CHARTER – THE CHILDREN'S HOSPITAL AT WESTMEAD (CHW) ADVISORY COUNCIL (CHAC)

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THE CHILDREN'S HOSPITAL ADVISORY COUNCIL (CHAC)

1. The Role and Function of the Children's Hospital Advisory Council

The roles and functions of Area Health Advisory Councils are set out in the Act (see Appendix). They should be undertaken within the responsibility and scope of activities set out in Section 2 of this Charter (hereunder) and this Charter.

2. Responsibility and Scope of Activities

The role of the CHAC is **advisory** in matters of:

(i) Strategic planning;
(ii) Priority setting;
(iii) Policy development;
(iv) Expenditure of funds raised through donations to the hospital;
(v) Monitoring
  a. health status;
  b. health service delivery;
  c. performance;
  d. development of clinical networks;
  e. the appropriateness and effectiveness of the engagement processes with clinicians and the community.

The Children's Hospital Advisory Council does not have an operational or management role.

A key function of the CHAC is to ensure that views of clinicians, patients and the community about the accessibility, quality and safety of the health services provided by the CHW are being obtained by the CHW and given due consideration in decision making. The CHAC also has a role in facilitating consultation mechanisms. Many CHW functions have a state wide scope of responsibility. Therefore the activities of CHAC and CHW with regard to advising and seeking the views of clinicians and the community will need to take into account the pragmatics of the state wide reach of CHW.

Taking this into account CHAC will undertake this function by working with CHW to ensure that clinicians, patients and the community are effectively engaged and consulted and that consultation mechanisms are effectively operating.

3. Communication, Roles, Relationships and Stakeholder Engagement

This section describes the roles of and relationships between the following:

- **The CHW Chief Executive (CE)**
- **Clinical, community and other relevant groups associated with CHW**
- **Relevant bodies external to CHW**
- **The general community**

3.1 CHW Chief Executive

The CE is responsible for both the governance, and strategic framework of CHW. Recognition of the CE's critical role in balancing and achieving effective governance and strategic outcomes for CHW must be clearly understood by all stakeholders.

The CE is also responsible for the management of the CHW including the effective engagement of and consultation with clinicians, patients and the community. Developing an effective working relationship between the CE, senior staff of the CHW and the CHAC Chair and members will be critical to the effective functioning of the CHAC.

3.2 Chair

The role of the Chair includes meeting preparation, attending associated briefings and meetings and providing advice and leadership on clinician and consumer input to the establishment and operation of the CHAC.

The CHAC Chair should be recognised as the official spokesperson for the CHAC on matters within the Council's responsibilities and as agreed with the CHW CE.

3.3 Stakeholders

It is the responsibility of the CHW Chief Executive to incorporate the views of clinicians, consumers and the community in the planning, delivering, monitoring and evaluation of health services provided by the CHW, including the CHW Healthcare Services Plan.

To assist in this process the CHAC should work with the Chief Executive to develop a communication protocol for interaction with key clinical and community stakeholder groups. The protocol should include the mechanisms that the CHAC will use to ensure that clinicians, patients and the community are effectively engaged and consulted and that local consultation mechanisms

are effectively operating. Members of CHAC should not engage or consult with clinicians, patients and the community outside this protocol.

Area Health Services use a range of strategies to inform and involve consumers in decision-making in the health system. CHW has existing structures for community engagement. These structures include Parent Council, parent groups in specialised areas such as oncology, cystic fibrosis, brain injury, neonatal intensive care etc, GP Forums and consumer representatives on various Hospital committees. The role and activities undertaken vary and include needs assessment, input into planning and health promotion activities. The CHAC should seek to gain the views of these existing groups where appropriate and is not intended to replace them.

CHAC will meet periodically with representatives from these groups and from clinical bodies such as the CHW Medical Staff Council and the Clinical Excellence Commission, to promote the delivery of safe and quality clinical services based on best available evidence and the most clinically and financially effective models.

3.4 NSW Health –State Level and Peak Groups

The Chairs of AHACs and CHAC are invited to attend all Health Care Advisory Council (HCAC) meetings. It is requested that at each HCAC meeting there is at a minimum a rural AHAC Chair and a metropolitan AHAC Chair in attendance.

AHACs and CHAC will report through the Chief Executive to each HCAC meeting. Any issues that have potential state-wide implications will be reported at the HCAC meeting by exception.

Issues can be brought through the Chief Executive to the attention of specific Health Priority Taskforces where the need arises.

Issues can be brought to the attention of the Clinical Excellence Council (CEC) through the Chief Executive or delegate.

3.5 Charter to be available on Health Website

Section 29 (2) of the *Health Services Act 1997* requires the text of the CHAC Charter to be available on the internet website of CHW (http://www.chw.edu.au/) as well as the NSW Department of Health.

3.6 Public Comment

Any public comment made by the CHAC Chair and members must be done as a private citizen and not on behalf of the Chief Executive or CHW.

CHAC members must not access, use, disclose or release any internal CHW documents or privileged information unless there is a need to do so in the course of CHAC business and the member has been authorised to do so. Members must protect the privacy of client information as required by the Privacy Code of Conduct. Circ 2001/46

4. Conflict Resolution

This section describes the protocol to address situations where there is a significant and unresolvable difference of opinion between the CE and the CHAC.

Conflict will be avoided through regular open and honest discussion between the CHAC Chair and the CHW CE.

Should any conflict arise which cannot be resolved by discussion, both parties would agree to meet with an independent mediator.

Where it can be demonstrated that all other avenues of conflict resolution have been exhausted and in exceptional circumstances only, it may be necessary for the CE and the CHAC Chair to seek a joint meeting with the Director-General or delegate, and that delegate should be no less in seniority than a Deputy Director-General.

5. Appointment of Chair and Members

Section 26 of the *Health Services Act 1997* refers to the constitution of AHACs.

5.1 Membership

An Area Health Advisory Council is to consist of between 9 and 13 members appointed by the Minister, with roughly equal numbers of health professionals and community members. At least one member must be a person who has expertise, knowledge, or experience in relation to Aboriginal health.

Term of Appointment

Inaugural Chairs are appointed for a four year term. 50% of inaugural members are to be appointed for a two year term and 50% for four years.

Subsequent appointment of Chairs and members should be for a period not exceeding four years.

5.2 Reappointment Process

A member whose term of office expires may apply for reappointment. The maximum period of membership for AHAC Chairs and members is 8 years.

The Minister following a review process involving the Chief Executive will make decisions regarding the reappointment of the AHAC Chairs and members.

5.3 Co-opting of Members

The Chair of CHAC may invite people with specialist expertise to attend CHAC meetings for a time limited period as required.

5.4 Vacancy in Office

The Chair may retire or resign at any time by letter to the Chief Executive, and a CHAC member by letter to the Chair, in each instance giving not less than one month's notice. If the office of chair or the position of any member becomes vacant during the term of appointment the Minister will appoint another person for the balance of the term.

5.5 Leave of Absence

In circumstances of demonstrated need, individuals holding AHAC positions can apply for a leave of absence. In the case of CHAC members, approval should be sought from the CHAC Chair. In the case of the CHAC Chair, approval should be sought from the Chief Executive. Depending on the period of the leave of absence, consideration may be given to replacing the individual through a temporary appointment. In each instance, absences should be reported to the CHAC members.

5.6 Dismissal Provision

The Minister can remove the Chair or any member of the CHAC from office. Grounds for removal may include breaches of criminal law, bankruptcy, breaches of the code of conduct, persistent failure to attend meetings or actions that undermine the standing and effectiveness of the CHAC or the CHW.

6. Meetings

6.1 Frequency

Meetings will be held monthly from February to December each year.

6.2 Quorum

A quorum for any meeting will consist of the nearest whole number above one half of the membership.

6.3 Disclosure of Interests by Members

Disclosure provisions will need to be determined eg "At the commencement of each meeting the Chair will invite members to declare whether there are any matters in the agenda which that have a "direct or indirect pecuniary interest". This will provide members with an opportunity to discharge their obligations as Council members.

Where a member declares an interest the matter will be noted in the minutes, and the Council will be asked to consider the declaration and to make a decision after appropriate discussion about if the member will be permitted to:

a) Be present during any deliberation of the Council with respect to that matter; or
b) Take part in any decision of the Council with respect to that matter.

6.4 Code of Conduct for CHAC members

CHAC will have in place a Code of Conduct that is consistent with the NSW Health Code of Conduct (see NSW Health Website for Policy).

6.5 Agenda and Minutes

The Chair will set the meeting agenda in consultation with the CHW CE.

All meetings shall be minuted. Once ratified, minutes of each meeting are to be posted on the CHW website and forwarded to the Department of Health (Community & Government Relations Unit) for posting on the NSW Health Advisory Network website.

6.6 Attendance

All members must attend / participate in at least 80 per cent of meetings each year. This provision can only be varied for an individual member with the approval of the CHAC Chair in consultation with other CHAC members.

Members who cannot attend / participate in a particular meeting are not able to nominate an alternate to attend in their place. This provision can only be varied for an individual member in exceptional circumstances, and with the approval of the CHAC Chair in consultation with other CHAC members.

The Chief Executive is to meet with the Council on a regular basis at such frequencies, times and places as may be mutually agreed with them provided that the meetings take place no less than four times in each calendar year. Area Senior Executive staff, as appropriate, may also attend CHAC meetings, although they will not be CHAC members.

6.7 Other Considerations

Considerations relating to AHACs and CHAC, raised in community consultations between August and November 2004, are detailed in *A clear voice for clinicians and the community: Report of the Clinical and Community Advisory Group, October 2004*. They are:

- AHACs should have the capacity to establish special purpose sub-committees where required, chaired by AHAC members.
- Each AHAC should meet periodically with the Chairs of relevant local health advisory groups. In addition to these meetings, the AHAC Chair has an on-going role in establishing and maintaining relationships with local health advisory groups and local communities in general.
- Meetings are not generally open to the public. Communication processes should however be put in place to ensure that clinicians and members of the community are aware of CHAC priorities, meeting frequency and mechanisms for raising issues.

7 Remuneration

7.1 Chairpersons and Members of the CHAC

The Premier based on advice from the Statutory and Other Officers Remuneration Tribunal (SOORT) has determined remuneration for CHAC Chairs and members. Payment rates are set and promulgated from time to time.

7.2 Area Health Service and other Government employees

In line with policy decisions against "double dipping" Area Health Service and other NSW Public Sector employees appointed to NSW government boards and committees are not entitled to receive remuneration.

7.3 Travel and Motor Vehicle Allowances

Members of the CHAC are to receive travel and motor vehicle allowances in accordance with the guidelines contained in Premier's Memorandum 2004-10.

7.4 Administration of payments

All payments are to be made at the end of each quarter. In order to provide sufficient accountability, Chairpersons and members are required to submit sufficient documentation to substantiate days claimed on Council business.

8. Performance monitoring

8.1 Two year plan.

A rolling 2 year work plan for the activities of the CHAC will be developed with the CHW CE and in consultation with clinical and community stakeholders, taking into account the CHW Healthcare Services Plan. The work plan should identify an agreed budget and should include key performance indicators for monitoring, reviewing and communicating the performance of the CHAC and the CHW.

The work plan will incorporate a review of community advisory structures in the first 12 months.

The work plan will also include strategies to monitor the CHW's performance in relation to major health initiatives and annual clinical and consumer performance targets based on key performance indicators (the 'dashboard' indicators) and to report to the community and clinicians about Council and CHW activities to improve health service accessibility, quality and patient safety.

Commencing at the end of the second year of its term, there should be annual reviews of the CHAC against key performance indicators contained in the CHAC work plan.

8.2 Annual Report

Section 29 A of the *Health Services Act 1997*, requires each AHAC and CHAC to prepare an annual report on its activities (edited below).

(1) As soon as practicable after 30 June (but on or before 31 December) of each year, the chairperson of an AHAC and CHAC is to provide the Minister with a report on the performance by the area health advisory council of its role and functions under this Act during the period of 12 months ending on 30 June in that year.
(2) The report is to include performance indicators to measure the AHAC's and CHAC success in the performance of its role and functions under this Act.
(3) The Minister is to cause the report to be laid before both Houses of Parliament as soon as practicable after receiving the report.

CHAC Annual Reports should also be included in the Annual Report of the CHW.

8 .3 Reporting to Department of Health

The CHW is to provide the Department of Health with quarterly reports on all payments made to each Advisory Council member.