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

Consumer Advisory Council (CAC)

Annual Report 2025

April 2024 to March 2025

Excellent health care, every time

Care ▪ Integrity ▪ Respect ▪ Excellence ▪ Teamwork

Contents

From the Chair and Executive Sponsor **4**

A Message from the CAC Chair 4

A Message from the CAC Executive Sponsor 5

About the FSFHG CAC **6**

Fiona Stanley Fremantle Hospitals Group 6

The FSFHG CAC 6

Members of the CAC 6

Education and induction 7

Consumer Advisory Groups (CAGs) 7

Terms of Reference and Operational Plan **8**

Terms of Reference 8

Operational Plan 8

Committee Participation **9**

Snapshot of the Year **10**

Special topics discussed at CAC meetings 10

Patient Publication Reviews 10

Complaint Response Reviews 11

Ward Walks 11

Additional activities 11

Consumer-led and Co-designed Projects **13**

Intern Workshops 13

Teach Back 14

Development of a Framework for Involving Consumers in Research 14

Member Profiles **16**

Members' perspectives **23**

Evaluation **24**

Diversity **31**



FSFHG CAC members, May 2024

From the Chair and Executive Sponsor

A Message from the CAC Chair



The past twelve months have seen an increase in activity by members of the Fiona Stanley Fremantle Hospitals Group Consumer Advisory Council (FSFHGCAC). We have continued to work enthusiastically to achieve our goals of advocating for consumers and carers across the organisation, by advising and working with staff on ways to improve the patient experience at FSFHG.

This report details the extent of our involvement, which includes providing consumer perspectives as representatives on 19 hospital committees and giving feedback to staff on written and online publications for patients. We are also increasingly involved in co-designing quality improvement projects.

During the year we said goodbye to several members who left the CAC and would like to thank all former members for their hard work and commitment to the CAC over the years and welcome the new members to the Council. We were also delighted to welcome six new members to the CAC.

Our member profiles show the exceptional range of experience and interest that members bring to the work of the CAC. New members bring renewal by providing fresh ideas, different expertise, and new perspectives, and combined with the experience of long-standing members this represents a rich resource.

My special thanks go to Deputy Chair David Earl, who has been a wonderful support to me as Chair. I also thank Angela Piscitelli, Tricia Dewar and Claudia Alvarado of the Patient and Family Liaison team for their essential administrative support for the CAC over the past year. I also note my appreciation of the encouragement and support that the CAC continues to receive from Jaymie Arthurson and Sarah Glover from the South Metropolitan Health Service (SMHS) Safety, Quality and Consumer Engagement team; from the Partnering with Consumers Committee; from the FSFHG Executive Director Neil Doverty; and from SMHS Chief Executive Paul Forden. CAC Executive Sponsor Nyrene Jackson's commitment to our work has been fundamental to its success. Her enthusiasm and her energetic support are truly valued.

This will be my last message as Chair as I am about to step down after my four-year term in the position. However, I plan to retain a close involvement with the CAC in my new role as Chair of the SMHS Research Consumer Advisory Group. The CAC is a highly motivated and engaged group of people, and my thanks go to all members for their active enthusiasm for exploring new opportunities to contribute to shaping our health services. It has been a privilege and a joy to have been able to work with such a committed, energetic,

and compassionate group of people. I pass on my congratulations and warmest best wishes to my successor, Amelia Toffoli, who will be a wonderful CAC Chair.

Jane Pearce

Chair, FSFHG Consumer Advisory Council

A Message from the CAC Executive Sponsor



It's been my privilege to work with the CAC for another year. This year saw FSFHG undergo our assessment against the National Safety and Quality Health Service Standards, the exceptional feedback received from our assessors in relation to Standard 2, Partnering with Consumers and the overall impression of the consumer voice throughout the organisation is a testament to the continued hard work and commitment from all the CAC members. Evidence of the work completed by the CAC to improve communication, enhance workforce understanding of the patient experience and to ensure the consumer perspective is understood was tangible across all areas of the organisation. The CAC project, Teach Back was taken to the WA Clinical Senate and selected for roll-out across all Health Service Providers in WA – a fantastic achievement and recognition of the excellent work completed not only in creating the resources, but also the implementation of structured teaching and training to staff across a number of disciplines. Following advocacy by the FSFHG CAC, the SMHS Person Centred Care Framework has now been developed and I look forward to working with the CAC to develop our implementation plan across the coming months.

I would like to express my deepest gratitude to Jane Pearce, who is retiring from the CAC Chair position this year. Jane has been a hugely valued member of the CAC since 2017, and Chair of the group since 2021. From the outset Jane embraced her role with enthusiasm and professionalism and has been a real driving force ensuring the profile of the CAC has been raised across the organisation. Your passion to improve the consumer experience Jane is infectious and I have really enjoyed working alongside you and learning from your perspective! We are lucky that Jane will remain with SMHS, moving to a new Chair role in the Research Consumer Advisory Group, I wish you all the best in this next chapter.

I would like to welcome Dr Amelia Toffoli as our incoming Chair, Amelia has been a member of the CAC since 2022 and brings a wealth of experience to the role including a background of 42 years in education and a passion for research and trustworthy data leading to continuous improvement. I look forward to working together with Amelia and all members of the CAC across the next year further improving the patient experience.

Nyrene Jackson

Executive Sponsor, Partnering with Consumers, FSFHG

About the FSFHG CAC

Fiona Stanley Fremantle Hospitals Group

Fiona Stanley Hospital is the major tertiary hospital in the South Metropolitan area and offers comprehensive health care services to adults, youth, and children. It has 783 beds. Providing specialist hospital services, Fremantle Hospital plays a vital role in supporting the tertiary services of Fiona Stanley Hospital.

The single streamlined governance structure of Fiona Stanley Fremantle Hospitals Group (FSFHG) helps to ensure integration between Fiona Stanley and Fremantle Hospitals with better access and flow for patients within and across specialty areas.

The FSFHG CAC

The FSFHG CAC membership comprises up to 13 consumer representatives, plus two quarantined positions: one for an Aboriginal representative and one for a Carer representative. There is also one representative of each FSFHG Consumer Advisory Group (CAG).

This combination of perspectives has proved invaluable in ensuring the CAC has maintained its momentum and commitment to advocacy for patients, families, and carers, while incorporating new ideas and considering different points of view in its planning and decision making.

Members of the CAC

Consumer and carer members of the FSFHG CAC, April 2024 to March 2025:

- Jane Pearce - Chair
- Jenny Bedford - FSH Mental Health CAG representative
- Pip Brennan (until February 2025)
- Anthea Crawford
- Roland Domoraud (until February 2025)
- David Earl
- Kerry Elder – FH Mental Health CAG representative
- Karen Evans
- Kylie Ekin – FSH Maternity Advisory Group representative
- Kate Jones
- Justin Kickett – Aboriginal Representative
- Nora Lane
- Deborah Purdy
- Pamela Robinson
- Balli Singh (until December 2024)
- Faith Taylor – Carer Representative
- Amelia Toffoli – FSH Emergency Department CAG representative

Education and induction

FSFHG facilitates up to three education sessions for CAC members per year.

In May 2024, a workshop was held focused on Organisational Governance at FSFHG, including the role of NSQHS Standards and the accreditation process in managing safety, quality, and risk. The workshop was jointly presented by Marjorie Cameron, Manager Patient Safety, and Directors of the six FSFHG Services.

A second workshop, held in December 2024, was in two parts:

- AI in Medical Tests – Identifying what is important to the consumer, presented by researchers from the Health Artificial Intelligence Group.
- Consumer consultation on the SMHS Digital Health Strategy, presented by members of the SMHS Digital Health Strategy Team.

To support newly recruited members, a CAC induction pack is available and there is an informal mentoring program in place.

FSFHG requires and supports CAC members to undertake the Health Consumers' Council WA Consumer Representative training.

Consumer Advisory Groups (CAGs)

Consumer advisory groups provide more focused, local consumer representation to support particular services within the organisation. As the peak consumer advisory body in the Fiona Stanley Fremantle Hospital Group, the CAC has a close involvement in the work of all CAGs and is always seeking opportunities to establish more.

Four Consumer Advisory Groups (CAGs) are currently active in FSFHG:

- FSH Emergency Department CAG
- FSH Mental Health CAG
- FH Mental Health CAG
- FSH Maternity Advisory Group.

New and potential CAGs:

- SMHS Research Consumer Advisory Group (established February 2025)
- Work is underway to establish two new CAGs:
    - SMHS Community Services CAG
    - FSFHG Allied Health CAG

The initial report on the Short Notice Assessment, held in February 2025 at FSFHG, included this positive comment on the effectiveness of the CAGs as a model for consumer engagement:

'The FSFHG consumer engagement model of the CAC and the Consumer Advisory Groups from designated areas such as the emergency department has been very successfully implemented.'

Terms of Reference and Operational Plan

Terms of Reference

The Terms of Reference for the FSFHG CAC were reviewed in October 2024, and are next due for review in October 2026.

The purposes of the FSFHG CAC are to:

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

To ensure there is a framework to formally demonstrate the effectiveness of the CAC in fulfilling its purpose, eight functions are listed in the Terms of Reference with a linked set of measures. Evaluation against these measures takes place as part of the biennial review of the Terms of Reference. The CAC also conducts annual evaluation and diversity surveys.

Operational Plan

A new CAC Operational Plan for 2024-2026 was endorsed by the CAC in April 2024 following the successful completion of the 2021-2024 Operational Plan. Seven actions identified in the 2021-2024 Operational Plan were completed, and four carried over to the new plan. The CAC Operational Plan aligns where possible with the SMHS Operational Plan and the FSFHG Operational Plan. It provides a framework for all CAC activities, and comprises the following main priorities:

1. Continue to engage in quality improvements activities, including the establishment of a ‘person-centred’ hospital
2. Work with staff to improve communication with consumers and provide education for health literacy for all FSFHG consumers.

Specific CAC activities linked to the Operational Plan Priorities are included in this Report.

Any participation by CAC members in activities that relate to the Operational Plan, such as involvement in project working groups and committee representation, is reported quarterly to the CAC.

Committee Participation

Consumer participation in hospital committees is an important aspect of the CAC's work and fulfills all three purposes of the CAC's Terms of Reference. Having consumer representatives on hospital committees enables members to advocate for consumers and carers and ensures that consumer and carer issues and perspectives inform the decision making of each committee.

CAC members report monthly on the activities of their committee and can escalate any issues or concerns to the full CAC for possible action. Likewise, consumer representatives can request that issues of concern arising during CAC meetings be tabled for discussion at a committee they sit on. This two-way communication is an important mechanism to facilitate communication between consumers, carers and FSFHG.

CAC members listed below are full members of the respective committees

FSFHG Hospital Executive (HEC)	Chair (Jane Pearce)
FSFHG Corporate Governance	Pip Brennan/Kate Jones
FSFHG Clinical Governance	Kerry Elder
FSFHG Clinical Outcomes Review	David Earl
FSFHG Partnering with Consumers	Jenny Bedford
FSFHG Medication Safety	Robyn Wright*
FSFHG Communicating for Safety	Amelia Toffoli
FSFHG Comprehensive Care – Falls	Anthea Crawford/Nora Lane
FSFHG Comprehensive Care – Cognitive Care	Pamela Robinson
FSFHG Service 1 Nursing SQR	Jenny Bedford
FSFHG Service 2 SQR	Pamela Robinson
FSFHG Service 4 SQR	Pamela Robinson
FSFHG Service 6 SQR	Jenny Bedford
FSFHG Outpatient Management	Kerry Elder
FH Site Management	Anthea Crawford
FSFHG Preventing & Managing Unpredictable Behaviours	Anthea Crawford/Jenny Beford
FSFHG End of Life Care Committee	Amelia Toffoli
SMHS Human Research Ethics Committee (HREC)	Amelia Toffoli

SMHS Research Steering Committee	Jane Pearce
Other	
FSH Food Audits	All, monthly by nomination

Snapshot of the Year

All activities included in the following snapshot are linked to our Operational Plan Priorities and our purposes as described in the Terms of Reference.

- We held eleven CAC meetings and achieved a quorum at every meeting.
- We continued our involvement as consumer representatives on 19 hospital committees and four Consumer Advisory Groups.
- We took part in monthly meal audits.
- We reviewed 25 complaint response letters.
- We reviewed 42 patient publications.
- We continued our program of Ward Walks and conducted over 50 walks.

Special topics discussed at CAC meetings

Most CAC meetings include presentations from invited guests from across FSFHG and SMHS. During the past 12 months, invited guests presented information about following topics for discussion at CAC meetings.

- The SMHS Cancer Plan
- Peel Transformation Project
- ED/AMU Patient Journey
- FH Back to Basics Project
- Engaging Consumers in Quality Improvement
- Maintaining Safety in Ward 8S at Fremantle Hospital
- The Human Factors Project
- Patient story from Ward 5C
- SMHS Digital Health Strategy

Patient Publication Reviews

Over the past year, FSFHG CAC and the FSFHG Consumer E-Network were invited to review 42 patient publications. Collated feedback from CAC members is provided to the publication authors for consideration and amendments as appropriate. Evidence of consumer review is provided to the SMHS Communications team, who apply the *consumer reviewed* icon to the publication. A report is completed annually and available on the CAC hub page. The review process is voluntary and completed out of meeting time.

Complaint Response Reviews

Each month, members of the FSFHG CAC are requested to review two complaint responses. The de-identified complaints and response letters are provided to the CAC members via email, and members provide feedback via MS Forms and make suggestions for improvement. Collated feedback from CAC members is provided to the service authoring the response letter. A report is completed annually and available and on the CAC hub page. The review process is voluntary and completed out of meeting time.

Ward Walks

Ward walks are an important mechanism to ensure that the consumer voice is heard, acknowledged, and valued by FSFHG. CAC members talk to patients using a set of agreed questions designed to capture information on key aspects of the patient experience. Over 50 Ward Walks were completed in between April 2024 and March 2025. These include visits to patients in the new Medihotel.

Ward Walks:

- provide an opportunity for patients to give feedback to another consumer
- provide CAC members with direct contact with patients and a broader insight to the patient experience
- provide the hospital a deeper understanding of the patient experience via direct patient perspectives.

The initial report on the Short Notice Assessment, held in February 2025 at FSFHG, included these positive comments on the effectiveness of the CAC ward walks:

‘An example of improvements to consumer engagement is shown by the Ward Walks, where consumers visit wards and seek firsthand experience from patients and families. The processes for conducting the Ward Walks have been modified over time to continuously improve their impact and outcomes.’

‘A current example of practice to support the partnership opportunities between the workforce and consumers is shown by the organisational support for members of the CAC to do Ward Walks of the new FSH Medihotel. This has provided feedback and engagement opportunities for staff from over 50 patient contacts at the initial stage of delivering care from this space.’

Additional activities

- Consumer participation in SAC 1 Review Panels

Having successfully advocated for a trial of consumer participation in SAC 1 reviews, a consumer cohort of six members representing the FSFHG CAC and three CAGs is now available to join these panels. Feedback from staff and consumers continues to indicate that involving consumers in SAC 1 reviews has led to a better understanding of consumer and carer perspectives by staff involved in the review process.

- Medihotel Project

One member was the consumer representative on the Project Steering Committee for the FSH Medihotel which was established for the purpose of planning for the clinical readiness, patient cohorts, and workforce requirements of the SMHS 80 bed Medihotel.

- Nurse Practitioner Strategy

Four members have been involved in helping develop a Nurse Practitioner Strategy for FSH.

- Zero Preventable Healthcare Associated Infections (HAI) Project

One member was the consumer representative on the Zero Preventable HAI 'back to basics' pilot project.

Involvement in consumer-related activities outside FSFHG

- Many CAC members are involved in consumer advocacy activities outside FSFHG. We welcome opportunities for members to contribute as consumer advocates outside the FSFHG, as this enhances our knowledge of consumer and carer perspectives beyond the hospital and enables us to advocate for FSFHG consumers and carers more widely across the health service.

Some examples of involvement by CAC members are:

- Membership of Curtin University's Patient and Carer Activated Escalation of Care for Clinical Deterioration Consumer Advisory Group (PCAE CAG)
- Consumer representative on the WAVED Safety and Quality Committee
- Invited Expert Witness on the WA Clinical Senate (two members)
- Consumer Representative: Safety and Quality Data Surveillance Maternity Group
- Research coordinator on the Paediatric Critical Care Consumer Advisory Group at Perth Children's Hospital
- Collaborating Consumer to Council of Australian Therapeutic Advisory Groups (CATAG)
- Membership of the Person-centred Care Project Control Group for the Improving safety and quality in health care: A strategic plan for action in WA 2024-2026
- Membership of the SAFE Project Control Group for the Improving safety and quality in health care: A strategic plan for action in WA 2024-2026.

Consumer-led and Co-designed Projects

The past year has seen members becoming closely involved in partnering with FSFHG staff to plan and implement consumer-initiated and co-designed projects. These projects included the Intern education workshops on ‘Communicating for Person-Centred Care’ and the implementation of ‘Teach Back’. These projects are described below.

As noted in the National Safety and Quality Health Service Standards 2.1 Short Notice Assessment for the Fiona Stanley Fremantle Hospital Group:

‘There are many strong examples of co-design work between consumers and FSFHG in developing training and education, including the work on teach-back … and JMO training on person-centred care. The consumer voice is well embedded in FSFHG orientation and ongoing training in design and delivery.’

Intern Workshops

Activity related to Operational Plan Priorities 1 and 2

- Continue to engage in quality improvements activities, including the establishment of a ‘person-centred’ hospital
- Work with staff to improve communication with consumers and provide education for health literacy for all FSFHG consumer.

For the fourth year running, consumer members presented workshops on ‘Communication for Person-Centred Care’ to the incoming FSFHG medical Interns as part of their orientation program in January 2025. The workshops draw on staff education modules developed by the Emergency Department CAG as part of the Patients at Risk project. The workshops were an opportunity for the CAC to influence how junior doctors engage with patients, family members and carers by promoting person-centred care at the beginning of the Interns’ clinical practice. It has also set the scene for the Interns by providing a positive experience of engagement with consumers.

CAC members also designed and presented similar workshops for the new doctors in the International Medical Group in August 2024.

The initial report on the Short Notice Assessment, held in February 2025 at FSFHG, included these positive comments on the education initiatives:

‘FSFHG is very focused on communications aimed at the diversity of its patients. A major project in the emergency department was initiated through its consumer advisory group for their at-risk patients, many of whom were from remote localities. This work demonstrated that interventions early in the patient journey had major impacts on both the patient experience and outcomes. The CAC oversaw consumers leading the development of training materials for communication for patient centred care that is delivered to junior doctors at their orientation.'

Teach Back

Activity related to Operational Plan Priority 2

- Work with staff to improve communication with consumers and provide education for health literacy for all FSFHG consumers.

The ‘Teach Back’ project was initiated in response to consumer concerns with aspects of staff communication. CAC members worked with staff to create a series of five videos to demonstrate teach back, which is a communication technique designed to involve all consumers in meaningful conversations about their health care. CAC members co-wrote scripts, presented the introductory video focusing on the value of teach back, and role-played patients and family members in the remaining four videos demonstrating teach back in a range of clinical settings. The project was launched across Fiona Stanley and Fremantle Hospitals in May 2022, and CAC members continue to promote the videos and the use of ‘Teach Back’ whenever there is an opportunity.

The videos are relevant and easily available resources that can be incorporated into a variety of staff education programs to teach staff about how to engage consumers in conversations about their own care. There is evidence that ‘Teach Back’ is gradually being adopted across the organisation to improve communication with consumers. ‘Teach Back’ videos are now available on the FSFHGCAC website.

Further promotion of ‘Teach Back’ has included the development of a ‘Take 5’ presentation on ‘Teach Back’ and a series of workshop presentations provided to a range of staff groups, including Fremantle Hospital staff as part of the ‘Back to Basics’ project.

Beyond FSFHG, the West Australian Clinical Senate invited the CAC Chair to attend a workshop to present on the success of the Teach Back implementation at FSFHG. Following the presentation, a recommendation was made to ‘Expand Teach-Back in a Health Service Provider outside of the Fiona Stanley Fremantle Hospitals Group’, and the CAC Chair invited to attend a second workshop as an expert witness to participate in further discussions on this initiative.

Interest in promoting Teach-Back to staff has come from Bunbury Hospital, where a training module focusing on teach-back has been added to the learning portal.

The initial report on the Short Notice Assessment, held in February 2025 at FSFHG, included these positive comments on the impact of the Teach-Back project:

‘Many FSFHG staff told assessors that they promote health literacy as much as possible. The Teach-Back resources that were co-designed with consumers are important tools to support better communication and the building of health literacy.’

Development of a Framework for Involving Consumers in Research

This activity is related to Operational Plan Priority 3 from the previous plan.

- Ensure that consumer and carer perspectives are considered in service planning, design and evaluation of projects aimed at improving the patient experience.

Following the identification of the SMHS Research Strategy's first Pillar of Change as 'an engaged community participating in innovative research' CAC members have worked in conjunction with the SMHS Research team to co-design a high-quality *Framework for Involving Consumers in Research,* to be used across SMHS. The framework is intended to be a source of information and support for both SMHS researchers wanting to involve health consumers in research and for consumers themselves.

Please see https://smhs.health.wa.gov.au/Our-research/Participate-in-our-research/Valuing-the-consumer-voice-in-research

The co-design component consisted of a series of planning workshops with the first involving consumers only, the second involving researchers only, and culminating in a combined consumer and researcher workshop leading to the development of a draft for the Framework.

CAC members involved in the project have found the process to be very inclusive and responsive for all parties present. Ultimately greater consumer involvement in research will benefit consumers by opening the door to improving health outcomes for all consumers. It will also give opportunities to empower consumers to acquire further knowledge and skills on how to engage whilst at the same time benefiting the SMHS research community. As well as the creation of the Framework, other outcomes include the establishment of a consumer bank, the establishment of a registry of interested consumers, and the creation of a Research Consumer Advisory Group.

Responsibility for the further development of this project and the implementation of actions has been handed to the new SMHS Research Consumer Advisory Group, established in February 2025.

The Draft Outcome Report on NSQHS Standards Clinical Trials Governance Framework Assessment held in February 2025 at FSFHG included these positive comments on this initiative:

'SMHS and the Consumer Advisory Council (CAC) members have actively collaborated to develop a SMHS Consumer Involvement in Research Framework that was released late in 2024. This overarching document will drive and harmonise clinical trials activities with consumers in a systematised way for FSFHG. It will include further policy development, risk management, and training, and will particularly enhance the visibility of consumer involvement in clinical trials through the governance system up to the Board.'

Member Profiles

Jenny Bedford (FSH Mental Health CAG representative)



I am a fulltime Carer to my young adult daughter who has both intellectual and psychosocial disabilities. I have over 20 years lived experience in mental health, disability, allied health advocacy and early intervention. I have also had over 30 years' experience in the hospitality, corporate, sales and retail sectors. I currently sit on a number of committees that allow me to advocate and have a voice on behalf of carers and consumers. My passion in all aspects of health care allows me to focus on the importance of person-centred care and the safety and quality of hospital services. I hope to continue to be involved in making positive changes representing carers, consumers, and the broader community. I feel very privileged and supported in my role as a member of the CAC.

Pip Brennan



Since 1998 I have had many different roles working in and around health advocacy. I have been a volunteer, a consumer representative, a paid Advocate, a conciliation officer in a statutory complaints office, and most recently a seven-year stint as the Executive Director of the Health Consumers' Council WA. I have been involved in every type of project from a service re-design through to state reforms (Panel Member Sustainable Health Review for example) and national committees and inquiries. I am a deeply committed lived experience systemic advocate. In 2022 I was one of a team of carers for a friend with terminal cancer and minimal family support. She died at Fiona Stanley Hospital several weeks after an emergency admission and this has sparked in interest in joining the CAC. As an active local resident, I am also interested in what could be done to leverage relationships at local government and grassroots levels to drive consumer involvement in our health services.

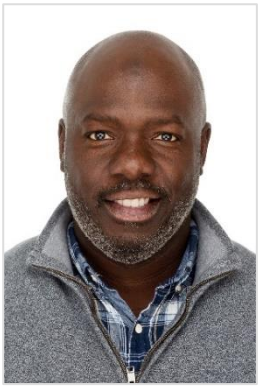
Anthea Crawford



I am a retired Registered Nurse who has spent 50 years in the nursing workforce, working in several countries in numerous areas of health care from war zones through to the pandemic. I have Diplomas in Midwifery, Intensive Care nursing, Management, a Certificate in Aged Care, and a Master of Nursing degree from Notre Dame University. My primary interest in later years has been nursing in Aged Care, recognising the need to lift the profile of nurses in the discipline, enhancing the quality of care that patients receive and improving the

environments they inhabit. I joined the CAC to continue contributing to the health industry and to assist in ensuring standards of care are met and consumers are heard. A key aspect of this is my participation in SAC1 Review Panels as a consumer representative. It is interesting observing health care from the consumer's perspective and working with people equally committed to improving the health experience.

Roland Domoraud



I am a professional engineer (Member of the Institution of Engineers Australia), currently working for Chandler McLeod as Project Electrical Engineer. While living in Tasmania I cared for someone with a disability, we developed a strong bond and continued communicating when I moved back to Africa. I feel privileged to be part of the Consumer Advisory Council of Fiona Stanley Fremantle Hospitals Group. I am contributing to scan the environment to offer the best advice and feedback to the FSFHG CAC, and to give accurate facts of consumers and carers concerns. I have enjoyed our monthly meetings.

David Earl (Deputy Chair)



I have a background in university administration at both Edith Cowan University and Curtin University. After retiring, I joined the Fremantle Hospital volunteer program in December 2013 and transferred to Fiona Stanley Hospital's Volunteer Service in January 2015. As well as being a member the FSFHG Consumer Advisory Council I am a member of the FSH Emergency Department Consumer Advisory Group, and a member of the Emergency Department's Safety and Quality Committee (Clinical Governance), the Service 4 Safety, Quality and Risk Committee, and the Clinical Outcomes Review Committee, and participate in SAC 1 Review Panels as a consumer representative. I also have experience as a consumer of health services, in WA medical practices and WA and overseas hospitals and brings this wide consumer experience to my work as a volunteer and a consumer member on committees.

Kylie Ekin (FSH Maternity Advisory Group representative)



I have been a Maternity Consumer Representative since my first daughter was born 12 years ago. My lived experience sparked a passion for improvement that has led me to becoming an engaged and educated consumer and starting the campaign 'Change Choice Continuity'. I have been on the FSH Maternity Advisory Group since its inception and was appointed as the group's first consumer Chair at the end of 2024. I have worked on many projects in WA such as the WACHS My Baby WA pregnancy app, the development of the FSH Family Birth Centre and the Bentley Midwifery Centre. I was an integral part of the FSH Making the Changes working group and I am a Consumer Lead on the New Women and Babies Hospital Project with North Metropolitan Health Service.

Kerry Elder (FH Mental Health CAG representative)



I have been volunteering as a consumer with lived experience for over 8 years now in one way or another. I am very passionate about consumer input into all services but most importantly in health. My experience in this area is a direct consequence of having lived as a consumer and carer in various fields of health. My main passion is in mental health as at times it is very hard for those of us who experience various mental health issues to speak out and say what they want or what isn't working or can be improved. I am also passionate about not wasting resources on things that are not working or could be done better. The consumer's voice is the only way for professionally educated people working in these areas to learn what works and what doesn't work. Working together developing strategies and adopting new approaches to improve health services is a very positive step moving forward into the future. One aspect of this is my participation in SAC 1 Review Panels as a consumer representative.

Karen Evans

I am relatively new to this committee and feel privileged to be part of such a supportive and encouraging team. I work full-time while also caring for my elderly parent, who has limited mobility and ongoing health challenges requiring constant care. My professional background spans both metropolitan and regional roles, with the past 15 years primarily in education, preceded by experience in the mining sector. Most recently, I have worked in local government across both regional and metropolitan areas. Although healthcare is a new sector for me, I bring the perspective of a current consumer with lived experience. My passion lies in aged care, particularly in promoting holistic, personalised care within hospital and home care systems. I hope to contribute to meaningful change from a consumer perspective—enhancing communication, fostering understanding, and

advocating for impactful improvements that benefit patients, carers, consumers, and the broader community.

Kate Jones



I bring to the role of consumer advisor 25 years of legal experience; knowledge of contemporary governance structures that underpin strategic and operational decision making; and risk management practices. As a recently retired public servant, I wear the hat of having had experience "from the inside" of the challenges facing those who work tirelessly to deliver high standards of customer service within the confines of highly politicised environments. I know the delicate balancing act that exists between a commitment to high quality service delivery on one side and budget cuts and resource and asset restrictions on the other. The other hat I wear from a personal perspective, has been to raise three beautiful humans who themselves are now raising seven equally beautiful humans. My experience with Fiona Stanley's stroke and mental health units has come as a result of my role as a carer for my husband who we lost to suicide in 2020. A sad loss; indeed, however, the experience has given me first-hand knowledge of the benefits of kindness, compassion and care that comes from the heart - the hallmarks of patient-centred care.

Justin Kickett (Aboriginal Representative)



I was born in the Wheatbelt town of Pingelly; I have spent most of my life in Kwinana, where my educational journey began, encompassing both primary and high school, and later extending to Clontarf Aboriginal College. I'm married and I am also a proud father of four—three sons and one daughter—and a grandfather to ten wonderful grandchildren. With over three decades of experience within my community, I have dedicated my career to supporting disadvantaged Aboriginal children through extensive work in schools. This role has provided me with profound insights into the social and healthcare disparities faced by Aboriginal families, fuelling my passion for creating equitable health outcomes. For more than seven years, I have contributed to the Kids Research Aboriginal Cultural Advisory Group, focusing on ear health, and addressing systemic healthcare inequities, aligning with broader efforts to close the gap in Aboriginal health outcomes. As a member of the Fiona Stanley Fremantle Group Consumer Advisory Council (CAC), my goal is to learn, contribute, and provide culturally safe support, empowering Aboriginal people to navigate the hospital system with confidence and dignity.

Nora Lane



For almost 50 years I was a nurse and specialised in critical care before entering management for the last 20 years in paediatrics and then general medicine. I am a wife, mother, and grandmother also a health service consumer. I have also been a carer for family members. Excellence in patient care has always been a passion - the main focus has been in preventing hospital acquired complications and end of life care. I also am a strong advocate for increasing nursing influence in healthcare planning and reducing the fragmentation of care within our health service. I am currently the CAC rep on the Falls Prevention Committee. I particularly enjoy ward walks as they allow me to talk to those we represent.

Jane Pearce (Chair)



I came to Perth with my family 30 years ago and taught in the School of Education at Murdoch University for 20 years. On retirement I joined the volunteer team at Fiona Stanley Hospital. I became a member of the FSH Emergency Department Consumer Advisory Group in 2016 and was elected Chair of that group in 2017. I joined the CAC the same year and became Chair of the newly formed Fiona Stanley Fremantle Hospitals Group CAC in 2021. As a consumer representative I enjoy feeling part of the hospital community and feel very privileged to be able to make a positive contribution to the caring work of FSFHG. A key part of my role is to advocate for person-centred healthcare and co-design in service planning and designing care. I am extremely proud of the achievements of the FSFHG CAC and am immensely grateful to all members for their commitment and enthusiasm.

Deborah Purdy



I have been extremely fortunate to have received three separate kidney transplants in the three cities in which I have lived (Los Angeles US, Auckland NZ, and for the last 13 years, Perth). My most recent kidney transplant was at Fiona Stanley Hospital in 2017. I was first diagnosed with Glomerulonephritis [GN] in 1980 and though I have lived with this condition for over four decades, it has not defined me. I have had a rewarding and fulfilling professional life in real estate management and consultancy in all these cities. However, during my extensive period of lived experience with kidney disease, dialysis, and organ transplantation, I have gained a broad insight into the complexities of health care systems. I have been the recipient of skills and knowledge of a network of dedicated health care professionals, both medical and allied. My experience has also shown me the importance of being a health-literate consumer and the necessity for

effective consumer advocacy. So, it is a privilege to share my positive consumer health knowledge and perspective alongside the dedicated and qualified team at FSFHG CAC.

Pamela Robinson



I am retired healthcare worker with experience in nursing and hospital administration. I have worked in hospitals in Perth and Sydney as well as internationally in the UK, the USA, the Philippines, and the Unites Arab Emirates. I have previous experience as an assessor for the NSQHS standards in private hospitals in NSW. I was the carer for my husband during his battle with cancer. This necessitated numerous trips to hospital and specialist appointments. As his condition worsened, I cared for him at home with the support of a Palliative Care team. I have been a volunteer at FSH and Fremantle Hospital since 2020. Becoming a member of CAC has given me the opportunity to be part of the shared decision making between consumers and the hospital to improve the patient experience.

Faith Taylor (Carer Representative)

My interest in being part of CAC as a consumer representative is a result of witnessing serious mental health resulting in an ABI within my family, along with an ageing mother, who was frequently not listened to, until I started advocating for her. I believe that every voice matters, regardless of age, race, or gender. However, without advocating for improved services, systems often remain the same. My career spans across three states in leadership roles within the public sector. My experience in government allows me to understand the bigger picture, and I am confident small changes in staged steps result in overall better outcomes for patients and families, with greater cost efficiencies. I was recently involved in the induction of new international doctors, introducing ‘teach back’ to them. While it was embraced on the day, I hope to see this to continue across the hospital. Change can happen, with supportive mentoring. I look forward to the year ahead working in conjunction with a fresh portfolio of many ministers, CAC members and SMHS.

Amelia Toffoli (FSH Emergency Department CAG representative)



I am a professional ‘Nonna’, an active grandmother of five, retired after 42 years in education, most of the latter service in various leadership roles. During this time, I became interested in quality research informing decision making, which led to my own research in policy analysis across an education system and a doctorate. I continue to value the role of research and analyses of trustworthy data for continuous improvement in health service and care. Currently, I am a member of EDCAG, MSSM and FSFHG CAC, with particular interest in the Emergency Department and hospitality. I have been a patient and/or carer in several emergency departments, in Western Australia and in Darwin, so have firsthand experiences. Twenty years after life-saving emergency intervention, I have an artificial aorta. As a result, I have a deep appreciation for the medical skills and care of health professionals. Having received excellent but fragmented health care, I am also now a strong advocate for the voices of patients, Carers and families to be heard, during the journey in, through and out of hospital, for what I consider a more effective whole-of-person approach.

Robyn Wright (Medication Safety Committee)



I am a retired RN/Midwife with 30 years of nursing in various roles and have spent six valuable years with the FSFHG CAC. No longer a full member, I remain involved as a consumer representative on the Medication Safety Committee at FSFHG. It is rewarding to have a specific role providing a consumer perspective on issues such as open disclosure processes, medication incidents, health education, and ensuring the safety of consumers and patients. I have found there are many opportunities for consumers to have a say at FSFHG, and believe it is very important that consumers with lived experience or simply a passion to create awareness are included across organisations. I also have an involvement with research activities at Murdoch University, and over the past year assisted a pharmacist reviewing pamphlets on off-label and novel and emerging therapies for the Council of Australian Therapeutic Advisory Group. I am an active participating member of the WA Medication Safety Collaborative, the START Phage WA Taskforce, and the Anti-Microbial Resistance community reference group.

Members' perspectives

We invited CAC members to share their perspectives on why being in the CAC is important to them by completing this statement 'Being in the CAC is important to me because...

Here are some responses:

… I have the opportunity to apply my life experiences, personal and professional, in a positive way and hopefully make some sort of a difference to people's experiences along the way.

…I firmly believe our health services are better when there's a strong, dedicated, networked group of consumers and carers working in partnership to continuously improve. I live near Fiona Stanley Hospital and am keen to provide input into my local hospital and be a positive force for change!

… it is vital that maternity consumer representation occurs at all levels at SMHS, to connect with experienced leaders in consumer engagement but most importantly, to contribute towards improved experiences and outcomes for other women.

... each and every consumer should be valued, and their opinions heard. The CAC is far from tokenistic and truly meets the National Safety and Quality Standard 2: Partnering with Consumers."

… I believe if I can make one person's experience better with changes in the system then this is a positive contribution.

… I am able to advocate for enhanced consumer care when it is required.

… we are making a difference, and staff with whom we participate value our contributions to raising the profile of person-centred care.

… I can be a catalyst in shaping positive outcomes for patients, family members and carers who attend Fiona Stanley and Fremantle Hospitals.

… I feel I can make a difference. I have seen FSFHG operations, research and discussions becoming more and more 'consumer/carer-centred', because of consumers being able to communicate collaboratively.

… as a consumer member of several hospital committees I have a forum to make suggestions that are taken seriously and are therefore more likely to be acted on.

I thank all CAC members, past and present, for their commitment and dedication.

Jane Pearce

Evaluation

Nine members responded to the 2025 Evaluation Survey. Quantitative data is presented over the following pages. Members' suggestions made at Q 24, how to improve the CAC are included here:

- “Consider making the meetings longer to ensure more time for discussion”.
- “No. Just for personal note: I find it very difficult this year to attend meetings as I work Thursdays. So, commitment for consumers with work/family or other responsibilities can be difficult. But aside from time commitment, I don’t face other challenges on the CAC. Not everything is relatable being a maternity rep - but I self-filter as required to ensure I am working within my scope”.
- “Keep up the good work”.
- “No”.
- “Access to Health Web and WIFI would be useful”.
- “More time. Longer meetings or more regularly”.
- “No - it works well indeed”.

1. What is your name? Not reported here.

2. The CAC Terms of Reference have been reviewed in the past 2 years.

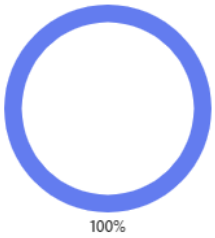


3. The CAC Terms of Reference are readily available to members.



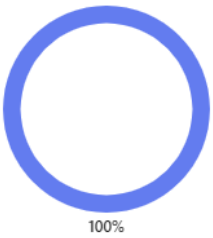
4. The CAC meets its functions and responsibilities as outlined in the Terms of Reference.

Agree	9
Not sure	0
Disagree	0



5. Agendas and meeting materials are received in sufficient time for meetings.

Agree	9
Not sure	0
Disagree	0



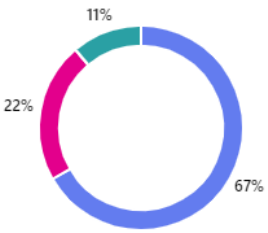
6. All scheduled reports to the CAC are received.

Agree	5
Not sure	4
Disagree	0



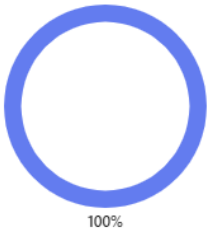
7. Any actions and recommendations are implemented in a timely and effective manner.

Agree	6
Not sure	2
Disagree	1



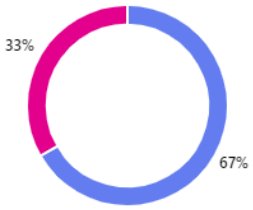
8. Any outstanding items of business are followed up at each meeting.

Agree	9
Not sure	0
Disagree	0



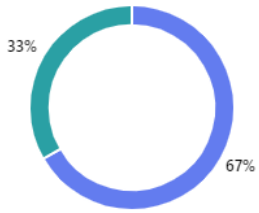
9. The CAC effectively delegates responsibility and tasks.

Agree	6
Not sure	3
Disagree	0



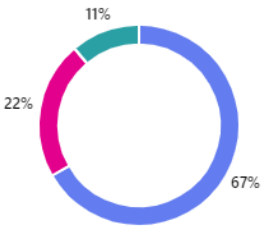
10. The frequency and length of CAC meetings is appropriate.

Agree	6
Not sure	0
Disagree	3



11. Adequate support is provided to the CAC.

Agree	6
Not sure	2
Disagree	1



12. CAC members receive appropriate training.

Agree	5
Not sure	4
Disagree	0



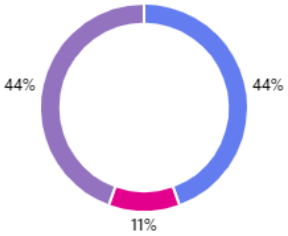
13. The skills and expertise of CAC members are recognised and utilised.

Agree	8
Not sure	0
Disagree	1



14. If you joined the CAC in the past year, did you receive induction and information relating to your role and the CAC.

Agree	4
Not sure	1
Disagree	0
Not applicable (I have been a member longer than a year)	4



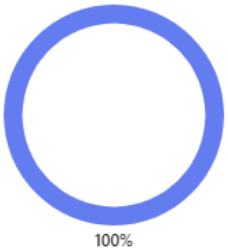
15. Quorum is regularly achieved.

Agree	8
Not sure	1
Disagree	0



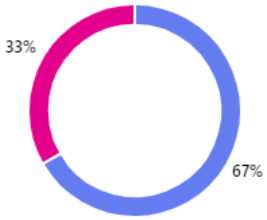
16. CAC meetings are well structured and organised.

Agree	8
Not sure	0
Disagree	0



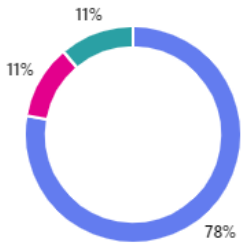
17. CAC members are well prepared for each meeting.

Agree	6
Not sure	3
Disagree	0



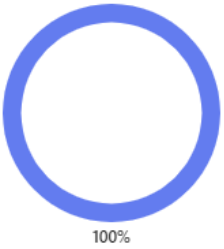
18. Any conflict is effectively resolved.

Agree	7
Not sure	1
Disagree	1



19. Communication is constructive, open and respectful.

Agree	9
Not sure	0
Disagree	0



20. Input from all members is encouraged.



21. Do you feel FSFHG values and hears the CAC?



22. If you replied above that you do not feel heard and valued as a CAC member, please add any comments here.

- “There have been ongoing discussions about the payment policy not adding up or making sense & nobody seems to be addressing it or coming to the CAC meeting to explain how we are called 'Consumer ADVISORY Council' yet paid as 'participants ' not as 'advisors' according to SMHS TIER payment policy”.

23. What strengths, skills and interests do you bring to the CAC?

- “Experience as a consumer advisor, background in education, background in research, organisational skills.”
- “Maternity space! Connections with other areas in the community. Highly respectful of consumers view and opinions and lived experiences”.
- “Healthcare background & I am currently a volunteer at FS & FH. My interest is in the delivery of care to the older adult”.
- “Lived experience. Gaining knowledge and awareness around workings of CAC which elevates skill base and knowledge”.
- “I have worked in health across several specialities for almost 50 years in the UK and in Western Australia. I have more than 20yrs of management experience so understand the complexity of the service. As a wife, parent, and grandparent I have experience as a consumer. My interests include the provision of excellent patient care and patient safety. I also have an interest in palliative care”.
- “Nursing background, interest in Aged Care, witnessing accountability and transparency in SACs, ability to communicate well with patients when undertaking ward walks and provide feedback”.

- “A great deal of lived experience with the health service provision in a large variety of areas. As a consumer and as a Carer. I am always solution focused and trying to find ways the services could improve to 1. Save money 2. Streamline services to improve for consumers 3. Make delivery of services more person centred. And finding ways of reducing stress on staff. I have a background in training and assessment and am passionate about codesign in ALL areas of health services delivery. My main strength is my ability to listen well and find solutions to problem's ...”.
- “Legal compliance, governance, risk management”.
- “Good experience in all aspects of health care - from lived experience on several counts to health care administration”.

25. If you sit on other FSFHG committees, do you feel valued and heard?



- “I am yet to attend enough committee meetings to respond effectively.”

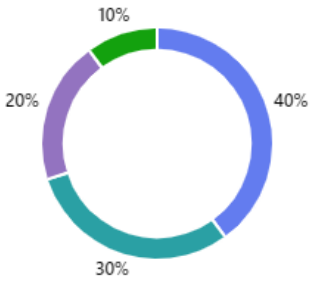
Diversity

Ten CAC members responded to the 2025 Diversity Survey. This survey is voluntary and is similar to the staff diversity survey. Sample data is presented below.

1. What is your name? Not reported here.

2. How many years have you been a CAC member?

1 or less	4
2	0
3	3
4	2
5 or more	1



3. What suburb do you live in?

- Inglewood
- Subiaco
- East Fremantle
- Spearwood WA
- Beaconsfield
- Wembley
- Hamilton Hill
- Hamilton Hill
- Bicton
- Fremantle

4. What is your gender?

Female	9
Male	1
Non-binary	0
A gender not listed here	0
Prefer not to say	0



5. What is your age group?

Under 20	0
20-39	0
40-59	1
60-79	8
80 or over	1

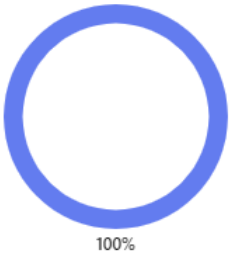


6. In which country were you born?

- United Kingdom
- Australia
- Australia
- UK
- Australia
- New Zealand
- UK
- Zimbabwe
- Australia
- UK

7. Are you of Aboriginal or Torres Straight Islander origin?

No	10
Yes, Aboriginal	0
Yes, Torres Strait Islander	0



8. Do you speak a language other than English at home?

No	9
Yes (please specify below)	1



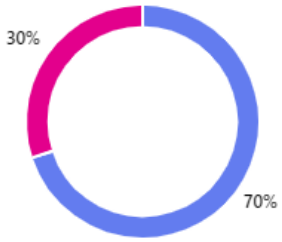
.

9. If you have answered yes above, please specify which language/s.

- “Italian”.

10. Do you identify with any ethnicity?

No	7
Yes (please specify below)	3



11. If you have answered yes above, please specify which ethnicity.

- “Italian”.
- “Caucasian”.
- “Generally Australian but sometimes English”.

12. Do you identify with any religion?

No	6
Yes (please specify below)	4



13. If you have answered yes above, please specify which religion.

- “Catholic”.

- “Uniting Church”.
- “Roman Catholic”.
- “Christian”.

14. Do you have an ongoing disability?

(Australia is a signatory to the United Nations Convention on the Rights of Persons with Disabilities that defines disability as: Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.)

No	9
Yes	1
Prefer not to say	0



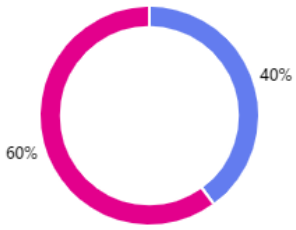
15. Do you have experience as a healthcare:

Consumer	4
Carer	0
Consumer and Carer	6



16. Are you involved with other health consumer or carer groups and activities (internal or external to FSFHG)?

No	4
Yes (please specify below)	6



17. If you have answered yes above, please specify which groups and activities.

- “FSH Emergency Department Consumer Advisory Group SMHS Research Consumer Advisory Group WA Health Consumers' Council”.
- “End of life care committee Emergency department CAG Digital health strategy Research CAG Communication for safety committee Person-centred care workshop presentations Health research ethics committee”.

- “I am involved with a list of other work”.
- “CATAG /EAG”.
- “Falls Prevention Committee”.
- “FHMH cag. Lived Experience Council (LEC). ---COMWHA, HCC, AODCCC (participate in a variety of groups in these organisations from time to time)”.

This document can be made available in alternative formats on request.

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