



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



Fiona Stanley Fremantle Hospitals Group

Consumer Advisory Council (CAC)

Annual Report 2026

April 2025 to March 2026

Excellent health care, every time

Care ■ Integrity ■ Respect ■ Excellence ■ Teamwork



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FSFHG CAC members, November 2025

Acknowledgement of Country

We acknowledge and respect the First Nations Peoples as the Traditional Custodians of the lands upon which we live, work and play - particularly the Whadjuk people of the Noongar nation. We honour Elders past and present and recognise the wisdom of emerging leaders.

Acknowledgement of Lived Experience, Diversity and Inclusion

We acknowledge the lived and learned experiences of people living with health challenges and greatly value their perspectives. We are committed to creating welcoming spaces for everyone regardless of background, gender, sexuality, culture, body or ability. We work actively to build a fairer, more respectful healthcare system.

From the Chair and Executive Sponsor

A Message from the FSFHG CAC Chair



Over the past twelve months, the Fiona Stanley Fremantle Hospitals Group (FSFHG) Consumer¹ Advisory Council (CAC) has experienced a marked increase in activity. Members have continued to work collaboratively with staff to advocate for consumers and carers and to support improvements in patient experience across FSFHG.

The member's influence has expanded beyond FSFHG to include South Metropolitan Health Service (SMHS) initiatives, state-wide Department of Health policy and resource development, and contributions to research at a national level. This growing scope of work has been supported by the recruitment of additional consumers with diverse experiences, strengthening our capacity to provide informed and meaningful consumer perspectives and leadership.

This growth continues to build on the work of others before us. I express my special thanks to Jane Pearce, immediate past CAC chair, and David Earl, as deputy chair, for their continued contributions and unwavering support. During the year we said goodbye to three members who left the CAC. I would like to thank all members for their hard work and commitment over the years.

Genuine partnership between health staff and members is the key to increased activity, and more widespread consumer voices, for which there are many to acknowledge. I thank all the Patient and Family Liaison (PFL) team for their daily interactions with patients, families and carers and the essential administrative support for the CAC over the past year. PFL Manager Tricia Dewar has been a wonderful support as we continue to develop our understandings of health services and governance, and most importantly, of the people we serve. I also note my appreciation of the encouragement and support that the CAC continues to receive from: CAC Executive Sponsor Nyrene Jackson and the Partnering with Consumers Committee; the FSFHG Executive Director Luke Dix and the Executive Committee; and the SMHS Chief Executive Neil Doherty and the Safety, Quality and Consumer Engagement team.

Our member profiles show the exceptional range of experiences and interests that members bring to their CAC work. During the year we were delighted to welcome six new members to the CAC, who have already started making their unique contributions. New members bring renewal by providing fresh ideas, different expertise and new perspectives. Combine this with the experience of long-standing members, and regular staff presentations at CAC meetings and workshops, means we are nurturing and connecting

¹ We use the term consumer to include health consumers, patients, people with lived experience, carers, family members, and community members.

consumer leaders who are speaking up strongly for consumers across FSFHG, SMHS, the state and national levels to share perspectives and identify opportunities for person-centred care during systemic change.

It is a privilege and joy to be working with such compassionate people, health staff, and CAC colleagues, generous with their time, abilities, openness to sharing challenging and vulnerable life-experiences, and absolutely committed to working in partnership for ongoing improvement of our health services.

This report highlights key areas of CAC involvement, including representation on hospital committees, the establishment of new Consumer Advisory Groups, review of patient publications, research, and support for co-designed quality improvement initiatives in FSFHG and beyond. Staff and CAC members' comments, found throughout this CAC Annual Report 2025, attest to the success of this involvement.

Dr Amelia Toffoli`

A Message from the FSFHG CAC Executive Sponsor



The past year has highlighted the growing strength and influence of the CAC across the FSFHG. The CAC's contributions, through committee representation, co-design initiatives, review of patient information, and involvement in research and other projects, continue to shape more responsive, person-centred care. The FSFHG CAC is increasingly sought out by peer consumer groups wishing to learn from its foundations and approach, a testament to its achievements and the breadth of its influence.

I commend all members for their commitment and the generosity with which they share their lived experience. My special thanks go to Dr Amelia Toffoli, who stepped into the Chair role this year and, with the support of all members, has ensured that the CAC's profile and the value of its perspectives remain front and centre in all service changes and developments. The addition of new members has brought fresh insight and strengthened the Council's capacity, while long-standing members continue to provide continuity and depth of knowledge. Together, they form a highly engaged and effective group of consumer leaders.

As Executive Sponsor, I am proud of the strong relationships between consumers and staff across our services. These partnerships ensure that the voices of patients, families, and carers are embedded in our decision-making and improvement efforts. I look forward to continuing this important work as we strive to deliver safe, compassionate, and person-centred care for our community.

Nyrene Jackson, Service Director

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 from each FSFHG Consumer Advisory Group (CAG) and the SMHS Research 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.

As at March 2026 the CAC membership is 18 consumers which includes one Aboriginal member and two 2 Carer members supported by Carers WA.

Members of the CAC

Consumer and carer members of the FSFHG CAC, April 2025 to March 2026:

Fay Bahemia
Jenny Bedford
Carol Blagden (from August 2025)
Anthea Crawford
Dean Diepeveen
David Earl, (Deputy Chair until May 2025)
Kerry Elder
Kylie Ekin (until August 2025)
Karen Evans (until November 2025)
Lauren Hardbottle
Kate Jones (until December 2025)
Justin Kickett
Nora Lane
Eric Lim
Jane Pearce, (acting Deputy Chair)

Bruce Powell
Deborah Purdy
Pamela Robinson
Faith Taylor
Amelia Toffoli (Chair of CAC)

Education and induction

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

In October 2025, a yarning workshop was held to develop understandings of Aboriginal person-centred care. This powerfully moving workshop was jointly presented by Josephine Ford, Director SMHS Aboriginal Health Strategy and Jessica Sharp. Together on the day, we created a safe space for us all to share our personal stories, as well as our growing awareness and renewed commitment towards advocating for culturally safe health services for everyone.

Continuing the theme of diversity and inclusivity, a second workshop was held in December 2025. It was in three parts, consisted of lively discussions and broadened our perspectives.

- Disability is diverse: may be invisible: the 'medical model' and 'social model' (Stephanie Coates, Head of Department of Occupational Therapy, Chair FSFHG Disability Access and Inclusion Plan Committee)
- Providing a safe and inclusive culture for the LGBTIQ+ community (Jayne Martin, SMHS LGBTIQ+SB Inclusivity Working Group)
- Rehabilitation and reablement of older adults (Martyn Savage, Nurse Coordinator, Allied Health and State Rehabilitation Service)

To support newly recruited members, a CAC induction pack is available and there is an informal mentoring program in place. During the year, all CAC members are introduced to diverse staff members, committees and initiatives and invited to express interest in becoming involved in developments across the organisation.

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 well established Consumer Advisory Groups (CAGs) remain active in FSFHG with representatives on the FSFHG CAC:

- FSH Emergency Department CAG

- FSH Mental Health CAG
- FH Mental Health CAG
- FSH Maternity CAG.

Supported by CAC members, three recently launched CAGs have expanded the pool of diverse consumers and carers providing advice across SMHS:

- SMHS Research CAG (established February 2025)
- SMHS Community Services CAG (established November 2025)
- FSFHG Care by Design CAG (established February 2026)

Engagement with consumers and opportunities to participate are continuing to be considered and grow.

For example, FSFHG Allied Health (AH) service is in the planning stage for its own CAG. In the meantime, the AH Education team has begun a co-design initiative involving consumers 'Improving Care Through Co-design' Project. Two CAC members are working with AH staff to plan and deliver a series of workshops for AH staff that promote consumer involvement in quality improvement activities. From these have emerged two projects and ongoing CAC support. This is an example of different ways to think about how to involve consumers as co-designers in planning healthcare. These developments with AH also reflect work being done in other parts of the organisation.

Another example is consumers increasingly involved at a very early stage and then throughout projects. There is certainly strong staff interest, as testified by a comment attributed to Sarah Hobson (Project Director, for FSFHG Clinical Service Redesign Projects 'Care by Design') announcing the launch of the new CAG:

"We're looking forward to hearing the insights, experiences and perspectives of our consumer group as we co-design new models of care for our patients and collaborate on system improvements that create a safer, better healthcare environment for all."

And from a proud CAC member's perspective:

"... the engagement of consumers in the co-design process of the V Block Mental Health Fremantle Hospital build, over the past several years included developing and designing layout of building, furnishings, decor /aesthetics, service design etc. This has been a collaborative consumer process for years about to be completed with doors opening (hopefully) July/August this year."

Terms of Reference and Operational Plan

Terms of Reference

The Terms of Reference for the FSFHG CAC were reviewed in June 2025 and are next due for review in May 2027.

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

The CAC Operational Plan for 2024-2026 which was endorsed by the CAC in April 2024 has guided work of the CAC over the past two years. 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 to the CAC at the monthly meetings.

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 members of the respective committees

Group Executive Committee	Amelia Toffoli
Clinical Governance Committee	Kerry Elder
Corporate Governance Committee	Bruce Powell
Clinical Outcomes Review Committee	Pamela Robinson
Outpatient Management Committee	Kerry Elder
FH Site Management Committee	Anthea Crawford
Partnering with Consumers Committee	Jenny Bedford
End of Life Care Committee	Amelia Toffoli
Comprehensive Care Falls Prevention and Management Committee	Nora Lane
Cognitive Care Committee	Pamela Robinson
Preventing and Managing Unpredictable Behaviours Committee	Jane Pearce
Preventing and Managing Unpredictable Behaviours Committee	Jenny Bedford*
Preventing and Managing Unpredictable Behaviours Committee	Anthea Crawford
Communicating for Safety Committee	Amelia Toffoli
Service 1 Nursing Safety, Quality and Risk	Jenny Bedford*
Service 2 Safety, Quality and Risk	Pam Robinson
Service 4 Safety, Quality and Risk	Pam Robinson

Service 6 Nursing Safety, Quality and Risk	Jenny Bedford*
Emergency Department Clinical Governance Committee	Pamela Robinson
FSH Emergency Department CAG	Amelia Toffoli
FSH Emergency Department CAG	Pamela Robinson
FSH Emergency Department CAG	David Earle
FSH Emergency Department CAG	Jane Pearce
FSH Mental Health CAG	Jenny Bedford*
FH Mental Health CAG	Kerry Elder
FSH Maternity Advisory CAG	Carol Blagden
FSFHG Human Research Ethics Committee	Amelia Toffoli
FSFHG Care by Design CAG	Anthea Crawford
FSFHG Care by Design CAG	Amelia Toffoli
FSFHG Care by Design CAG	Justin Kickett
SMHS Research Steering Committee	Jane Pearce
SMHS Research CAG	Jane Pearce
SMHS Research CAG	Justin Kickett
SMHS Research CAG	Kate Jones
SMHS Research CAG	Jenny Bedford*
SMHS Research CAG	Amelia Toffoli
SMHS Nurse & Midwife Transition to Patient Ratios Steering Committee	Nora Lane
FSFHG Anaesthetics SQUIRM committee	Pam Robinson
SMHS Sepsis Steering Committee	Bruce Powell
Best Practice Facilitators Committee	Jane Pearce
FSH Medihotel Steering Committee	Pamela Robinson
SMHS Birth Trauma Advisory Committee	Kylie Ekin

*carer rep

Other

FSFHG Food Audits

All, monthly by self-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. Members:

- held eleven CAC meetings and achieved a quorum at every meeting.
- continued our involvement as consumer representatives on 24 hospital committees and five FSFHG CAGs and two SMHS CAGs.
- took part in meal audits as requested.
- reviewed 20 complaint response letters.
- reviewed 39 consumer publications.

Engagement with special and prioritised topics at CAC meetings

Most CAC meetings include presentations from invited guests from across FSFHG and SMHS and occasional DoH or external consultants (Virginia Mason Institute). During the past 12 months, invited guests presented information on a variety of topics for discussion at CAC meetings. In turn, CAC members offered consumer perspectives, which were well-received by guests. Often, discussions became collaborations, as the following staff comments attest.

- Donna McLeod (Coordinator – Older Adult)

“Two CAC members are involved in a working group since June...the ‘4m’ model for caring for the older adult was introduced in three Fremantle wards in November. There has been significant improvement in delivering Age-Friendly Care across these wards...there will be expansion to the Medihotel and other wards...we are the first site in WA to achieve the international recognition “Committed to Care Excellence” the highest level awarded by the IHI, TODAY (3 March 2026)!”

- Grace Gatt-Lodding (Head of Strategy and Engagement, Digital Health, SMHS)

“The FSFHG Consumer Advisory Council members, particularly the previous and current chairs Jane and Amelia, have been instrumental in bringing the consumer perspective into the development of SMHS inaugural Digital Health Strategy. Members keenly participated in two workshops, bringing their lived experience into shaping the not only the strategic direction to be more person-focused, but also how the strategy is presented. The strategy has been approved, and SMHS Digital Health Team is committed to working with SMHS consumer groups on bringing them into governance

discussions and co-designing solutions with them. It has been a pleasure working with the FSFHG and we are looking forward to going on this journey together.”

- Rebecca Flynn (Workplace Violence & Aggression Coordinator| Corporate and Finance, SMHS|FSFHG)

“Engagement with staff and the Consumer Advisory Council strengthened the initiative’s credibility and acceptability (Take a Step Back). Their involvement ensured the messaging clearly communicates that stepping away is a supported de-escalation strategy that is a safe, respectful choice that supports wellbeing, dignity, and harm prevention for everyone involved.”

- Lara Diepeveen (Senior Physiotherapist)

“The feedback received from the CAC, including use of patient handouts prior to implementation of a consumer expectation survey, has been used to inform two successful research grant applications. This feedback, along with future input from the CAC on proposed service model design, will be used in a feasibility trial, which has potential to be expanded to other WA Health sites.”

- Lauren Preedy and Nicole Michelsen (Safety Quality and Consumer Engagement) on SMHS Multicultural Plan and Consumer Advisor Network (CAN).

“The SMHS Safety Quality and Consumer Engagement team has greatly appreciated the support received from our site consumer advisory bodies – FSFHG CAC members are always keen to provide input, and their insights have been valuable in helping to shape several SMHS initiatives in this last year including the SMHS Multicultural Action Plan 2026-2030. We are excited to have a member of the FSFHG CAC join the newly established SMHS Consumer Advisory Network, which will help us share information and ideas between SMHS site CACs and promote the voice of the consumer across the organisation.” (Lauren Preedy)

- Rebecca Johnson (Director Consumer Engagement, Electronic Medical Record ‘EMR’ Program, DoH)

“...I could have spoken all afternoon with the group (CAC). Members asked excellent questions – some which we know the answers already, and some we don’t but will work on as the project evolves.”

- Jason Hall (Senior Speech Pathologist, SMHS Innovation Fellow)

“The council’s (CAC) insights and consumer perspectives have played such an important role in shaping the development of the ‘Lipreader’ (App.) ... I really

appreciate the encouragement and support...and I will continue to keep you updated as the project progresses.”

- Jayne Martin (SMHS LGBTIQA+SB Inclusivity Working Group)

“As the presenter and an LGBTIQA+ community member, I engaged the Consumer Advisory Council to introduce an initiative aimed at enhancing inclusivity and consumer experience within our clinical spaces. The CAC’s role has been critical, they provided a respected platform to share lived-experience insights, offered strategic guidance, and helped build organisational interest in the concept. Their early support has strengthened the assessment phase and positioned the initiative for a successful pilot by ensuring it reflects genuine consumer needs and expectations.”

Patient Publication Reviews

Over the past year, FSFHG CAC and the FSFHG Consumer e-Network were invited to review 39 patient publications. Collated feedback is provided to the publication authors for consideration and amendments as appropriate. Evidence of consumer review is provided to the SMHS Communications team by the author, 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

Eleven months of the year, 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 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 29 Ward Walks were completed in between April 2025 and March 2026. 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.

Additional activities

SMHS Birth Trauma Advisory Committee

The SMHS Birth Trauma Advisory Committee brings together consumers, executive representatives, clinicians, academic partners, and staff from FSH, Rockingham and Peel campuses to focus on reducing and preventing birth trauma, whilst improving care for women and families who experience it. The inaugural meeting was held in February 2026. There has been strong interest in the four consumer roles, which are all now filled. One of the consumers is a member of the CAC, enabling clear reporting pathways to the Consumer Engagement Team, CAC and the wider SMHS Consumer Advisory Network. Although all places have been filled, the EOI will remain open to support future opportunities for broader consumer involvement. The committee has also highlighted the importance of including diverse perspectives and will explore additional ways to engage people from a wider range of backgrounds in this work.

FSH Maternity Advisory Group

There are currently ten members on the FSH Maternity Advisory Group (MAG), with one member representing the group on the CAC. The group meet monthly and discuss key issues relevant to women and families receiving and seeking maternity care at FSH. Key topics for discussion this year are:

1. Creating a MAG statement
2. Providing feedback on Birthing documentation
3. Clarity on FSH position on vaginal birth after two caesareans (VBAC2C)
4. Women's experiences of induction of labour at FSH
5. Breech Birth

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, so this engagement continues.

Humans in Healthcare: Culture, Compassion and Continuous Improvement

Four FSFHG CAC members contributed to the very successful FSFHG 9th Improve Conference 2026, while other CAC members attended the sessions, viewed the posters and networked with other staff participants. Catherine Li's advised:

"I'm very much looking forward to seeing CAC members at the IMPROVE Conference tomorrow. I also wanted to take a moment to thank you for the depth and quality of engagement we've had with the CAC this year — it has been truly remarkable and deeply valued. Thank you again for your partnership, collaboration, and participation."



FSFHGCAC, panel and conference working group members

Fay, CAC member said:

“Catherine and the IMPROVE team, thank you for the opportunity to contribute to the 9th annual IMPROVE Conference. I really enjoyed being part of the experience, from assessing abstracts a few months ago, to the presentations and posters and meeting the IMPROVERS today.

It is uplifting to be among positive, passionate and innovative people.

Congratulations on a job well done.”

Conference participant feedback post the conference:

“Working in Patient Safety means it is always central to my day-to-day practice. However, attending the IMPROVE conference reminded me that patient safety and quality of care are not just shaped by medicines, policies, guidelines, or processes—they are ultimately about the patient. This year I was particularly struck by Dr Bruce Powell’s presentation, confrontational style and all. His session stayed with me more than I realised. Over the weekend, during a busy clinical shift, I found myself pausing in a moment I might normally have rushed through. I took a few minutes to speak with a pleasantly confused, elderly patient who simply needed someone to listen. Afterwards, I reflected that it was likely Bruce’s presentation that prompted me to slow down, connect, and truly listen. It was a small moment, but a powerful reminder of the human side of patient safety.”

Involvement in consumer-related activities beyond SMHS

Increasing numbers of members are involved in consumer advocacy activities outside SMHS. We welcome these opportunities as this enhances our knowledge of consumer and carer perspectives beyond the hospitals and enables us to advocate for FSFHG consumers and carers more widely across the health service. Examples of this involvement include those with the Health Consumers' Council WA (HCCWA), Carers WA, DoH WA, universities, and national health bodies.

- HCCWA Chairs, Deputy Chairs, and Consumer Leaders Network Meetings and EMR Digital Health Consumer Round Table
- Consumer representative on the End-of-Life and Palliative Care Advisory Committee (EOLPCAC) at DOHWA
- HCCWA/DOH consumer leadership workshop
- Consumer representative on the WA Health Virtual Emergency Department's (WAVED) Safety and Quality Committee.
- Consumer representative on the WA Health's State Health Operations Centre (SHOC). Clinical Governance Committee.
- Consumer representative on the WA Health SAFE Project Control Group involved in developing the WA Safety and Quality Strategic Plan.
- Invited Expert Witness for the WA Clinical Senate providing advice on effective communication strategies for safer care as part of their debate "Did you hear me? Solutions for safer care".
- Consumer lead for national research project Benchmarking Virtual Emergency Departments (VEDs): Quality Indicator Development.
- Community Member on the ACEM's Emergency Department Clinical Quality Registry (EDCQR) Steering Group
- A lived experience member of the National Disability and Health Sector Consultation committee
- Consumer Representative for the DoH WA Safety and Quality Strategic Plan. Project Control Group – Person-Centred Domain
- Health Consumer Council - Consumer Leadership Workshop with the DOHWA
- HCC EMR Digital Health Consumer Round table
- Member of the NDIA Safeguarding Co-design working group
- Involved in research projects
- Associated investigator for the iCare project
- Research Buddy for UWA - Neurodivergent participants and accessing medication reviews in the home.
- Interview with Jenny Seaton on Radio for Carers Week.
- One consumer member to sit on the Safety and Quality Board Committee at North Metropolitan Health Service

- Consumer Lead on the New Women and Babies Hospital Project with North Metropolitan Health Service.

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 FSFHG:

“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 fifth year running, an increased number of consumer members presented workshops on Communication for Person-Centred Care to the incoming FSFHG medical Interns as part of their orientation program in January 2026. 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 2025.

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 DoH 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 FSFHG. The CAC Chair was 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.

In the last 12 months, CAC members conducted a consumer-initiated audit of Teach-Back use to enhance communication across FSFHG. Thirty-eight Nurse Unit Managers across services and wards were interviewed resulting in rich insights and detailed recommendations. A report (with recommendations) was produced and circulated. Tranches of recommended activities are recorded in a GEKO to further support sustainability of Teach-Back across health services. Plans are being developed for further staff/consumer collaborations and continuous improvement in everyday communication by everyone.

Valuing the Consumers' Voice in Research

Following the co-design development of the Framework for Involving Consumers in Research reported in last year's CAC Annual Report, a consumer bank and a registry of interested consumers were established. The SMHS Research CAG (Consumer Advisory Group) was created in February 2025 with responsibility for further development and the implementation of actions.

A précis from Jane Pearce, Chair, SMHS Research CAG shows much activity and increased consumer involvement during the first 12 months.

“Since the first meeting of the SMHS Research CAG in April 2025 there has been a significant increase in requests for consumer involvement in all types of research. The list of research projects involving SMHS consumers is long, and the topics very varied. Current examples are projects identifying quality indicators for virtual emergency departments across Australia, projects to test a prototype lipreading app in an Intensive care Unit, and a project aimed at improving how sepsis is diagnosed in children presenting to Emergency Departments.

Researchers recognise that involvement of members of the CAG helps ensure their research is meaningful and relevant to the community and has greater potential to improve health outcomes.

The CAG also received a special mention from assessors during the Clinical Trials Governance Framework Assessment. They emphasised the value of the group's work to support the implementation of NSQHS Standard 2 in clinical trials.

The future looks promising for consumer-initiated health research, and staff/consumer partnerships. Eric Lim, a new CAC member, has written a proposal for research into an area of lived experience, and reached out to staff. This reply from Peta Fisher (Area Director of Nursing and Midwifery, SMHS, Adjunct Professor at Edith Cowan, Murdoch and Notre Dame Universities) shows the openness and strength of collaboration between staff and CAC members, it helps tell our story.

“Thank you very much for sharing this proposal and for doing so in such an open and personal way. I really appreciate you reaching out and I want to acknowledge the strength of both your lived experience and your commitment to improving outcomes for CaLD consumers and families affected by cancer. I am very pleased to support this work and would be happy to provide a letter of support for the Cancer Council WA EoI and the subsequent MRFF consumer-led research application. The focus on co-design, consumer leadership and culturally responsive mental health self-care aligns strongly with our shared priorities.”

Member Profiles

Fay Bahemia



I am relatively new to Consumer and Community Involvement, but I think life has been steering me here all along. I was introduced to Fiona Stanley Hospital via a trip to ED in 2015 for transient chest pain. At 48 years old, I avoided an imminently fatal heart attack by having an unexpected a triple bypass. During my convalescence, I volunteered for Connect Groups (now AlikeWA) and freelanced as a medical writer. In 2025, an unexpected redundancy from my job as a Clinical Research Coordinator in Radiation Oncology at FSH necessitated a radical career rethink. I have a science qualification, a strong background in quality assurance, regulatory

affairs, compliance, and professional experience which spans pharmaceutical, medical device, and therapeutic biotechnology sectors. By also drawing on lived experience of heart surgery, I decided upon Consumer Representation. I have undertaken training and workshops to improve my skills in this area. Currently, I facilitate a peer support group (Heart Support Australia) for cardiac patients and am a member of the Health Consumers' Council WA. I provide consumer perspectives to the WA Health Translation Network, Consumer Health Forum, and Curtin Involve (to name a few). I continue my association with AlikeWA as a member of their sector advisory panel and as a Non-Executive Board member. I joined the FSHSG CAC in late 2025 and look forward to being involved.

Jenny Bedford (FSH Mental Health CAG representative, Carer 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 several 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.

Caroline Blagden (new FSH Maternity Advisory Group representative)

Anthea Crawford (FSFHG Care by Design CAG representative)



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.

Dr Dean Diepeveen

I am a recently retired Research Scientist with the WA government, working in agriculture and extracting value for farmers. I am also an Adjunct (non-paid) Professor at Murdoch University, co-supervising postgraduate students, and continues to publish research in AI and data science/translation across various information domains. My consumer advocacy in health stems from being a cancer patient (>5 years) and 10 years of health research at hospitals/UWA, ensuring that consumers/patients benefit from the research. I currently a consumer representative on the FSFHG CAC and the WA Health Genomics Stewardship Committee (ie the rollout of genomic testing).

David Earl (ex-Deputy Chair)



I have an extensive background and experience in university administration at both Edith Cowan University and Curtin University. After retiring, I joined the Fremantle Hospital volunteer programme in December 2013. I transferred to Fiona Stanley Hospital's volunteer programme in January 2015 when the Group for which I originally volunteered ceased at Fremantle. As well as a member of the FSFHG Consumer Advisory Council, I am a member of the FSFHG Emergency Department Consumer Advisory Group. I also previously acted as a simulated patient for medical school students at several WA

universities. I have experience as a patient and consumer of health services in WA medical practices and as a patient in WA and overseas hospitals. I bring this wide consumer experience to my work as a volunteer and as a consumer representative on the committees.

Kylie Ekin



I have been a Maternity Consumer Representative since my first daughter was born in the public system 13 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 volunteered on the FSH Family Birth Centre Advisory Group during the design and build of the centre. I was a member of the FSH Maternity Advisory Group (MAG) since inception and was the first Consumer Chair until my term ended in 2025. I currently sit on the SMHS Birth Trauma Advisory Committee and professionally I am the Consumer Lead on the New Women and Babies Hospital Project with North Metropolitan Health Service. I continue to volunteer many hours as a Consumer Representative, not just with SMHS, but across WA. Aside from my consumer representative roles, I also have a professional background in health and research – I am passionate about ensuring all women have universal access to evidence-based healthcare and choice.

Kerry Elder (FH Mental Health CAG representative)



I have been volunteering as a consumer with lived experience for over eight 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 – ceased membership November 2025

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.

Lauren Hardbottle



I live with multiple disabilities and has significant experience being a consumer at hospitals in South Australia, Victoria and Western Australia. I am currently studying a Bachelor of Science (Occupational Therapy). I am a member of the Fiona Stanley Hospital Emergency Department Consumer Advisory Group. I have been involved in advocacy work since I was 15 years old. I was previously the Deputy Chair for the Child and Adolescent Health Service (CAHS) Youth Advisory Group. I am a current member of multiple advisory groups including the City of Melville Youth Advisory Group. I have used my lived experience for consumer advisory groups for past and current research projects through Curtin University and University of Queensland.

Kate Jones – ceased membership December 2025



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



I am a wife, mother and grandmother and as such have been both a carer and a health service consumer. I am also a retired Registered Nurse of 50ys who specialised in Intensive Care in both the UK and in WA. As a Nurse Manager for the last 22 years across After Hours, Paediatrics and then General Medicine. I have both the knowledge of how the service operates combined with a strong advocacy for excellence in delivery of healthcare. Since retiring I have been grateful for the privilege and opportunity to continue to be involved in healthcare decision making now as a consumer. I am on the Falls Prevention and Management committee and the SMHS Nursing Patient Ratios Committee as I passionately support the need for

safer patient care.

Eric Lim



I am a Senior Lecturer and Academic Chair for Contemporary Mental Health at Murdoch University and a credentialed mental health nurse. I am a Fellow of the Australian College of Mental Health Nurses and the Higher Education Academy and was awarded Australian Mental Health Nurse of the Year in 2026. With over 20 years of clinical and academic experience, my work focuses on recovery-oriented mental health care, particularly for Culturally and Linguistically Diverse (CaLD) and culturally and racially marginalised communities. I am a member of the FSFHG Consumer Advisory Council, representing the

CaLD portfolio, where I advocate for culturally responsive, consumer-centred mental health systems.

Jane Pearce (Deputy Chair)



I came to Perth with my young 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, which led to me becoming a member of the FSH Emergency Department Consumer Advisory Group (EDCAG). In 2016, I was elected Chair of that group. I joined the CAC the same year and became Chair of the newly formed Fiona Stanley Fremantle Hospitals Group CAC in 2021. I am now chair of the SMHS Research Consumer Advisory Group, which has led to my involvement as a co-investigator in many research projects

conducted within SMHS. I feel privileged to be able to make a positive contribution to the caring work of FSFHG as a consumer representative and have always felt very welcomed by the hospital community. I remain closely involved in the work of both the EDCAG and the CAC, where I continue to advocate for a person-centred approach to healthcare and promote a co-design approach to service planning and designing care.

Bruce Powell



I am a former Intensive Care Unit physician and health service leader. I bring a dual perspective as both clinician and patient to advisory council work. My focus is on how systems function in practice, particularly the gap between policy, delivery, and real-world experience. I have a longstanding interest in service design, decision-making under pressure, and improving outcomes beyond headline metrics.

Deborah Purdy



I have been extremely fortunate to have been the recipient of three kidney transplants in the three different countries (Los Angeles US, Auckland NZ, and Perth). My most recent kidney transplant was at Fiona Stanley Hospital in 2017. I was first diagnosed with Glomerulonephritis [GN] in 1980 and although I have lived with this condition for over four decades, it has not defined me.

However, during my extensive period of lived experience with kidney disease, dialysis, and organ transplantation including numerous procedures. Over time, I have gained a broad insight into the complexities of health care systems. I have experienced the skills and

knowledge of a network of dedicated health care professionals, both medical and allied. My experience has also shown me the importance of patient centred care. After 3-years of being part of the FSFHGCAC, I continue to find great satisfaction and privilege to contribute alongside the qualified team at FSFHGCAC and also the joint support of SMHS.

Pamela Robinson (Chair Emergency Department CAG representative)



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 United 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. I chair the Emergency Department Consumer Advisory Group (EDCAG).

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 (FSFHG CAC Chair)



I am an active grandmother of five, retired after 42 years in education, most of the latter service in various leadership roles. During this time, I did doctoral research in policy analysis across an education system. As I value the role of research and translation of findings into daily practice for continuous improvement in healthcare, I am a member of SMHS Research CAG. Twenty-two 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 and a special interest in the Emergency Department (ED). I am a member of the ED CAG and welcomed to the ED medical senior staff (MSS) meetings. Having received excellent but fragmented health care, I am also 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. Membership of the Communicating for Safety (CFS) committee helps me better understand the barriers and enablers, while I provide consumer perspectives during discussions. With experience of palliative care and the recent death of my husband, I am a member of the End-of-Life Care (EOLC) committee at the hospitals and a consumer advisor at the Department of Health (WA).

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.

Evaluation

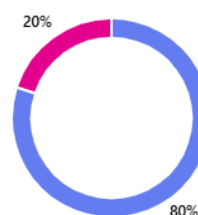
Ten members responded to the 2026 Evaluation Survey. Quantitative data is presented over the following pages. Members' suggestions made at Q 24, how to improve the CAC are included here:

- Allow everyone the opportunity to be heard and listened to.
- We quite often run out of time to discuss all the agenda issues especially if the guest speaker's topic is of interest & generates lots of questions. Not sure how we can fix that as the topics are very interesting & provide insight into the various depts etc. at FSFH
- Not sure yet, I have only been to 2 meetings to date. The minutes look complicated.
- It is always difficult to cover the whole agenda in 2 hours. If we could find a way to extend the meeting time or streamline the agenda that would be good - but not an easy task!
- There are a lot of materials sent to members via e-mail. Would it be more efficient to sort the emails to the relevant people instead of sending them to everyone? We are volunteers and do not have the time to check and read all emails on top of our daily work/routine. A better understanding of what to do with information sent to us might also be helpful.
- A lot of information comes to CAC via the CIMS report, and the committee reports from members. The CIMS report flags positive and negative issues in FSFHG operations, and the committee report give operating level information. The CIMS report should be discussed, and a member of staff should be asked to come and explain the report to CAC. Committee members should speak to their reports (perhaps at meetings as allocated) and highlight issues (a number of reports have items for escalation that are not - it appears - dealt with.
- Perhaps a central SharePoint folder that is accessible for the members - a place to save the TOR, meeting minutes, agendas, presentations etc. I find scrolling through my emails to find documents difficult at times and it would be great to have one spot with everything saved. I recognise this wouldn't be suitable for everyone, so this would be in addition to the current system. This would also allow us to collaborate on documents when needed.

1. What is your name? Not reported here.

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

● Agree	8
● Not sure	2
● Disagree	0



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

● Agree	9
● Not sure	1
● Disagree	0



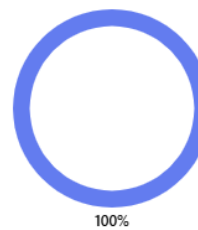
4. The CAC meets its functions and responsibilities as outlined in the Terms of Reference.

● Agree	10
● Not sure	0
● Disagree	0



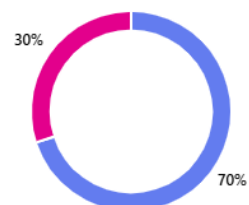
5. Agendas and meeting materials are received in sufficient time for meetings.

● Agree	10
● Not sure	0
● Disagree	0



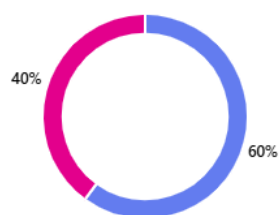
6. All scheduled reports to the CAC are received.

● Agree	7
● Not sure	3
● Disagree	0



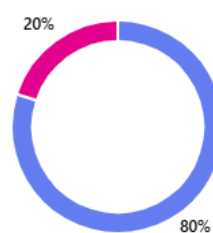
7. Any actions and recommendations are implemented in a timely and effective manner.

● Agree	6
● Not sure	4
● Disagree	0



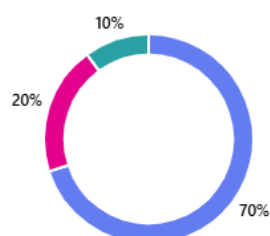
8. Any outstanding items of business are followed up at each meeting.

● Agree	8
● Not sure	2
● Disagree	0



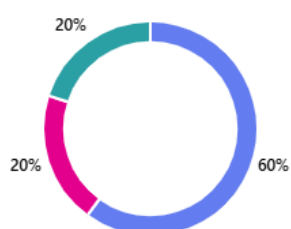
9. The CAC effectively delegates responsibility and tasks.

● Agree	7
● Not sure	2
● Disagree	1



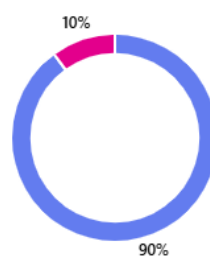
10. The frequency and length of CAC meetings is appropriate.

● Agree	6
● Not sure	2
● Disagree	2



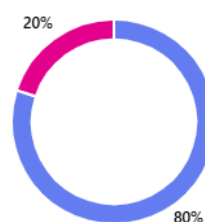
11. Adequate support is provided to the CAC.

● Agree	9
● Not sure	1
● Disagree	0



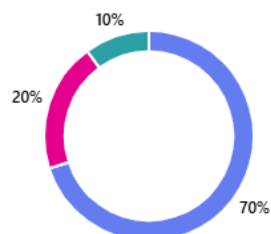
12. CAC members receive appropriate training.

● Agree	8
● Not sure	2
● Disagree	0



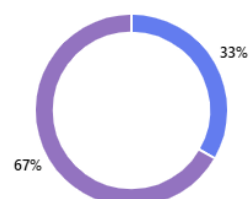
13. The skills and expertise of CAC members are recognised and utilised.

● Agree	7
● Not sure	2
● 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	3
● Not sure	0
● Disagree	0
● Not applicable (I have been a member longer than a year)	6



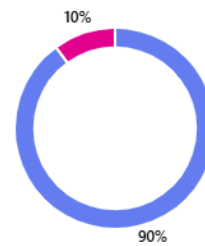
15. Quorum is regularly achieved.

● Agree	9
● Not sure	0
● Disagree	1



16. CAC meetings are well structured and organised.

● Agree	9
● Not sure	1
● Disagree	0



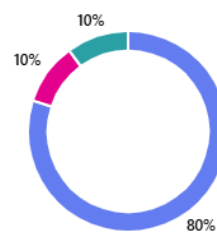
17. CAC members are well prepared for each meeting.

● Agree	5
● Not sure	5
● Disagree	0

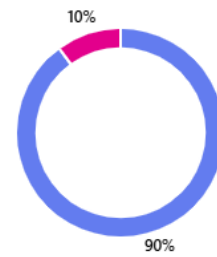
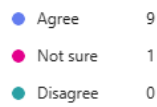


18. Any conflict is effectively resolved.

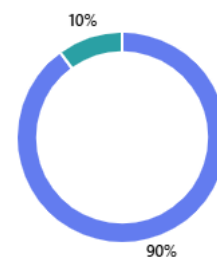
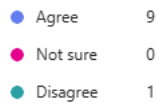
● Agree	8
● Not sure	1
● Disagree	1



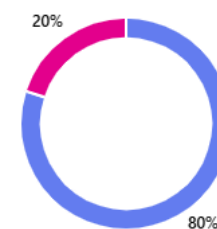
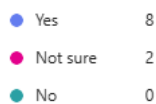
19. Communication is constructive, open and respectful.



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.

- I have noted that the meeting is at times monopolised by a few folk who are long standing.
- I am new to the CAC and am unable to comment on some of the questions, therefore left it as 'Not sure'.
- CAC and their multidisciplinary team do a great job.

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

- Understand the importance of seeing the bigger picture and that everyone should be listened to and acknowledged.
- Healthcare background, volunteer at FS & FH.
- Background in healthcare at senior level of nursing so have insight into complexities of delivering patient care. Neurodivergent family members and personal healthcare consumer. Interests include aged care, end of life care, improving nurse patient ratios and preventing falls.
- Documentation, training skills, quality and compliance, clinical research background. Cardiac lived experience (CCU and ED at FSH)
- Extensive experience as a consumer advisor in FSFHG. Good communication skills. Interest in communication and improving health literacy. Research skills and experience.
- I am a registered nurse, mental health nurse, nurse academic, nurse researcher, lived experience of a CaLD cancer survivor.
- Wide and lived experience in health care, good awareness of FSH and FH, preparedness to positively contribute to CAC discussions and CAC initiatives (within my capacity to do so).
- 40+ years of WA-govt and research experience; 5+ years of significant medical care through Perth hospitals/doctors; ongoing commitments to health/research
- lived experience consumer
- Maternity space, and paediatrics.

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



- It seems every opportunity I have shown interest in has been dismissed. This has made me cautious of interaction in discussions. It seems there are a few key people who now drive changes in CAG.
- I am on the SMHS Birth Trauma advisory group, and we have only had one meeting so far.

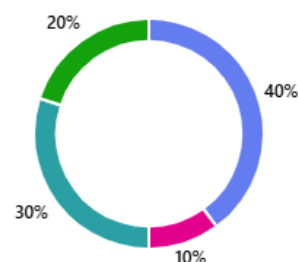
Diversity

Ten CAC members responded to the 2026 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	1
3	3
4	0
5 or more	2

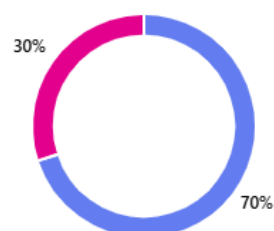


2. What suburb do you live in?

- Floreat
- Spearwood
- Hamilton Hill
- 6153
- Inglewood
- Canning vale
- Fremantle
- Gwelup
- Wembley
- East Fremantle

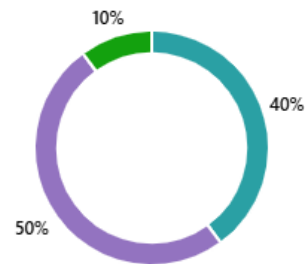
4. What is your gender?

Female	7
Male	3
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	4
60-79	5
80 or over	1



6. In which country were you born?

- Australia
- UK
- UK
- England
- England
- Singapore
- UK
- Australia
- New Zealand
- Australia

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

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

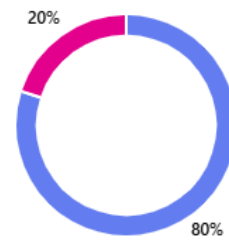


9. If you have answered yes above, please specify which language/s.

- Nil responses

10. Do you identify with any ethnicity?

● No	8
● Yes (please specify below)	2

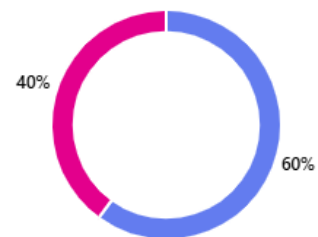


11. If you have answered yes above, please specify which ethnicity.

- Irish
- Asian

12. Do you identify with any religion?

● No	6
● Yes (please specify below)	4



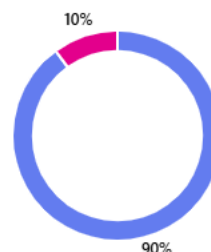
13. If you have answered yes above, please specify which religion.

- Roman Catholic
- Christianity
- Anglican
- Christian - Uniting Church

14. Do you have an ongoing disability?

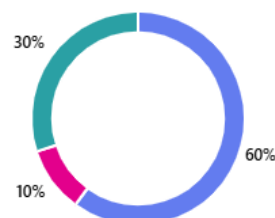
(Australia is a signatory to the United Nations Convention on the Rights of Persons with Disabilities that defines disability as: Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers may hinder their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

● No	9
● Yes	1
● Prefer not to say	0



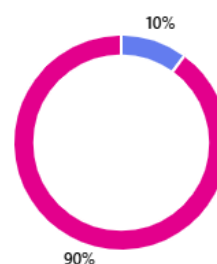
15. Do you have experience as a healthcare:

● Consumer	6
● Carer	1
● Consumer and Carer	3



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

● No	1
● Yes (please specify below)	9



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

- Carers WA
- FSH ED CAG
- SMHS NMTTPR Project
- HCCWA CHF Heart Support Australia
- SMHS Research Consumer Advisory Group FSH Emergency Department Consumer Advisory Group WA Health Consumers' Council

- I am a registered nurse/credentialed mental health nurse
- Volunteer at FSFHG
- WA Health Pathwest Genomic Stewardship Committee
- I sit on many different groups across WA/various health services.

Tabled at GEC and PwC committees.

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

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Compiled: Fiona Stanley Fremantle Hospitals Group

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