role descriptions

Roles of the Consumer and Community Advisory Committee / Group members

Role of the Chairperson, Consumer and Community Advisory Committee / Group

The role of the Chairperson is to work towards achieving the goals of the Consumer and Community Advisory Committee / Group (CACAC / CAG) as defined in the Committee’s / Group’s Terms of Reference.

The Chairperson undertakes the following activities:

• Act as leader of Consumer and Community Advisory Committee / Group.
• Communicate well and promote appropriate conduct.
• Ensure proper conduct of business at Committee meetings.
• Ensure diverse voices and individuals are heard.
• Assist all Committee members to generate and present consumer perspectives on issues concerning any aspect of service delivery provided by Local Health Network.
• Liaise with the representatives of Local Health Network over items for the agenda and outcomes of the CACAC’s / CAG’s decision making.
• Develop effective relationships with Committee members and representatives of the LHN, so that business proceeds smoothly and the aims of the Committee / Group are fulfilled.
• Ensure that orientation of the new Committee / Group members occurs.
• Ensure that a CACAC / CAG Annual Report is completed and sent to the Local Health Network Management Executives via the LHN governance structure.
• In conjunction with the LHN Executive / CACAC / CAG Executive Officer, lead an annual evaluation of Committee / Group activities (including activities in which the members engage in, or on behalf of the Committee / Group).
• Ensure the CACAC / CAG Terms Of Reference are adhered to and reviewed as specified.
• Stay abreast with current issues in consumer engagement.
• Provide leadership in resolving any conflicts between members of the group and others.

The Deputy Chairperson supports the above activities of the Chairperson. In addition the Deputy Chairperson will assume the role of Chair if they are unable to fulfil any of their given tasks or roles.
Role descriptions

Role of the Consumer and Community Advisory Committee / Group Member
- Present a broad consumer perspective of primary, secondary and tertiary health care
- Demonstrate ability to attend CACAC / CAG meetings, as scheduled, including the duration and other meetings as negotiated
- Apply ability to work as a member of a large team of professionals
- Apply verbal communication skills, assertive / confident to be able to present ideas and comments to the group
- Demonstrate an open mind on issues and awareness of your prejudices
- Apply negotiation and conflict management skills
- Use ability to problem-solve and resolve issues
- Demonstrate commitment to safety and quality improvement in health services
- Show commitment and ability to consult with a broader consumer constituency
- Bring energy and enthusiasm to the position
- Use ability to seek help / assistance when unsure or concerned about any issues
- Read materials and documents provided in preparation for meetings
- Respect confidentiality

Role of the Consumer / Community organisation representative
- In addition to the role of the CACAC / CAG member, as mentioned above
- Provide a consumer perspective, but their input is often informed by feedback and the views of other consumers as well as their own experience and opinions
- Ensure liaison between the CACAC / CAG and their consumers / community organisation, as well as their network of consumers, associations or consumer organisations. These groups serve as the broad constituency for the consumer representative.
- Protect the interests of consumers
- Promote consumer experience relating to service use and policy development
- Identify and advocate for consumer perspectives in decision making
- Report the activities of the committee to consumers, thus increasing accountability
- Ensure that there is a two way dialogue between the CACAC / CAG and their consumer / community organisation.

Role of the Consumer Engagement Manager / Facilitator
The role of the Consumer Engagement Manager / Facilitator is to work collaboratively with the CACAC / CAG Chair and Chief Executive to support and promote consumer engagement at the Local Health Network. The Consumer Engagement Manager / Facilitator is a staff member of the (LHN refer to Governance Structure) who will:
- Support the Chairperson in the development of the CACAC / CAG agenda and ensure that the CACAC / CAG minutes are accurate and distributed to members at an appropriate time
- Work with the Chairperson and Chief Executive to ensure appropriate communication within LHN occurs on issues involving CACAC / CAG business.

Role of the Executive Support (Administrative Officer)
The role of the CACAC / CAG Executive Support (Administrative Officer) is to undertake Committee administrative activities as directed by the Consumer Engagement Manager / Facilitator. The Executive Support is an administrative staff member of LHN who:
- Distributes agenda and minutes of CACAC / CAG meetings as directed by the Terms Of Reference in a timely manner (ie within 5 working days before)
- Minutes and records the proceedings of CACAC / CAG meetings
- Distributes information to CACAC / CAG members as directed by the Chairperson and Consumer Engagement Manager / Facilitator.
Consumer and Community Engagement opportunities

Expression of Interest

You may have a carer, family or friend to help you complete this form, or ask staff for assistance.

Your details:

Name: ……………………………………………………………………………………………
Address: ……………………………………………………………………………………………
Preferred telephone number: …………………………………………………………………
Email address: ………………………………………………………………………………….

Communication preference:

☐ Email  ☐ Telephone  ☐ Post

Other …………………………………………………………………………………………….

Do you require interpreter services?:  Yes / No

Please note: Any information you provide in this Expression of Interest Form will be kept strictly confidential and will be stored in a secure file. Your personal information will be used by the relevant SA Health staff for the purposes of determining whether your skills and experience are a good match for the position you are applying for. Your personal information will not be disclosed to third parties, except where required by law. The SA Health Code of Fair Information Practice is available www.sahealth.sa.gov.au on the About Us / Publications and resources / Policies and Guidelines web page.

I would like to be involved in the following consumer engagement activities:

☐ Receive information about the Local Health Network (LHN)
☐ Participate on a consumer or representative on committees / groups
  (please complete the Local Health Network Consumer and Community Advisory Committee / Group application form)
☐ Be involved in small focus groups on areas of interest (see below)
☐ Attend Consumer Open Meetings / Feedback forums
☐ Be consulted on policy and general issues
☐ Receive Local Health Network Newsletter
☐ Assist with the Consumer Experience Surveys (interviewing patients)

Other (please tell us what else you would like to do)

……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

My areas of interest in health services include:

☐ Medical  ☐ Surgical  ☐ Rehabilitation  ☐ Maternity  ☐ Mental Health Service
☐ Paediatric  ☐ Other …………………………………………………………………………………
My interest for patients / consumers is as:

- General consumer
- Carer
- Community services
- Aboriginal and Torres Strait Islander
- Non English speaking background
- People with a disability
- Mental health lived experience

Other (please tell us what else you are interested in):

- 
- 

Why do you wish to register your interest for consumer engagement?

- 
- 

What experience or understanding of the services and facilities at the LHN do you have? (Please note we do not need specific details of admissions etc, just general information such as “son spent time in the hospital”, or “I was a past patient / client”, “My wife attends an outpatient clinic”).

- 
- 

Thank you for taking the time to express your interest in consumer and community engagement opportunities in our Local Health Network.

Please forward this form, via email, with Expression of Interest in the subject line to:

(insert contact details here)

For more information

Property Name
Division etc
Address Line 1
Address
Telephone:
www.sahealth.sa.gov.au
Confidentiality (caveat if required)-I#-A#
Application form

Consumer Advisory Committee / Group application

You may have a carer, family or friend to help you complete this form, or ask staff for assistance.

Applicant details:

Name: ………………………………………………………………………………………………………
Address: …………………………………………………………………………………………………
Preferred telephone number: ……………………………………………………………………….
Email address: ……………………………………………………………………………………….

Please note: any information you provide in this application form will be kept strictly confidential and will be stored in a secure file. Your personal information will be used by the relevant SA Health staff for the purposes of determining whether your skills and experience are a good match for the position you are applying for. Your personal information will not be disclosed to third parties, except where required by law. The SA Health Code of Fair Information Practice is available www.sahealth.sa.gov.au on the About Us / Publications and resources / Policies and Guidelines web page.

Communication preference:

☐ Email  ☐ Telephone  ☐ Post

Other …………………………………………………………………………………………………

Do you require interpreter services?: Yes / No

Referee: (nominate personal or professional referee to provide further information on your application, if required)

Name: …………………………………………………………………………………………………
Contact details (telephone / email): ……………………………………………………………
Relationship to you: …………………………………………………………………………………

Questions

Why would you like to participate as a consumer member of the Consumer and Community Advisory Committee / Group?

……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

What skills do you have that would help you in the consumer member role?

Please tick the options that you believe relate to you:

☐ informed of, and able to represent consumers’ experiences beyond that of my own
☐ active connections to consumer networks and local community groups
☐ well developed communication skills including listening, providing feedback and articulating ideas and concepts
☐ capacity to distinguish what perspective you are representing where you might be a member of several different committees
☐ willingness to participate in relevant training
☐ ability to name and respond to any potential conflict of interest.
Application form

Would you like to tell us more about your skills?

Please give an example of work (voluntary or paid) you have done in the last twelve (12) months, to demonstrate your knowledge and understanding of representing the views of consumers (eg attended consumer consultations, met with other consumers, provided feedback, been a member of a working/support/advisory group.
Please note that it is not critical that you have had experience.

Please list the areas of health that interest you:

Please list any committees, community associations, community interest groups or local recreation or support groups you are involved in:

Please provide us with any other information which may support your application:

Please return this form via post or email to (insert details here)
Selection criteria, checklist and interview questions

Selection Criteria

Examples of possible selection criteria are:

- Experience as a consumer or carer in relation to the issue / subject matter.
- Previous involvement with consumer groups / organisations.
- Demonstrate real, or understanding of, potential conflicts of interest.
- Ability to report back to consumer group / organisation.
- Ability to effectively communicate on behalf of consumers.
- An awareness of the needs of groups of consumers and not just the individual.
- Be reliable and responsible and willing to commit time to attending scheduled meetings.
- Ability to represent other’s views with objectivity.
- Demonstrate an understanding of the issues involved.

Attributes, skills and knowledge for consumer representatives

Attributes and skills that may be sought in consumer and community representatives could include:

Attributes:

- Interest in improving the health system
- Willingness to commit time to health issues
- Ability to relate to their own experience of health care to broader consumer issues
- Ability to represent and respect the views of other people who use the health care system

Skills and knowledge:

- Knowledge of the health care system
- Communication skills
- Experience with working on a committee or representing other people
- Empathy
- Personal level of empowerment

Reference: NSW Health CACAC Selection Guide

Selection checklist

- Application / Expression of interest form
- Role and responsibilities outline
- Schedule interview time with CACAC / CAG Chair, Consumer Engagement Manager / Facilitator and CACAC / CAG members
- Arrange formal meeting / interview
- Send letter of interview appointment time and location
- Interview applicants
- Send out successful and unsuccessful applicants
Selection criteria, checklist and interview questions

Interview Questions

Introduce panel members.

Provide an overview of Consumer and Community Advisory Committee / Group.

- Role of CACAC / CAG
- How CACAC / CAG sits within the governance structure
- Confidentiality
- Present views of networks – not individual views
- Purely advisory role
- Level of involvement is responsibility of individual
- SA Health Sitting Fees and Reimbursement Policy Directive
- Advise applicant - whilst not an employee of LHN, member follows the principles of SA Health policies (ie code of conduct, agreement on confidentiality and conflict of interest, social media policies etc)

Examples of interview questions below

1. Please start by telling us something about yourself and your interest in joining the Consumer and Community Advisory Committee / Group (ie Skill / experience / knowledge)

2. What is your experience or understanding of the services and facilities of the Local Health Network / Hospital?

3. What do you think the Consumer and Community Advisory Committee / Group could or would contribute to patient / consumer and / or carer experience with the LHN / hospital?

4. Please tell us about the other committees or groups you have been on and what you did or didn’t like about them.

5. What previous experience have you had representing views of consumers?

6. The role requires members to consult with their ‘networks’ to gain feedback regarding certain topics. How will you seek feedback from individuals / networks (patients / visitors / employees)?

7. Please tell us what availability you have for meetings.

8. Do you have any support or training needs for you to participate as a CACAC / CAG member?

9. Do you have any questions for the panel members?

Finally is there anything you would like to add or provide us with any additional information to support your application?
Dear (Name)

RE: APPPOINTMENT ON THE (TITLE OF CONSUMER AND COMMUNITY ADVISORY COMMITTEE / GROUP)

I am pleased to confirm your appointment to the (title of Consumer and Community Advisory Committee / Group) representing (consumers or consumer organisation) for a period of two (2) or three (3) years from (appointment date) until (appointment expiry date).

The Consumer and Community Advisory Committee / Group is (provide an overview and purpose of the Consumer and Community Advisory Committee / Group).

The next meeting is scheduled on (day) (date) from (commence time) to (completion time), (venue). The Consumer and Community Advisory Committee / Group agenda and papers will be sent to you closer to the date.

Please find enclosed the following documents:
- Consumer and Community Advisory Committee / Group Terms of Reference
- Meeting dates
- Information for Consumer and Community Advisory Committee / Group Members which will assist in building your knowledge of local and national frameworks for safety and quality and the challenges faced by our health services in delivering safe and quality care.
- In accordance with the SA Health Sitting Fees / Reimbursement Policy we are able to offer payment of sitting fees and travel time to members as well as reimbursement for costs incurred such as mileage, transport and parking.
  - Reimbursement / claim form
  - Supplier Creation / Maintenance form
  - Statement by a Supplier form
- Agreement on Confidentially and Conflict of Interest
- Code of Conduct

Could you please confirm your acceptance of this offer to (staff member) via email staffmember@health.sa.gov.au or telephone (number).

If you require any additional information, please do not hesitate to contact (staff member).

I am looking forward to seeing you and am happy to answer any questions you may have related to the Consumer and Community Advisory Group Committee / Group or safety and quality.

Yours sincerely

NAME
Position title
/ / /

Cc:
Dear (Name)

RE: CONSUMER ADVISORY GROUP / COMMITTEE

I refer to your recent application for membership on the (Local Health Network) Consumer and Community Advisory Committee / Group.

Thank you for your interest. Unfortunately you were not successful in obtaining an appointment to the position.

We have had an overwhelming response to the expression of interest and have been very impressed with the range of skills, abilities and experiences that applicants have demonstrated.

Should you be interested in other health consumer or carer committee opportunities then please contact the Health Consumer Alliance of SA Inc (HCA) as they have a fortnightly e-bulletin with relevant health information and consumer advocate opportunities.

Thank you for your interest you have shown in this position and for the time and effort you spent in preparing your application.

Yours sincerely

NAME
Position title

Cc:
Appointment checklist

- Appointment contact details form
- Code of Conduct
- Agreement of confidentiality and conflict of interest form
- Role and responsibilities outline
- Terms of reference
- Meeting dates
- SA Health Sitting Fees and Reimbursement Policy
- Supplier Creation forms
- CACAC / CAG Orientation / Information manual
- Hospital tour arranged
- Hospital ID badge

SA Health or LHN policies provided:

- Hand Hygiene - Infection control policy
- Social Media policy
**Section 1: Consumer and Community Advisory Committee / Group - Contact Details**

<table>
<thead>
<tr>
<th>Title</th>
<th>Ms</th>
<th>Mrs</th>
<th>Miss</th>
<th>Mr</th>
<th>Dr</th>
<th>Prof</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Given Name(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Name(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organisation representative(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Next of Kin:</td>
<td>Name:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Telephone:</td>
</tr>
</tbody>
</table>

**Section 2: Consumer organisation Details - nominated by Chief Executive Officer / General Manager (if applicable)**

<table>
<thead>
<tr>
<th>Title</th>
<th>Ms</th>
<th>Mrs</th>
<th>Miss</th>
<th>Mr</th>
<th>Dr</th>
<th>Prof</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Given Name(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Office use only:**

**Section 3: Tenure details**

- [ ] 2 or 3 year appointment
- [ ] Temporary (replacing CAG member – see below)

- [ ] CAG member replace
- [ ] Consumer organisation replace: (name)

Comence date: _______ Finish date: _______

Additional comments: _______

**Section 4: Checklist**

The following was received prior to commencement:

- [ ] Appointment letter
- [ ] Orientation Package and appendixes (CACAC / CAG Information, ToR, meeting schedule, forms etc)

The following must be completed and attached to this form prior to submitting to (name) Executive Officer to process:

- [ ] Appointment Contact details form
- [ ] Supplier Creation / Maintenance form
- [ ] Statement by supplier form (Australian Taxation Office)
- [ ] SA Health Sitting Fees / Reimbursement Policy and Reimbursement Claim Form
- [ ] Agreement of Confidentiality and Conflict of Interest for CACAC / CAG members
Code of conduct

Consumer and Community Advisory Committee / Group

Code of Conduct

If you have any questions, please do not hesitate to ask staff for assistance.

The Department / Local Health Network (LHN) Consumer and Community Advisory Committee / Group (CACAC / CAG) code of conduct has been developed and adopted by the LHN CACAC / CAG to create a safe and respectful environment in order to ensure the effective functioning of the group's meetings and activities.

This code of conduct is complementary to the SA Health’s Code of Conduct, which has integrity, respect and accountability at its core, and also values that the LHN holds in regard to consumer and community engagement. These include trust, openness, support collaboration and empowerment.

Consumer members appointed to the LHN Consumer and Community Advisory Committee / Group will ensure the principles are met.

Respect:

Members are entitled to be respected and treated with courtesy and dignity.

This includes:

- Acknowledging the roles of each person involved in meetings – Consumer and Community Advisory Committee / Group members, staff members and visitors
- Being open to the ideas and views of others
- Listening without interruption
- Speaking through the Chair
- Paying attention to the person addressing the Consumer and Community Advisory Committee / Group
- Not discussing matters privately with others during meeting times
- Not discriminating directly, or indirectly, in the treatment of individuals
- Approaching all matters in a constructive way.

Integrity:

The motivations of members are based on the principles of integrity. This includes:

- Being honest in all communications and actions
- Identifying and advising others of known, or potential conflicts of interest
- Serving in the best interests of the public
- Providing advice that is free of political influence or favour
- Maintain confidentiality in regard to matters discussed and information tabled – unless provided with permission by the author / speaker
- Refusing gifts that may influence decision making
- Avoiding nepotism and patronage which gives individuals known to you an unfair advantage.
Accountability

Accountability applies to obligations associated with fulfilling responsibilities. This includes:

• Appreciating that the Consumer and Community Advisory Committee / Group has an advisory function
• Being proactive in determining the agenda of the Consumer Advisory Group / Committee
• Exploring and being aware of the services and environs of the Local Health Network and hospitals
• Identifying areas of concern, or of special interest to consumers and raising them to the Group
• Meeting specific and annual formal assessments of the effectiveness of the Consumer and Community Advisory Committee / Group and the LHN / Hospital’s support
• Understanding that proven breaches in the integrity can result in the member’s dismissal by the Local Health Network.

Each member of the Consumer and Community Advisory Committee / Group:

1. Will act in the best interests of the LHN Consumer and Community Advisory Committee / Group as a whole, honestly, and in good faith.
2. Has a duty to use due care and be responsible in fulfilling the functions of the Consumer and Community Advisory Committee / Group.
3. Must not make improper use of information acquired as a Consumer and Community Advisory Committee / Group member, or take improper advantage of the position of Consumer and Community Advisory Committee / Group.
4. Must not allow confidential information received by them in the process of acting as Consumer and Community Advisory Committee / Group member, to be disclosed improperly to others.
5. Not engage in conduct likely to bring discredit upon the Local Health Network.
6. Has an obligation, at all times, to comply with the spirit as well as the letter of this Code.
7. Where opinion is sought by the media on matters of general public interest, then comment may be made once the Local Health Network has been consulted.

Name of member: ………………………………………………………………………………………………………

Signature ……………………………………………….Date: ………………………

Witness name: ………………………………………………………………………………………………………

Signature ……………………………………………….Date: ………………………

For more information

Property Name
Division etc
Address Line 1
Address
Telephone: www.sahealth.sa.gov.au
Confidentiality (caveat if required)-If-All

© Department for Health and Ageing, Government of South Australia. All rights reserved.
Agreement of Confidentiality and Conflict of Interest for (LHN Consumer and Community Advisory Committee / Group)

If you have any questions, please do not hesitate to ask staff for assistance.

This agreement is made between SA Health department / Local Health Network and the following member of the (LHN Consumer and Community Advisory Committee / Group).

(please print full name)

I understand that:

**Confidential Information** means all information made available to me as a member of the (title of the Consumer and Community Advisory / Committee Group) by SA Health department / Local Health Network for the purposes of the Committee, whether orally or in writing, or by any other means whatsoever, and includes information that:

- is by its nature confidential; or
- is designated by the Department / Local Health Network as confidential; or
- I know or ought to know is confidential;

It does not include information which:

- is in my possession without restriction in relation to disclosure before the date of receipt from the SA Health Department / Local Health Network or
- has been independently developed or acquired by me

‘Conflict’ includes any conflict of interest, any risk of a conflict of interest and any apparent conflict of interest arising through my engaging in any activity or obtaining any interest that is likely to conflict with or restrict me as a member in performing the work of the Committee fairly and independently

‘Member’ includes a Proxy for the Member.

1 **CONFIDENTIALITY**

I undertake:

- Not to disclose Confidential Information to any person other than current members of the Committee, without prior approval of the Department / Local Health Network through the Chair
- Not to use any Confidential Information except for the purpose of fulfilling my duties as a member of the Committee.
2. CONFLICT OF INTEREST

I attest that:

- To the best of my knowledge and after making diligent inquiry, at the date of signing this Agreement, no conflict of interest exists or is likely to arise in the performance of my duties as a member of the Committee.
- If, during the period of my appointment to the Committee, a conflict arises in respect of my membership, I will:
  a) at the beginning of the relevant meeting / discussion, identify the item where a conflict of interest is likely to arise and withdraw from any discussion or decision concerning such a matter.
  b) if there is a major conflict which is likely to affect my ongoing capacity to contribute as a member, I will immediately notify the Department / Local Health Network through the Chair in writing and take such steps as the Department may reasonably require to resolve or otherwise deal with the conflict.

If I fail to notify the Department / Local Health Network of a conflict or am unable or unwilling to resolve or deal with the conflict as required by the Department / Local Health Network, the Department / Local Health Network may terminate my appointment to the Committee.

<table>
<thead>
<tr>
<th>Name of Member</th>
<th>Signature of Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Proxy</td>
<td>Signature of Proxy</td>
</tr>
<tr>
<td>Name of Witness</td>
<td>Signature of Witness</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
Version control and change history

<table>
<thead>
<tr>
<th>Version</th>
<th>Date from</th>
<th>Date to</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>02</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>03</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Document ID: 
Chairperson
Executive Officer
Replaces:

Appendices | Document ID:
--- | ---
2015 Meeting Schedule |
### Scope

The **Department / Local Health Network (LHN) Consumer and Community Advisory Committee / Group / Committee** is the strategic committee for consumers and the community. The Department / LHN Consumer and Community Advisory Committee / Group reports to (refer to LHN Governance Structure).

The purpose of Department / LHN Consumer and Community Advisory Committee / Group is to continuously improve patient care safety and quality and advise the Department / LHN and will further these purposes through:

- consumer driven projects
- supporting the role of consumer representative to the LHN and by
- regular reporting to the LHN to ensure the continuous flow of consumer and community generated information.

The Department / LHN Consumer and Community Advisory Committee / Group work plan is underpinned by the:

**National:**
- **Australian Safety and Quality Framework.**
- **Australian Commission on Safety and Quality in Health Care (ACSQHC) Patient-centred Care: Improving quality and safety through partnerships with patients and consumers.**
- **National Safety and Quality in Health Service Standards (NSQHSS)**
  - NSQHS Standard 1 – Governance for Safety and Quality Health Service Organisations
    - Complaints management
    - Patient rights and engagement
    - Open disclosure
  - NSQHS Standard 2 - Partnering with Consumers
- **Australian Safety and Quality Goals for Health Care Goal 3 - Partnering with Consumers.**

**State:**
- **SA Health A Framework for Active Partnership with Consumers and the Community.**
- **SA Health Guide for Engaging with Consumers and the Community.**
- **SA Health Guide to engaging with Aboriginal people.**

### Role

- Advise the Department / LHN on implementation strategies for the South Australian Safety and Quality plan priorities by monitoring and evaluation of services.
- Oversee the local coordination and monitoring and supports standardisation across the LHN in regard to Partnering with Consumers.
- Work with the LHN to create and support a culture and environment where consumer involvement is paramount at all levels.
- Contribute to the development and implementation of policies that embed consumer partnerships across the LHN.
- Develop processes for involving consumers and the community in different ways in all parts of the health sector.
- Develop strategies to enable effective consumer and community partnership in health care.
- Provide an annual report to the (refer to the LHN Governance Structure).
- Ensure that the outcomes are consistent with the Australian Safety and Quality Framework, Patient Centred Care, National Safety and Quality Health Service Standard on Partnering with Consumers, and National Goal 3 – Partnering with Consumers.
• Ensure that the outcomes are also consistent with the SA’s Health Care Plan: New Models of Care “patient centred” approach, which promotes a culture of ‘caring’ inherent of service delivery.
• Monitors the emerging issues and priorities in relation to consumer experience trends at the local level.
• Review these Terms of Reference on a regular basis.

Responsibilities
• Develop a strategic LHN Partnering with Consumers and the Community action plan which is aligned to the national and state agenda including:
  o Education and training requirements
  o Monitoring and evaluation of:
    ▪ key performance indicators
    ▪ measuring consumer experience, including complaints management, patient rights and engagement and open disclosure.
    ▪ compliance to SA Health policies for partnering with consumers and consumer feedback.
• Oversee the review of the results of SA Consumer Experience Surveillance System (SACCESS) – Measuring Consumer Experience surveys, and identify areas and strategies for improvement.
• Review accreditation results against National Standard 2 and identify areas requiring further improvements.
• Provide advice to LHN on local consumer issues.

Responsibilities of members for communication
• To offer a consumer and community perspective to discussions and decisions.
• Canvas views, opinions and issues from their consumer colleagues outside the Committee / Group.
• Take the non-confidential outcomes of Committee / Group discussions and decisions to the groups represented.
• Promote the work of the Department / LHN Consumer and Community Advisory Committee / Group as widely as possible.
• Conflict of interest – Members are reminded to identify any matter arising at the meeting which the member considers to be a conflict of interest and to withdraw from any discussion or decisions concerning such a matter.
• Confidentiality – Members are reminded that they will not disclose group discussions outside of Department / LHN Consumer and Community Advisory Committee / Group unless there is an explicit agreement, during a meeting and noted in the minutes, that it is appropriate.

Election of Chair and Deputy Chair
The Chair and Deputy Chair will be elected by members of the Department / LHN Consumer and Community Advisory Committee / Committee for a term of one (1) to two (2) years, renewable.

Responsibilities of Chair and Deputy Chair
Chair:
• Be a leader with the consumer group, communicating well and promoting appropriate conduct.
• Ensure proper conduct of business in the meeting.
• Ensure diverse voices are heard.
• Assist members to generate and record consumer perspectives on issues.
• Liaise with the representatives of the Department / Local Health Network over items for the agenda and outcomes of the group’s decision making.
### Responsibilities of members

<table>
<thead>
<tr>
<th>All members:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will refer to the Consumer and Community Advisory Group / Group member roles and responsibilities.</td>
</tr>
<tr>
<td>Will be respectful of other Committee / Group members, ensure principles of integrity are maintained, and are accountable with fulfilling their responsibilities as outlined in the Code of Conduct.</td>
</tr>
<tr>
<td>Will adhere to the Agreement of Confidentiality and Conflict of Interest.</td>
</tr>
<tr>
<td>Will adhere to the principles of all SA Health and local policies (ie infection control, social media)</td>
</tr>
</tbody>
</table>

### Reporting Relationships

The Department / LHN Consumer and Community Advisory Committee / Group reports to the (refer to LHN Governance Structure).

Recommendations from the Department / LHN Consumer and Community Advisory Committee / Group will be endorsed by (refer to LHN Governance Structure.

The Department / LHN Consumer and Community Advisory Committee / Group may appoint program leads to facilitate development and implementation of program strategies identified in the implementation action plan.

Sitting members are responsible for reporting to and engaging with local consumers and Consumer and Community Advisory Committees / Groups to establish a two way dialogue.

### Selection of Advisory Group Members

Consumer representatives are nominated from existing Health Care Organisations’ Consumer and Community Advisory Committees / Groups: primary, community, acute and chronic care, aged care. 1 per committee and capped at (number).

Independent experts from peak consumer and community advisory organisations capped at (number) (eg Health Consumers Alliance SA, Aboriginal Health Council SA, (AHCSA), Carers SA, Council on the Ageing (COTA)).

Department / Local Health Network representative.

Members will be appointed for two (2) to three (3) years, renewable with possible extension, and consider staggering membership appointment.

Members can be appointed for a maximum of three (3) years, whereby membership will then expire / cease.
When exceptions to the two to three year membership term occur they will be noted at meeting and advised in writing to the particular member.

Outside experts and representatives of other groups may be invited to assist Department / LHN Consumer and Community Advisory Committee / Group with particular items.

A vacancy occurs when:
- A member's term of office / appointment expires
- A member resigns by notice in writing to the Chair of Executive Officer.
- A member is absent for three or more consecutive meetings of the Group without prior written agreement of the Chair, or in the case of the Chair, or LHN Executive.

In the event of a vacancy occurring with either the representative from a Health Care Organisation Consumer and Community Advisory Committee / Group or peak consumer organisation representative a nomination will be requested from that organisation or area for consideration by the Department / LHN Consumer and Community Advisory Committee / Group. The Committee / Group will make a recommendation to the Department / LHN Executive.

### Operating Procedures

<table>
<thead>
<tr>
<th><strong>Quorum</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>At least half of the members of the Advisory Group plus one for issues requiring vote.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Frequency of Meetings</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings will be scheduled (eg monthly, bi-monthly, quarterly, bi-annual).</td>
</tr>
<tr>
<td>The Consumer and Community Advisory Committee / Group Chair may convene additional meetings to consider business which may require urgent consideration.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Meeting Papers</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Chairperson will work with the Consumer Engagement Manager / Facilitator to set the agenda. The agenda and supporting papers will be circulated to members prior to each meeting (ie five (5) working days prior to the meeting).</td>
</tr>
<tr>
<td>An implementation action plan and program schedule will drive the proceedings of each meeting.</td>
</tr>
<tr>
<td>The group will receive administrative support from the Department / Local Health Network.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Proxies</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The Chairperson must be notified in advance of the meeting if a proxy will be present at a meeting.</td>
</tr>
</tbody>
</table>

**END OF TERMS OF REFERENCE**
## Department / LHN Consumer and Community Advisory Committee / Group

### Appendix 1  Membership & Meeting Schedule

<table>
<thead>
<tr>
<th>Sponsor:</th>
<th>Refer to LHN Governance Committee Structure</th>
<th>Name of Executive Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair:</td>
<td>Consumer / LHN Representative</td>
<td>Name of Chair</td>
</tr>
<tr>
<td>CACAC / CAG Executive Manager / Facilitator:</td>
<td>Position title</td>
<td>Name</td>
</tr>
<tr>
<td>Membership:</td>
<td>Consumer Representative</td>
<td>Name</td>
</tr>
<tr>
<td>Consumer Representative</td>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Consumer Representative</td>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Consumer Representative</td>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Consumer Representative</td>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Consumer / Community Organisation Representative</td>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Consumer / Community Organisation Representative</td>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Consumer / Community Organisation Representative</td>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Consumer / Community Organisation Representative</td>
<td>Name</td>
<td></td>
</tr>
</tbody>
</table>

### Meeting Schedule:

| 2015 | Date | Date | Date | Date | Date | Date |

END OF APPENDIX 1
## CONFIDENTIAL RECORD OF MEETING

✓ = present, ap = apology, dna = did not attend

Meeting commenced: (time)

<table>
<thead>
<tr>
<th>Name</th>
<th>Membership</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General consumer representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General consumer representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General consumer representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General consumer representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General consumer representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer organisation representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer organisation representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer organisation representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer organisation representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer organisation representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department / LHN Executive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer Engagement Manager / Facilitator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CACAC / CAG Executive Support (Administrative Officer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Role descriptions

Roles of the Consumer and Community Advisory Committee / Group members

Role of the Chairperson, Consumer and Community Advisory Committee / Group

The role of the Chairperson is to work towards achieving the goals of the Consumer and Community Advisory Committee / Group (CACAC / CAG) as defined in the Committee’s / Group’s Terms of Reference.

The Chairperson undertakes the following activities:
- Act as leader of Consumer and Community Advisory Committee / Group.
- Communicate well and promote appropriate conduct.
- Ensure proper conduct of business at Committee meetings.
- Ensure diverse voices and individuals are heard.
- Assist all Committee members to generate and present consumer perspectives on issues concerning any aspect of service delivery provided by Local Health Network.
- Liaise with the representatives of Local Health Network over items for the agenda and outcomes of the CACAC’s / CAG’s decision making.
- Develop effective relationships with Committee members and representatives of the LHN, so that business proceeds smoothly and the aims of the Committee / Group are fulfilled.
- Ensure that orientation of the new Committee / Group members occurs.
- Ensure that a CACAC / CAG Annual Report is completed and sent to the Local Health Network Management Executives via the LHN governance structure.
- In conjunction with the LHN Executive / CACAC / CAG Executive Officer, lead an annual evaluation of Committee / Group activities (including activities in which the members engage in, or on behalf of the Committee / Group).
- Ensure the CACAC / CAG Terms Of Reference are adhered to and reviewed as specified.
- Stay abreast with current issues in consumer engagement.
- Provide leadership in resolving any conflicts between members of the group and others.

The Deputy Chairperson supports the above activities of the Chairperson. In addition the Deputy Chairperson will assume the role of Chair if they are unable to fulfil any of their given tasks or roles.
Role descriptions

Role of the Consumer and Community Advisory Committee / Group Member

- Present a broad consumer perspective of primary, secondary and tertiary health care
- Demonstrate ability to attend CACAC / CAG meetings, as scheduled, including the duration and other meetings as negotiated
- Apply ability to work as a member of a large team of professionals
- Apply verbal communication skills, assertive / confident to be able to present ideas and comments to the group
- Demonstrate an open mind on issues and awareness of your prejudices
- Apply negotiation and conflict management skills
- Use ability to problem-solve and resolve issues
- Demonstrate commitment to safety and quality improvement in health services
- Show commitment and ability to consult with a broader consumer constituency
- Bring energy and enthusiasm to the position
- Use ability to seek help / assistance when unsure or concerned about any issues
- Read materials and documents provided in preparation for meetings
- Respect confidentiality

Role of the Consumer / Community organisation representative

- In addition to the role of the CACAC / CAG member, as mentioned above
- Provide a consumer perspective, but their input is often informed by feedback and the views of other consumers as well as their own experience and opinions
- Ensure liaison between the CACAC / CAG and their consumers / community organisation, as well as their network of consumers, associations or consumer organisations. These groups serve as the broad constituency for the consumer representative.
- Protect the interests of consumers
- Promote consumer experience relating to service use and policy development
- Identify and advocate for consumer perspectives in decision making
- Report the activities of the committee to consumers, thus increasing accountability
- Ensure that there is a two way dialogue between the CACAC / CAG and their consumer / community organisation.

Role of the Consumer Engagement Manager / Facilitator

The role of the Consumer Engagement Manager / Facilitator is to work collaboratively with the CACAC / CAG Chair and Chief Executive to support and promote consumer engagement at the Local Health Network. The Consumer Engagement Manager / Facilitator is a staff member of the (LHN refer to Governance Structure) who will:

- Support the Chairperson in the development of the CACAC / CAG agenda and ensure that the CACAC / CAG minutes are accurate and distributed to members at an appropriate time
- Work with the Chairperson and Chief Executive to ensure appropriate communication within LHN occurs on issues involving CACAC / CAG business.

Role of the Executive Support (Administrative Officer)

The role of the CACAC / CAG Executive Support (Administrative Officer) is to undertake Committee administrative activities as directed by the Consumer Engagement Manager / Facilitator. The Executive Support is an administrative staff member of LHN who:

- Distributes agenda and minutes of CACAC / CAG meetings as directed by the Terms Of Reference in a timely manner (ie within 5 working days before)
- Minutes and records the proceedings of CACAC / CAG meetings
- Distributes information to CACAC / CAG members as directed by the Chairperson and Consumer Engagement Manager / Facilitator.
We would like to acknowledge this land that we meet on today is the traditional lands of the Kaurna people and that we respect their spiritual relationship with their country. We also acknowledge the Kaurna people as the custodians of the greater Adelaide region and that their cultural and heritage beliefs are still as important to the living Kaurna people today.

1 Welcome and Apologies
   1.1 Conflicts of interest

2 Minutes of previous meeting
   Attachment 1

3 Business arising from the minutes

4 Standing agenda items
   4.1 Consumer and Community Advisory Committee / Group Action Plan Attachment 2
   4.2 National Safety and Quality Health Service Standards – update / progress

5 Reports from Working Groups / Committees
   5.1 Outpatient Work Group

6 Safety and Quality KPIs – Safety Learning System (SLS) / SACESS reports
   6.1 Consumer feedback
   6.2 Incidents (falls, medication, challenging behaviour)
   6.3 Measuring Consumer Experience Report (SA Consumer Experience Surveillance System (SACESS))

7 Patient / Consumer information review
   7.1 Patient information on pathology services

8 New business
   8.1 Presentation – Diabetes Centre (Presenter name and title) – (time)

Next meeting: day, date, time and venue
# Department / LHN Consumer Advisory Group / Committee

Meeting (day and date) from (commencement time) to (completion time)

Venue:

## CONFIDENTIAL RECORD OF MEETING

- ✓ = present, ap = apology, dna = did not attend

Meeting commenced: (time)

<table>
<thead>
<tr>
<th>Name</th>
<th>Membership</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General consumer representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General consumer representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General consumer representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General consumer representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General consumer representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer organisation representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer organisation representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer organisation representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer organisation representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer organisation representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department / LHN Executive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consumer Engagement Manager / Facilitator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CACAC / CAG Executive Support (Administrative Officer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Item 2

**Minutes of previous meeting** (attachment 1)
Minutes of the previous meeting scheduled on (date), were accepted or corrections noted as follows

---

*Note: This is a sample of the document. The actual content may differ.*
<table>
<thead>
<tr>
<th>Item number</th>
<th>Issue</th>
<th>Person responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Business arising from the minutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agenda item title</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Standing agenda items</td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Consumer and Community Advisory Committee / Group Action Plan</td>
<td>CACAC / GAG members</td>
</tr>
<tr>
<td></td>
<td>Action:</td>
<td>LHN representative</td>
</tr>
<tr>
<td></td>
<td>• Members to provide feedback to LHN by ….</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• LHN to follow up with department and report back at next CACAC / CAG</td>
<td></td>
</tr>
<tr>
<td></td>
<td>meeting.</td>
<td></td>
</tr>
<tr>
<td>4.2</td>
<td>National Safety and Quality Health Service Standards – update / progress</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Reports from Working Groups / Committees</td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>Outpatient Work Group</td>
<td>CACAC / GAG members</td>
</tr>
<tr>
<td></td>
<td>Action:</td>
<td>LHN representative</td>
</tr>
<tr>
<td></td>
<td>• Members to provide feedback to LHN by ….</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• LHN to follow up with department and report back at next CAG meeting.</td>
<td></td>
</tr>
<tr>
<td>Item number</td>
<td>Issue</td>
<td>Person responsible</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>6.1</td>
<td><strong>Safety and Quality KPIs – Safety Learning System (SLS) / SACESS Reports / LARS</strong>&lt;br&gt;Consumer feedback</td>
<td>CACAC / GAG members&lt;br&gt;LHN representative</td>
</tr>
<tr>
<td></td>
<td>Action:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Members to provide feedback to LHN by ....</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• LHN to follow up with department and report back at next CACAC / CAG meeting.</td>
<td></td>
</tr>
<tr>
<td>6.2</td>
<td><strong>Incidents – Falls, medication, challenging behaviour</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Action:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Action:</td>
<td></td>
</tr>
<tr>
<td>7.1</td>
<td><strong>Patient / Consumer information review</strong>&lt;br&gt;Patients information sheet on Pathology Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Action:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Members to review information sheet and provide consumer comment / feedback to LHN by ....</td>
<td></td>
</tr>
<tr>
<td>Item number</td>
<td>Issue</td>
<td>Person responsible</td>
</tr>
<tr>
<td>-------------</td>
<td>-----------------------------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>8</td>
<td>New business</td>
<td></td>
</tr>
<tr>
<td>8.1</td>
<td>Presentation – Diabetes Centre (Presenter name and title)</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Action:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Members to provide feedback to LHN by …...</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• LHN to follow up with department and report back at next CACAC / CAG meeting.</td>
<td></td>
</tr>
<tr>
<td>8.2</td>
<td><strong>Agenda item title</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Action:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Members to provide feedback to LHN by …...</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• LHN to follow up with department and report back at next CACAC / CAG meeting.</td>
<td></td>
</tr>
<tr>
<td>8.3</td>
<td><strong>Agenda item title</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Action:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Members to provide feedback to LHN by …...</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• LHN to follow up with department and report back at next CACAC / CAG meeting.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Next Meeting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The next meeting will be held Monday 25 May 2015 at 12:00pm, Level 10 Meeting Room 1</td>
<td></td>
</tr>
</tbody>
</table>

**Meeting closed: (time)**
Consumer and Community Advisory Committee / Group title

Information for Community and Community Advisory Committee / Group members
Foreword

Welcome to the LHN Consumer and Community Advisory Committee / Group.

The information has been put together to help you settle in as a member of the committee. It provides some background to the committee, how it came about and where it fits in the health system.

You will find information about the role, functions and responsibilities of the committee and its members, the committee’s reporting relationships, including your links back to Consumer and Community Advisory Committees and community groups.

You will also find details about your entitlements as a member of the Consumer and Community Advisory Committee / Group and appropriate forms to complete, to ensure you receive sitting fees and coverage of out of pocket expenses.

Some useful references are provided to bring you up to date on safety and quality matters, including the broader context in which the committee operates and current issues at national and local levels.

The Consumer and Community Advisory Committee / Group is supported by the (department).

If you have any questions, please contact (staff member) on (telephone), or email: staffmember@health.sa.gov.au

Welcome aboard

Name
Position title
Department
Contents

Local Health Network introduction ................................................................................................... 5
Local Health Network Consumer and Community Advisory Committee / Group Membership ...... 5
Member Contact Details .................................................................................................................... 5
Meeting Dates ..................................................................................................................................... 5
Expectations of CACAC / CAG Members ....................................................................................... 5
Agreement on Confidentiality and Conflict of Interest for CAG Members ....................................... 6
Role and Responsibilities of the Chair, CAG members, Consumer Engagement Manager / Facilitator and CACAC / CAG Executive Officer ................................................................. 6
Meeting Arrangements .................................................................................................................... 6
Lunches (if applicable) ...................................................................................................................... 6
Meeting Papers .............................................................................................................................. 6
Members representing CACAC / CAG at Meetings / Conferences ................................................. 6
Fees and Reimbursements .............................................................................................................. 7
Sitting Fees and reimbursements ................................................................................................... 7
Reporting and Review ..................................................................................................................... 7
Introduction to Safety and Quality .................................................................................................. 8
The Australian Safety and Quality Framework for Health Care ................................................... 8
SA Health Safety and Quality ......................................................................................................... 9
SA Health Safety and Quality Governance Structure ..................................................................... 9
SA Health Partnering with Consumers and Community Advisory Group ..................................... 10
External bodies ............................................................................................................................. 11
Health Consumers Alliance of SA Inc. (HCA) ............................................................................ 11
The Health and Community Services Complaints Commissioner (HCSCC) .............................. 11
Acronyms and frequently used terms in health ............................................................................ 12
Relevant resources ....................................................................................................................... 17
Australian Commission on Safety & Quality in Health Care (ACSQHC) .................................... 17
SA Health .................................................................................................................................. 17
South Australian Government ................................................................................................... 17
Appendixes:

Appendix 1  CACAC / CAG Terms of Reference
Appendix 2  CACAC / CAG Members
Appendix 3  CACAC / CAG Meeting dates
Appendix 4  LHN Safety and Quality Governance Structure
Appendix 5  CACAC / CAG Appointment form
Appendix 6  Agreement of Confidentiality and Conflict of Interest for CACAC CAG Members
Appendix 7  SA Health Sitting Fees and Reimbursement for External Members of SA Health Committees Policy Directive (currently under review)
  - Supplier Creation / Maintenance Form
  - Statement by a Supplier
  - Non-Employee Reimbursement Coversheet / Form
Appendix 8  CACAC / CAG Event / Function / Meeting Report

Reports and Frameworks

SA Health Safety and Quality  www.sahealth.sa.gov.au/safetyandquality
  - SA Health A Framework for Active Partnership with Consumers and the Community
  - SA Health Guide for Engaging with Consumers and the Community
  - SA Health Guide to Engaging with Aboriginal People
  - SA Health Charter of Healthcare and Community Services Rights Policy
  - SA Patient Safety Reports
  - SA Patient Safety Reports for Consumers and the Community
  - SA Measuring Consumer Experience Reports
  - SA Health Consumer Feedback and Complaints Management Policy, Guideline and Toolkit
  - Transforming Health

Australian Commission on Safety and Quality in Health Care  www.safetyandquality.gov.au
  - Australian Commission on Safety and Quality in Health Care
  - Australian Safety and Quality Framework for Health Care
  - Australian Safety and Quality Goals for Health Care
  - National Safety and Quality Health Service Standards (NSQHSS)
  - NSQHSS 2 – Partnering with Consumers
  - Patient-centred care: Improving quality and safety through partnerships with patients and consumers
  - Health Literacy
Local Health Network introduction
Provide an overview of the Local Health Network, including the services provided in the LHN.

Consider including:
- LHN boundary map
- LHN vision statement for consumer engagement
- LHN governance structure
- LHN site specific information for CACAC / CAG members

Local Health Network Consumer and Community Advisory Committee / Group Membership
Provide information on the purpose and membership of the LHN Consumer and Community Advisory Committee / Group.

The [SA Health Sitting Fees and Reimbursement for External Individuals Policy Directive](#) provides for sitting fees and reimbursement of external individuals who make a significant contribution to SA Health Committees.

Member Contact Details
A list of current members, including email addresses and telephone numbers, and organisation or community group representation of each member is provided in [Appendix 2](#).

Meeting Dates
A list of current meeting dates is provided in [Appendix 3](#).

Frequency: ie 4th Monday of the month (monthly, bi-monthly, quarterly, bi-annual)

Venue:

Expectations of CACAC / CAG Members
Members are nominated from consumer bodies and communities of interest and are expected to consult with and report back to their constituents on agenda items where possible. Some matters may be confidential in the first instance, and in that case, members will be advised and discussion will be confined to committee meetings.

Refer to the CACAC / CAG members roles and responsibilities, as previously circulated.

If there is a conflict of interest, members must advise the Chair before the relevant item is discussed, and withdraw from discussion or decisions concerning the matter.

Papers are normally sent out five (5) working days before each meeting. The Executive Officer will usually call for agenda items, and confirm these with the Chair before finalizing the agenda. The agenda is generally organized around the annual priorities of the Committee so if you wish to raise an issue, it is useful if it can be linked to one of the Committee’s priorities, otherwise it will be listed under Any Other Business.

If a matter is urgent and needs to be addressed between meetings, members may receive an email or a teleconference meeting may be organised to address the matter. Work groups may also be set up from time to time to progress tasks, but out of meeting activity will generally be discussed and agreed to at the regular (monthly, bi-monthly, quarterly, bi-annual) meetings.

Extra papers may be emailed, but the Executive Officer will try to keep this to a minimum so that members do not have to download a lot of material at home.
Agreement on Confidentiality and Conflict of Interest for CAG Members
This agreement is made between SA Health / Department / LHN and the following member of the LHN Consumer and Community Advisory Committee Group is provided in Appendix 6.

Role and Responsibilities of the Chair, CAG members, Consumer Engagement Manager / Facilitator and CACAC / CAG Executive Officer
Refer to the CACAC / CAG Role descriptions.

Meeting Arrangements
CACAC / CAG meets (frequency) and meetings are generally held in (venue)

The Consumer Engagement Manager / Facilitator and or CACAC / CAG Executive Officer is located in the (location). The Executive Officer co-ordinates venues, agendas, minutes and working papers.

Work groups, special planning meetings or out of session activity such as email discussions or conference calls may be required from time to time to meet deadlines or to ensure time for effective consumer input.

The following arrangements will apply:
- CACAC / CAG will meet (frequency), and the day, time and location of meetings will be determined by the members.
- The agenda will determined by the Chair and the Executive Officer.
- The agenda will be influenced by the priorities set as part of the agreed work plan established each financial year by the Committee.
- Additional items will be prioritised by the Chair.
- Agendas and working papers will be forwarded to members at least five (5) working days prior to the scheduled meeting via email, and hard copies will be mailed out via express post.
- The actions and outcomes will be provided in the minutes and distributed as above.
- An annual summary report on the CAG’s activities will be reported to (refer to LHN Governance Structure).

Lunches (if applicable)
Meetings are usually scheduled for (commence time) to (finish time), and a light lunch is provided at the meetings. Members usually arrive between 12.00pm and 12.30pm, to have lunch and to catch up with one another before the meeting. Please advise the Executive Officer if you have any particular dietary requirements.

Meeting Papers
As per LHN arrangements, meeting papers will be emailed five (5) working days prior to the scheduled meeting and hard copies are mailed out via express post.

Members representing CACAC / CAG at Meetings / Conferences
Members occasionally attend activities on behalf of the CACAC / CAG. Such occasions are generally discussed at meetings and approved prior to attendance, as sitting fees and other out of pocket expenses are generally covered.

Members are asked to complete a report on the activity or meeting as part of the CACAC / CAG’s reporting process, to enable your experiences, conclusions and recommendations to be included in reports to the (refer to LHN Governance Structure) and in the Annual Report for the Committee. See Appendix 8 – Event / Function / Meeting Report Form.
Fees and Reimbursements

Sitting Fees and reimbursements
Refer to SA Health Sitting Fees and Reimbursement for External Individuals Policy Directive.

Attendance at conferences, seminars, meetings on behalf of CACAC / CAG
Members may be approved to attend / speak at conferences or seminars on CACAC / CAG’s behalf, or to represent CACAC / CAG at meetings, locally or interstate. These activities are usually brought to the attention of the CACAC / CAG by the Executive Officer or the Chair and discussed at meetings, or may be raised by the members themselves.

Associated costs and sitting fees where appropriate may be approved, but these must be raised prior to any activity and receive approval of the (refer to LHN Governance Structure).

A brief report is generally requested of members who attend such activities, as it is a useful addition to CACAC / CAG reports (i.e. Annual Report), to highlight interests and possible future action by the Committee. See Appendix 8 – Event / Function / Meeting Report Form.

Reporting and Review
To enable the committee to operate effectively, CACAC / CAG will:
• Develop an annual work plan.
• Review its performance against the plan at six monthly intervals (i.e. 30 June, 31 December).
• Report annually to the (refer to the LHN Governance Structure)
• Bring relevant items and recommendations to the attention of the (refer to LHN Governance Structure) meetings.
Introduction to Safety and Quality

The Australian Safety and Quality Framework for Health Care

The Australian Safety and Quality Framework for Health Care describes a vision for safe and high-quality care for all Australians and sets out the actions needed to achieve this vision.

The Framework specifies three (3) core principles for safe and high-quality care.

1. **Consumer Centred**
   - Providing care that is easy for patients to get when they need it
   - Making sure that healthcare staff respect and respond to patient choices, needs and values
   - Forming partnerships between patients, their family, carers and healthcare providers.

2. **Driven by Information**
   - Using up-to-date knowledge and evidence to guide decisions about care
   - Safety and quality data are collected, analysed and fed back for improvement
   - Taking action to improve patient’s experience.

3. **Organised for Safety**
   - Making safety a central feature of how healthcare facilities are run, how staff work and how funding is organised.

For more information about the Framework and other relevant documents are available on the SA Health Safety and Quality website on www.sahealth.sa.gov.au/safetyandquality
SA Health Safety and Quality

SA Health is committed to ensuring the South Australian health care system is safe, of a high quality and accessible for all.

The SA Health Safety and Quality (S&Q) Unit works in partnership with health services, Local Health Networks and consumers to improve patient safety and quality of care.

Its current priorities tie closely to the national agenda of the Australian Commission on Safety and Quality in Health Care (ACSQHC). These priorities have been determined based on evidence of the greatest benefit for consumers, and focus on saving lives and reducing harm.

National Safety and Quality Health Service Standards have been developed by the ACSQHC to protect the public from harm and to improve the quality of health service provision. The Standards describe the systems required to ensure the minimum standards of safety and quality are met, and a quality improvement mechanism that allows health services to realise aspirational and developmental goals.

The ten (10) national safety and quality health service standards are:

SA Health is committed to ensuring that the experience of consumers using its services is as positive as possible. In order to achieve this goal a number of processes have been put in place to assist SA Health to measure and understand the consumer's experience.

SA Health Safety and Quality Governance Structure

The SA Safety and Quality governance structure and program has been designed to address patient safety priorities from both a national and state level, and be responsive to new emerging issues or risks.

SA Health Partnering with Consumers and Community Advisory Group

The SA Health Partnering with Consumer and Community Advisory Group established in 2013 includes member representation from:

- Health Consumers Alliance SA
- Health and Community Services Complaints Commissioner
- Consumers
- a representative from each local health network, including Drug and Alcohol Service, SA Ambulance Service
- SA Health including:
  - Mental Health and Substance Abuse
  - Nursing and Midwifery Office
  - Service Development
  - Safety and Quality Unit

The SA Health Partnering with Consumers and Community Advisory Group is the strategic committee for partnering with consumers which is underpinned by:

**National:**
- Australian Safety and Quality Framework.
- [Australian Commission on Safety and Quality in Health Care (ACSQHC) Patient-centred Care: Improving quality and safety through partnerships with patients and consumers.](https://www.atsqhc.org.au/patient-centred-care/)
- National Safety and Quality in Health Service Standards (NSQHSS)
- NSQHS Standard 1 – Governance for Safety and Quality Health Service Organisations
  - Complaints management
  - Patient rights and engagement
  - Open disclosure
- NSQHS Standard 2 - Partnering with Consumers
- Australian Safety and Quality Goals for Health Care
  - Goal 3 - Partnering with Consumers.

**State:**
- SA Health A Framework for Active Partnership with Consumers and the Community
- SA Health Guide for Engaging with Consumers and the Community
- SA Health Guide to Engaging with Aboriginal people

The role of the Advisory Group is to oversee the state coordination and monitoring of the whole of health strategy which supports standardisation across SA Health in regard to Partnering with Consumers.
External bodies

Health Consumers Alliance of SA Inc. (HCA)
HCA was established in 2002 as the peak body for health consumers, and is funded by the South Australian Minister for Health through SA Health. As an independent alliance of health consumers and health consumer organisations, we work with our members and supporters to achieve our vision of Consumers at the heart of health care.

A strong and effective voice for the promotion and protection of health consumer wellbeing and rights, HCA promotes health equity and provides systemic advocacy to inform, shape and sustain consumer centred care. We believe that consumer engagement results in better planning and policy-making and hence better health outcomes and community wellbeing.

As a peak body, HCA seeks to promote and strengthen the consumer voice and promote consumer leadership. An important role of HCA is promoting the policy and practice of consumer engagement across the SA health care sector, including public, private and non-government service providers. Training opportunities are also available from HCA.

Telephone: (08) 8231 4169
Email: iinfo@hcasa.asn.au
Website: www.hcasa.asn.au

The Health and Community Services Complaints Commissioner (HCSCC)
The Health and Community Services Complaints Commissioner is also of interest to the CACAC / CAG, as it is the key health complaints body in South Australia for consumers who are not able to resolve complaints with service providers. The Health and Community Services Complaints Commissioner (HCSCC) also makes recommendations on safety and quality issues.

The Health and Community Services Complaints Commissioner (HCSCC) was established by the Health and Community Services Complaints Act 2004 proclaimed on 3 October 2005. The Commissioner is an independent statutory officer.

The role of the HCSCC is to:
- help people – service users, carers and service providers – resolve complaints about health and community services, including child protection services, when a direct approach to the service provider is either unreasonable, or has not succeeded,
- cover health and community services across the public, private and non-government sectors
- handle complaints confidentially and impartially,
- monitor and report complaint trends,
- make recommendations to improve safety and quality.

The office of the Health and Community Services Complaints Commissioner (HCSCC) is open Monday to Friday 9.00am to 5.00pm.

Enquiry Service: (08) 8226 8666
1800 232 007 (Tool free from Country SA landline)

Reception: (08) 8226 8652

Fax: (08) 226 8620

Email: info@hcscc.sa.gov.au

Website: www.hcscc.sa.gov.au
### Acronyms and frequently used terms in health

The following are the acronyms you will typically find on health or CACAC / CAG documents:

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACAT</td>
<td>Aged Care Assessment Team</td>
</tr>
<tr>
<td>ACSQHC</td>
<td>Australian Commission on Safety and Quality in Health Care</td>
</tr>
<tr>
<td>AHCA</td>
<td>Australian Health Care Agreement</td>
</tr>
<tr>
<td>AMU</td>
<td>Acute Medical Unit</td>
</tr>
<tr>
<td>ATSI</td>
<td>Aboriginal and Torres Strait Islanders</td>
</tr>
<tr>
<td>CALD</td>
<td>Culturally and Linguistically Diverse</td>
</tr>
<tr>
<td>CALHN</td>
<td>Central Adelaide Local Health Network</td>
</tr>
<tr>
<td>CHSALHN</td>
<td>Country Health SA LHN</td>
</tr>
<tr>
<td>CCU</td>
<td>Cardiac and Critical Care Unit</td>
</tr>
<tr>
<td>CGU</td>
<td>Clinical Governance Unit</td>
</tr>
<tr>
<td>COTA SA</td>
<td>Council on the Ageing South Australia</td>
</tr>
<tr>
<td>DoH</td>
<td>Department of Health (State)</td>
</tr>
<tr>
<td>DH&amp;A</td>
<td>Department of Health &amp; Ageing (Commonwealth)</td>
</tr>
<tr>
<td>DVA</td>
<td>Department of Veterans’ Affairs</td>
</tr>
<tr>
<td>ED</td>
<td>Emergency Department</td>
</tr>
<tr>
<td>FMC</td>
<td>Flinders Medical Centre</td>
</tr>
<tr>
<td>HACC</td>
<td>Home &amp; Community Care</td>
</tr>
<tr>
<td>HCA</td>
<td>Health Consumers Alliance SA Inc</td>
</tr>
<tr>
<td>HCSCC</td>
<td>Health and Community Services Complaints Commissioner</td>
</tr>
<tr>
<td>HRC</td>
<td>Hampstead Rehabilitation Centre</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>LARS</td>
<td>Local Health Network Analytical Reporting Service</td>
</tr>
<tr>
<td>LHN</td>
<td>Local Health Network</td>
</tr>
<tr>
<td>LMH</td>
<td>Lyell McEwin Hospital / Health Service</td>
</tr>
<tr>
<td>MH</td>
<td>Mental Health</td>
</tr>
<tr>
<td>MOD</td>
<td>Modbury Hospital</td>
</tr>
<tr>
<td>MoU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>NALHN</td>
<td>Northern Adelaide Local Health Network</td>
</tr>
<tr>
<td>NH</td>
<td>Noarlunga Hospital</td>
</tr>
<tr>
<td>OPA</td>
<td>Office of the Public Advocate</td>
</tr>
<tr>
<td>OPD</td>
<td>Outpatients Department</td>
</tr>
<tr>
<td>PHTS</td>
<td>Primary Health &amp; Transition Services</td>
</tr>
<tr>
<td>RGH</td>
<td>Repatriation General Hospital</td>
</tr>
<tr>
<td>RACF</td>
<td>Residential Aged Care Facility</td>
</tr>
<tr>
<td>RAH</td>
<td>Royal Adelaide Hospital</td>
</tr>
<tr>
<td>SAAS</td>
<td>South Australian Ambulance Service</td>
</tr>
<tr>
<td>SAH</td>
<td>SA Health</td>
</tr>
<tr>
<td>SALHN</td>
<td>Southern Adelaide Local Health Network</td>
</tr>
<tr>
<td>SLA</td>
<td>Service Level Agreement</td>
</tr>
<tr>
<td>TQEIH</td>
<td>The Queen Elizabeth Hospital</td>
</tr>
<tr>
<td>WCH</td>
<td>Women’s and Children’s Hospital</td>
</tr>
<tr>
<td>WCHN</td>
<td>Women’s and Children’s Health Network</td>
</tr>
<tr>
<td>Positions</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>AH</td>
<td>Allied Health</td>
</tr>
<tr>
<td>CPC</td>
<td>Clinical Practice Coordinator</td>
</tr>
<tr>
<td>DON</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>GM</td>
<td>General Manager</td>
</tr>
<tr>
<td>NEF</td>
<td>Nurse Education Facilitator</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>VMS</td>
<td>Visiting Medical Specialist (VMO)</td>
</tr>
<tr>
<td>ACSC</td>
<td>Associated Clinical Services Consultant</td>
</tr>
<tr>
<td>CSC</td>
<td>Clinical Services Consultant</td>
</tr>
<tr>
<td>EN</td>
<td>Enrolled Nurse</td>
</tr>
<tr>
<td>ND</td>
<td>Nursing Director</td>
</tr>
<tr>
<td>NMF</td>
<td>Nursing Management Facilitator</td>
</tr>
<tr>
<td>PT</td>
<td>Physiotherapist</td>
</tr>
<tr>
<td>SW</td>
<td>Social Worker</td>
</tr>
<tr>
<td>CPC</td>
<td>Clinical Practice Coordinator</td>
</tr>
<tr>
<td>DON</td>
<td>Director of Nursing</td>
</tr>
<tr>
<td>GM</td>
<td>General Manager</td>
</tr>
<tr>
<td>NEF</td>
<td>Nurse Education Facilitator</td>
</tr>
<tr>
<td>OT</td>
<td>Occupational Therapist</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>VMS</td>
<td>Visiting Medical Specialist (VMO)</td>
</tr>
</tbody>
</table>

Frequently used terms in health

Primary Health Care
The ultimate goal of primary health care is better health for all. The five key elements to achieving that goal include:
- Reducing exclusions and social disparities in health (universal coverage reforms);
- Organising health services around people’s needs and expectations (service delivery reforms);
- Integrating health into all sectors (public policy reforms);
- Pursuing collaborative models of policy dialogue (leadership reforms); and
- Increasing stakeholder participation. World Health Organisation website

Subacute Care
At its simplest, sub-acute care is about goal orientated (and in many instances time-limited) interventions aimed at assessing and managing often complex conditions to maximise independent and quality of life for people with disabling conditions. Subacute services strategic directions, Victoria Health 2001

Ambulatory Care
Health care services provided to patients on an ambulatory basis, rather than by admission to a hospital or other health care facility. The services may be a part of a hospital, augmenting its inpatient services, or may be provided at a free-standing facility.

Multidisciplinary Team
A multi-disciplinary team is where more than one health professional is present at the same session and at least two of the health professionals must come from different clinical disciplines. Department of Health, 2009

Outpatient
A patient who is not an inpatient (not hospitalised) but instead is cared for elsewhere – as in a doctor’s office, clinic or day surgery centre. MedicineNet.com

Inpatient
Inpatient care refers to care for a patient who is formally admitted (or hospitalised) to an institution for treatment

Same Day Admission
A patient who is admitted and separated on the same calendar day. The admission and separation may be when the treatment has been completed or when an episode of care changes. Integrated South Australian Activity Collection

Available Beds
Number of beds, occupied or not, which are immediately available to be used by overnight stay patients. They are immediately available for use if they are located in a suitable place for patient care, funds have been provided, and there is staff available to service the patients who may occupy the beds.

Available Bed Days
Total number of bed days which are available for overnight stay patients during the year.

Hospital profile glossary of terms. Department of Health SA
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupied bed days (OBD)</td>
<td>Number of whole days or part days on which beds were occupied by overnight stay patients or same day patients. In counting occupied bed days, the day of admission and the day of separation are counted as one day. Same day patients have a total count of one day. Hospital profile glossary of terms, Department of Health SA</td>
</tr>
<tr>
<td>Average Length of Stay (ALOS)</td>
<td>The average length of stay for a patient whilst an inpatient. Hospital profile glossary of terms, Department of Health SA</td>
</tr>
<tr>
<td>Public Patient</td>
<td>A public patient is a person who elects to be treated by a doctor nominated by your hospital. Department of Health 2009</td>
</tr>
<tr>
<td>Private Patient</td>
<td>A private patient refers to a patient who is ineligible for Medicare, compensable or private and is also referred to a named specialist incurring a gap fee and is responsible for the payment of fees associated with the service. The specialist is exercising a right of private practice under the terms of employment or a contract with the hospital which provides public hospital services. Department of Health 2009</td>
</tr>
</tbody>
</table>

### Frequently used terms in Consumer and Community Engagement

**Consumers**
- Patients and potential patients, carers and organisations representing consumers’ interests. When referring to consumers, SA Health is referring to patients, consumers, families, carers and other support people.
- National Safety and Quality Health Service Standards, Australian Commission on Safety and Quality in Healthcare, 2011

**Carer**
- A family carer is someone who provides care and support for their parent, partner, child or friend who has a disability, is frail aged, or who has a chronic mental or physical illness. Carer Participation Position Statement, Carers SA

**Community**
- Refers to groups of people or organisations with a common interest, including nongovernment organisations who represent the interests of health consumers. While some communities may connect through a local or regional interest in health, others may share a cultural background, religion or language. Some communities may be geographically dispersed but linked through an interest in a specific health issue by the internet, or some other means. Developing a consumer & community engagement strategy: a toolkit for Hospital & Health Services, Health Consumers Qld 2012

**Consumer engagement**
- Informs broader community engagement. Health consumers actively participate in their own healthcare and in health policy, planning, service delivery and evaluation at service and agency levels. Developing a consumer & community engagement strategy: a toolkit for Hospital & Health Services, Qld

**Community engagement**
- Refers to the connections between government, communities and citizens in the development and implementation of policies programs, services and projects. It encompasses a wide variety of government-community interactions ranging from information sharing to community consultation and, in some instances, active participation in government decision making. It incorporates public participation, with people being empowered to contribute to decisions affecting their lives, through the acquisition of skills, knowledge and experience. Developing a consumer & community engagement strategy: a toolkit for Hospital & Health Services, Health Consumers Qld 2012

**Consumer Advisory Group**
- An advisory group established by a health care service which compromises of consumers and / or carers including those from diverse and hard-to-reach groups who use the organisation’s services. The consumer advisory group provides a structured partnership between consumers and / or carers and the health care service on safety and quality issues, patient experiences, consumer centred care and other issues identified in its terms of reference.

**Consumer group**
- Group of consumers, carers and / or healthcare providers with experience and / or expertise relevant to your health care service. The group is convened to provide advice and feedback to your healthcare organisation on specific issues, including safety and quality improvement activities, patient experience and consumer centred care.

**Consumer nominee**
- A person nominated by a consumer organisation or group for consideration for appointment by the requesting body.

**Consumer representative**
- A person who represents a consumer organisation or group and is authorised to speak on behalf of that organisation or group, making them accountable to and responsible for reporting back to that organisation or group.

**Consultation**
- A method to engage early with consumers and/or community to obtain feedback on issues, analysis, alternatives and decisions being considered by SA Health. It should be considered as part of an engagement process.
| **Patient and consumer centred care (PCC)** | Patient and consumer centred care is healthcare that is respectful of, and responsive to the preferences, needs and values of patients, consumers and the community, with dimensions including respect, emotional support, physical comfort, information and communication, continuity and transition, coordination of care, involvement of family and carers, and access to care, treating consumers and/or carers with dignity and respect, communicating and sharing information between consumers and/or carers and healthcare providers, encouraging and supporting participation in decision making by patients, consumers carers, families and the community, as equal partners, fostering collaboration with patients, consumers, carers, families, the community health care professionals in program and policy development, and in health service design, delivery and evaluation.  
Australian Commission on Safety and Quality in Health Care – Patient Centred Care: Improving quality and safety through partnerships with patients and consumers. |
| **Health Advisory Councils (HAC) (also referred to as Governing Councils)** | Under Part 4 of South Australian Health Care Act 2008, the Minister for Health may establish Health Advisory Councils to undertake an advocacy role on behalf of the community undertake consultancies with the community and provide advice to the Minister and the Chief Executive in relation to health matters, amongst other functions. |
| **Governance** | The set of relationships and responsibilities established by a health service organisation between its executive, workforce and stakeholders including consumers. Governance incorporates the set of processes, customs, policy directives, laws, and conventions affecting the way an organisation is directed, administered, or controlled. Governance arrangements provide the structure through which the objectives (clinical, social, fiscal, legal, human resources) of the organisation are set, and the means by which the objectives are to be achieved. They also specify the mechanisms for monitoring performance. Effective governance provides a clear statement of individual accountabilities within the organisation to help in aligning the roles, interests and actions of different participants in the organisation in order to achieve the organisation's objectives. SA Health’s definition of governance includes both corporate and clinical governance and where possible promotes the integration of governance functions.  
National Safety and Quality Health Service Standards, Australian Commission on Safety and Quality in Healthcare, 2011 |
| **Health literacy** | The extent to which consumers can obtain, process, and understand information about health care, services and the health system. It also refers to a consumer’s capacity to use that information to make decisions about their health care. This includes, but is not limited to, consumers with limited English proficiency, those from an Aboriginal and Torres Strait Islander (ATSI) background, a cultural and linguistically diverse (CALD) background, and children and young people. |
| **Partnership** | Working together collaboratively to make decisions, sharing responsibility for decisions and collectively owning outcomes. |
Categorization of patients

| Elective Surgery (ESS) | Elective surgery is surgery which, in the doctor’s opinion, is necessary but can be delayed for at least 24 hours. It does not include emergency surgery or treatment, or elective medical (rather than surgical) treatment. Patients are assigned a clinical category based on an assessment their condition and the likelihood of their condition deteriorating. This establishes the timeframe in which surgery would ideally be provided. There are three categories: Category 1: admission within 30 days desirable. Also known as ‘Urgent’ Category 2: admission within 90 days desirable. Also known as ‘Semi-Urgent’ Category 3: admission at some time in the future for a condition. Also known as ‘Non-Urgent’. There are also two categories which are used for deferral of surgery. Category 4: medically deferred (not fit for surgery) and Category 5: patient deferred. The level of elective surgery varies from quarter to quarter due to seasonal factors. For example, increased demand for emergency admission during the winter causes a reduction in hospital capacity to undertake elective surgery. A patient whose scheduled admission is cancelled by a hospital is assigned a higher priority for admission. The Department of Health has an overarching Elective Surgery Strategy which provides the direction for the implementation of elective surgery at health units across the metropolitan area. The Department also has a Guideline on Excluded Elective Surgery Procedures which metropolitan hospital services comply. |
| Emergency Department (ED) | Waiting times are defined as when a patient is first seen by the triage nurse to when treatment begins by the doctor. This data does not include patients who do not have an end time (i.e. died before treatment commenced; or they did not wait and left the hospital) and those who do not have a start time (dead on arrival or left before they saw a triage nurse). Patients attending the emergency department are assigned a triage score in accordance with the Australasian College for Emergency Medicine triage standards. There are five categories¹ (to be seen): Priority 1: immediately life threatening (to be send immediately) – compliance standard 100% Priority 2: Imminently life threatening (to be seen within 10 minutes) – compliance standard 80% Priority 3: potentially life threatening (to be seen within 30 minutes) – compliance standard 75% Priority 4: potentially serious (to be seen within 60 minutes) – compliance standard 70% Priority 5: less urgent (to be seen within 120 minutes) – compliance standard 70% |

Acknowledgement: Southern Adelaide Local Health Network Partnering with Consumers Advisory Group

¹ Otherwise known as ‘seen within threshold)
Relevant resources
A list of useful resources has been provided to assist your understanding of relevant health service matters and to give you an update on consumer and community participation policy and practice. Web addresses have also been provided for the major documents where possible. Members might find the following list of resources useful for background on health matters.

**Australian Commission on Safety & Quality in HealthCare (ACSQHC)**
- [Australian Commission on Safety and Quality in Health Care](#)
- [Australian Safety and Quality Framework for Health Care](#)
- [Australian Safety and Quality Goals for Health Care](#)
- [National Safety and Quality Health Service Standards (NSQHSS)](#)
- [NSQHSS 2 – Partnering with Consumers](#)
- [Patient-centred care: Improving quality and safety through partnerships with patients and consumers](#)
- [Health Literacy](#)

**SA Health**
- [SA Health website](#)
- [SA Health Safety and Quality website](#)
- [SA Health A Framework for Active Partnership with Consumers and the Community](#)
- [SA Health Guide for Engaging with Consumers and the Community](#)
- [SA Health Guide to Engaging with Aboriginal People](#)
- [SA Health Charter of Healthcare and Community Services Rights Policy](#)
- [SA Patient Safety Reports](#)
- [SA Patient Safety Reports for Consumers and the Community](#)
- [SA Measuring Consumer Experience Reports](#)
- [SA Health Consumer Feedback and Complaints Management Policy, Guideline and Toolkit](#)
- [Transforming Health](#)

**South Australian Government**
- [SA Health Care Act 2008](#)
- [SA Public Health Act 2011](#)
- [SA Strategic Plan](#)
- [Better Together: Principles of Engagement, Department of Premier and Cabinet and Institute for Public Administration](#)
## Member Name:

<table>
<thead>
<tr>
<th>Action</th>
<th>Completed</th>
<th>Who by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform CACAC / CAG Chairperson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtain consumer member’s ID / security cards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remove member’s name from:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Car Parking list</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CACAC / CAG meeting table name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CACAC / CAG member contact list</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• e-distribution list / mail out list</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CACAC / CAG length of service list</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• @health.email account (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thank you letter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate of appreciation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For more information

Property Name
Division etc
Address Line 1
Address
Telephone:

Confidentiality (caveat if required):-I#-A#
Dear

I write to thank you for your commitment and participation on the Department / Local Health Network Consumer and Community Advisory Committee / Group, as a (consumer / or consumer organisation) representative.

I believe that consumer engagement is central to safety and quality discussions and the Local Health Network Consumer and Community Advisory Group / Committee has played and will continue to play a significant role in this.

I am very grateful for the contribution that you have made to improving safety and quality in health care in South Australia.

Yours sincerely

NAME
Position title

cc: Chief Executive Officer, Consumer Organisation
This questionnaire is anonymous. Please do not place your name on it.

We would like you to think about your experience of being on the LHN Consumer and Community Advisory Committee / Group (CACAC / CAG) and to answer the following questions.

1. To what extent do you agree with the following statements about your experience on the LHN Consumer and Community Advisory Committee / Group?

*Please place a tick in the column (next to each statement) that best represents your opinion.*

<table>
<thead>
<tr>
<th>Experience</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I felt that the most of the advice that CACAC / CAG provided was acted on in relation to implementation strategies for the SA Safety and Quality plan priorities by monitoring and evaluation of services.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt CACAC / CAG worked with the SA Safety and Quality Council to create and support a culture and environment where consumer involvement is paramount at all times.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt that the CACAC / CAG contributed to the development and implementation of policies that embed consumer partnerships across the SA Health sector.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt I contributed to developing processes for involving consumers and the community in different ways in all parts of the health sector.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>An annual report has been provided to (refer to LHN Governance Structure and reporting requirements)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt that the CACAC/ CAG terms of reference are reviewed on a regular basis.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experience</td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Not sure</td>
<td>Disagree</td>
<td>Strongly Disagree</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>----------------</td>
<td>-------</td>
<td>----------</td>
<td>----------</td>
<td>-------------------</td>
</tr>
<tr>
<td>The information I received about meetings was timely and informative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt able to participate in the meetings and contribute my views</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The agenda provided sufficient time for discussion of important matters</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I felt able to raise issues of interest to me and have them addressed or discussed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff provided adequate support and assistance to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Senior staff were approachable and listened to opinions expressed by CACAC / CAG members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most of the advice that the CACAC / CAG provided was acted upon.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CACAC / CAG was adequately consulted about improving patient information services and publications.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CACAC / CAG was adequately consulted about consumer and carer engagement strategies for SA Health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient and carer information was enhanced by the advice and participation of the CACAC / CAG</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CACAC / CAG has contributed positively to the development of appropriate strategies to involve consumers in the operations and decisions of SA Health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The CACAC / CAG has made a positive difference to the SA Health over the past year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Experience

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Not sure</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have gained more knowledge about health care organisations and systems in particular since I joined the CACAC / CAG.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel more confident about my ability to participate in discussions about quality, safety and health care since joining the CACAC / CAG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. What would you say has been the biggest achievement of the LHN Consumer and Community Advisory Committee / Group?

..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................

3. What opportunities (if any) for comment or participation in the LHN do you think the Consumer and Community Advisory Committee / Group has missed out on?

..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................

4. How could the Safety and Quality Unit improve its support or management of the Consumer and Community Advisory Committee / Group and its members?

..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................

5. Do you have any further comments to make?

..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................
..................................................................................................................................................
CACAC / CAG Committee Evaluation

Committees should be evaluated on an annual basis to determine their effectiveness and provide an opportunity for membership feedback. Please complete and return this form to Committee Secretary.

LHN Consumer and Community Advisory Committee / Group

Chairperson / Convenor: Name: ………………………………………………………………………

Current Evaluation Date: ………………………………………………………………………

Please rate each issue by circling / highlighting one level:
1 = None met  2 = >25% of the time  3 = >50% of the time  4 = >75% of the time  5 = All met

<table>
<thead>
<tr>
<th>#</th>
<th>Criteria</th>
<th>Rating Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Terms of Reference adequately describe the role, objective, and level of authority the Committee has to make decisions</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>2</td>
<td>The Terms of Reference, including Committee membership, is reviewed every 2 years</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>3</td>
<td>The Committee functions according to the Terms of Reference</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>4</td>
<td>Membership adequately reflects the function and objectives of the Committee</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>5</td>
<td>Members are informed of their responsibility for communicating decisions of the Committee</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>6</td>
<td>Meetings are held according to scheduled and/or advised dates/times.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>7</td>
<td>Minutes, agenda and reports are circulated on time, prior to the meeting.')]()(</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Agenda topics are clear, specific and in logical order.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>9</td>
<td>Meetings commence and finish on time.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>10</td>
<td>All members contribute to the meeting proceedings.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>11</td>
<td>Actions from the previous meeting are completed in given time-frame.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>12</td>
<td>Meetings remain focused on agenda/business arising topics.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>13</td>
<td>Key actions/outcomes are summarised and recorded accurately in the minutes.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>14</td>
<td>The meetings are beneficial and an effective use of people’s time.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

SCORE : / 70

Please provide us your comment or make recommendations.

........................................................................................................................................
........................................................................................................................................
........................................................................................................................................

Thank you for taking the time to complete this evaluation form, please forward it to (insert details here)

For more information

Property Name
Division etc
Address Line 1
Address
Telephone: www.sahealth.sa.gov.au

Confidentiality (caveat if required)-Iff-All

© Department for Health and Ageing, Government of South Australia. All rights reserved.
For more information

Safety and Quality
SA Health
11 Hindmarsh Square
Citi Centre Building
Adelaide SA 5000
Telephone: 08 8226 6971
www.sahealth.sa.gov.au/safetyandquality