

# Terms of Reference

## Consumer Advisory Group (CAG)

Approved November 2023

Next review due October 2025

### 1. Purpose

The purpose of the Consumer Advisory Group (CAG) is to facilitate and improve consumer, carer and community participation in Gold Coast Hospital and Health Service (GCHHS) strategy, operations, planning and policy development.

### 2. Role

The role of the Gold Coast Health CAG is to:

- **Provide direction and leadership for GCHHS in the integration of consumer, carer and community views into all levels of strategy, operations, planning and policy development**
- **Provide strategic advice to GCHHS leaders (Board, Executive and Clinical Leaders) on priority areas and issues from a consumer, carer and community perspective.**

The CAG operates within the context of National, State and local policies and frameworks.

### 3. Scope

On discharging their obligations under CAG, members will ensure they take into consideration the health, safety and welfare of persons at GCHHS in all decision making, including promoting the Always Care culture within Gold Coast Health.

The scope of topics for engagement includes all GCHHS services and locations.

#### **Guiding Principles:**

**Advisory consultation:** CAG will be consulted about health plans and services, in an advisory capacity.

**Diverse inputs:** All efforts will be made to create a balanced and diverse membership.

**Information sharing:** CAG will be provided with information about the topic for consultation, and about the opportunities and constraints involved in GCHHS decision-making.

**Fair, transparent and legitimate:** Engagement and consultation will be focused on opportunities to influence decisions. The group will be made aware where GCHHS decisions are constrained by external factors (e.g. other levels of government, human resource issues). CAG may raise topics or focus areas identified as relevant for further investigation and response from GCHHS.

**Timelines:** The group will be given enough time, whenever possible, to provide meaningful involvement.

**Variety of consultation methods:** Different methods will be used to gather consumer and community input to broaden opportunities for participation (e.g. focus groups, surveys, community meetings, online tools and other communication channels).

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## 4. Responsibilities

Responsibilities of the Consumer Advisory Group are to:

- Advise on relevant patient and carer needs, perspectives, priority areas and issues.
- Broadly advocate on behalf of consumers, carers and the community, including the promotion of greater awareness of the needs of diverse, disadvantaged, isolated and marginalised consumers and communities.
- Provide input into the planning and actions to meet the NSQHS, particularly Standard 1: Clinical Governance Standard and Standard 2: Partnering with Consumers.
- Assist in the collection and understanding of community ideas, sentiment, and desires for public health services.
- Identify and bring forward issues of consumer/community concern for GCHHS consideration and/or action.
- Participate in major committees/workgroups to contribute input and feedback in an advisory capacity.
- Participate in community engagement strategy development as appropriate.
- Participate in ad hoc activities as planned by the External Engagement Officer that are prioritised in line with strategic plans and required goals, including Accreditation.
- CAG members working on health service committees will be requested to complete a satisfaction survey at regular intervals, and at the completion of their representation.
- CAG members are required to submit a feedback on the appropriate template after each GCHHS committee meeting on which they sit as a consumer representative to maintain their membership.

## 5. Membership

**Membership will be confirmed by the Stakeholder Engagement Officer.**

Typically, the membership consists of 15 to 20 active members (or such numbers that meet emergent needs) across three consumer representative membership tiers:

- **Chair (1)**
- **Deputy Chair / leadership group (3)**
- **Service Improvement Advocates (>11).**

Consumers joining the CAG will act as a consumer representative with a personal lived experience with GCHHS services (i.e. not as an advocate for a business, lobby group, personal-interest group or Non-Government Organisation) and will have experience in one or more of these capacities:

- regular or occasional use of health services
- good personal or professional networks to gather and or disseminate information
- supporting or visiting family members accessing health care
- studying to be future health professionals

The CAG may include other key stakeholders as appropriate, (i.e. non sitting fee member) for example: GCHHS Board member, invited Gold Coast Health Project Officers, external health consumers/partners who may be invited to attend based on need.

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Members who participate on GCHHS committees as consumer representatives will be required to complete a confidentiality agreement and undertake an orientation/induction program prior to attending the committee. They will also be required to complete a Criminal History Check, current immunisation certification, photo consent form, blue card and short bio statement.

Members will be appointed for a 12-month term.

Membership is reviewed annually (typically around October/November each year).

At the end of each 12-month term, members are required to re-apply. Continued membership is subject to approval by GCHHS and the CAG Chair.

Termination of membership may occur by the CAG member or GCHHS with a minimum of one month written notice. Membership to the CAG may be terminated at the discretion of the GCHHS for reasons including, but not limited to: inactivity, perceived or real conflict of interest, breach of Gold Coast Health Code of Conduct or Social Media Policy; non-compliance with expectations outlined in the Terms of Reference and position description.

Inactive members may be removed from the CAG at the discretion of GCHHS and the CAG Chair. A member is deemed inactive if they do not attend three successive CAG meetings without providing prior notice to the secretariat, or if they have not acted as a consumer representative on any GCHHS Committee for an extended period.

The Chair is appointed for a two (2) year tenure (refer to section 6.0 Chairperson Role).

New members may be recruited at any time to fill vacancies.

## 6. Chair Role

The Chair is a two-year tenure. Nominations for the role of Chair are received from the CAG membership. The current Chair can self-nominate for successive terms or can initiate a Co-Chair arrangement. GCHHS will consider all nominations and declare the successful nominee at a suitable time after closing dates.

Responsibilities of the Chair are to:

- 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 External Engagement Officer at GCHHS regarding items for the agenda and outcomes of the group's decision making.
- Develop effective relationships with group members so the aims of the group are fulfilled.
- Lead the way in resolving any conflicts between members of the group, and between the group and others.
- Promote the role of the consumer group, including the nature of dialogue and debate and how decision making on policy levels can be most effective with consumer input.
- Support and mentor new and emerging consumer representatives.
- Contribute toward ongoing capacity building and education of the CAG.

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- Escalate any complaints made by CAG members regarding Gold Coast Health or its staff to the Executive Director, Corporate Affairs.

## 7. Deputy Chair

Responsibilities of the Deputy Chair:

- **Undertake the role and responsibilities of the Chair, when the Chair is absent.**
- **Support the Chair in group leadership initiatives and mentor new and emerging consumer representatives.**

## 8. Member – Service Improvement Advocate Responsibilities

CAG members will be offered consumer advocacy training via Health Consumer Queensland guidelines.

All members are expected to:

- Actively participate in meetings and engagement opportunities. Members must attend at least 50% of scheduled CAG meetings.
- Notify the relevant meeting secretariat as soon as possible if they are no longer able to attend a meeting they are expected to attend.
- Complete meeting documentation and feedback mechanisms as requested.
- Be respectful of other committee / group members, ensure principles of integrity are maintained, and are accountable with fulfilling their responsibilities as outlined in the [GCHHS Code of Conduct](#).
- Adhere to the principles of all Gold Coast Health local policies (i.e. infection control, social media).
- Advocate as a consumer voice for the improvement of Gold Coast Health's reputation and community confidence. CAG members must not use their membership to drive personal or political agendas.
- Ensure real or perceived Conflicts of Interest are declared and managed so as not to unduly influence any opinions or decisions made by the CAG.
- Notify the CAG Chair and External Engagement Officer within seven (7) days of any conflict of interest arising and at the commencement of each CAG meeting, Committee meeting on which the member sits as a Consumer Representative, and/or Sub-Committee meeting.
- Notify the CAG Chair of any complaints the CAG member may have regarding Gold Coast Health or its staff. Complaints should be provided in writing, preferably with a copy also sent to the External Engagement Officer. The Chair will then escalate the complaint to the Executive Director, Corporate Affairs for appropriate action.

**CAG members must not provide or communicate inaccurate information** about GCHHS or the public health system.

CAG members who do not abide by these expectations may have their CAG membership revoked.

## 9. Secretariat

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Secretariat support is provided by the Administrative Support Officer, Strategic Communication and Engagement Unit.

## 10. Reporting relationships

CAG is facilitated by the Strategic Communication and Engagement Division and reports activities to the Clinical Governance Committee annually and Board Sub-Committees including Safety, Quality and Clinician Engagement (SQCE) or the Executive Committee, as required.

Reports to the committees will include but are not limited to: CAG membership numbers, CAG committee activity reports (submitted after each meeting) and activities and progress against strategies.

Escalation on issues, requests for information on GCHHS, or a summary of CAG meetings may be tabled at the Clinical Governance Committee by the External Engagement Officer or Media & External Communication Manager. This may include (but is not limited to) community and consumer engagement activities coordinated by the GCHHS External Engagement Officer, Media & External Communication Manager and service areas.

## 11. Frequency of meetings

The CAG will meet every second month, for a maximum of two (2) hours per meeting.

Members will be notified of meeting dates and will receive written advice of any change to meeting details at least two (2) weeks prior to the meeting.

## 12. Quorum

50% plus one (1) of committee membership.

## 13. Agenda items

Agenda and meeting papers are to be distributed at least five (5) working days in advance of the meeting.

Call for agenda items from CAG members, will be requested at least ten (10) working days prior to each meeting.

## 14. Minutes

Meeting minutes are made available to CAG members, the GCHHS Board Chair, Clinical Governance Committee, and Clinical Council.

The minutes are a formal record of the discussion, agreed outcomes and actions of the committee members. Electronic copies of agendas and minutes will be distributed and kept by the Secretariat.

An action directory will be included in the minutes to ensure responsibility is clearly indicated together with required completion dates.

## 15. Access to Information / Confidentiality

Members of the CAG have the right to access information and documents relevant to issues being considered within the terms of reference. It is acknowledged that certain issues may be of a confidential

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and/or sensitive nature, which will require members of the committee, and the secretariat, to exercise discretion and ensure any confidential information remains confidential.

## 16. Key Performance Indicators (KPI's) and Periodic Review

Key Performance Indicators (KPI):

- Quorum achieved and 100% of required meetings conducted
- Quarterly committee evaluation completed, and key metrics reported to members
- Number of committees which CAG members are working on.
- Progress toward measures in the GCHHS Consumer and Community Engagement Strategy 2024 - 2027.

## 17. Performance Review

The External Engagement Officer and CAG Chair will review the CAG Terms of Reference annually (around October/November), and evaluate the CAG's performance against the KPIs.

The review may involve changes to the Terms of Reference for the upcoming year.

GCHHS reserves the right to review and update the CAG Terms of Reference at any time.

## 18. Out of Session Functions of the Committee

Depending on the issues in question, it may be useful or necessary to disseminate information to members of the Committee outside of scheduled meetings for their information and / or action.

CAG sub-groups may be formed as needed to deliver on action points from the GCHHS Consumer and Community Engagement Strategy 2024-2027. The co-ordination of these groups will be undertaken by the External Engagement Officer.