

# **Far West Local Health District**

## **Health Council**

### **Guidelines 2016**



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# CONTENTS

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<b>Foreword</b>	3
<b>Section A: Executive Summary</b>	4
<b>Section B: Roles and Relationships</b>	
1. The role of Health Councils	5
2. The role of Health Councillors	5
2.1 The role of the Health Council Chair	6
3. The role of the Far West Local Health District Board	7
4. Role of the Far West Local Health District	8
5. Relationships	9
5.1 Health Council Relationship with Far West Local Health District Board	9
5.2 Health Council Relationship with Far West Local Health District	10
5.3 Health Council Member Relationships with Health Council Colleagues	10
5.4 Health Council Relationships with other Service Providers, Community Groups and Community Members	10
5.5 Health Council Relationships with other Health Councils	11
5.6 Health Council Representation on State/ National Forums	11
<b>Section C: Health Council Protocol</b>	
1. Health Council Protocol and NSW Ministry for Health Code of Conduct	12
2. Recruitment of Health Council Members	12
3. Membership	12
4. Office Bearers of Health Councils	12
4.1 Election of Office Bearers	12
4.2 Re-Election	13
4.3 Election Procedure	13
4.4 Vacancies	13
5. Correspondence	13
6. Name Badges	13
7. Tenure of Health Councillors	13
7.1 Resignation	14
7.2 Transfer of tenure	14
8. Health Council Orientation and Induction	14
9. Health Council Training	14
10. Health Council Meetings	14
10.1 Frequency, Time and Venue	14

10.2	Quorum.....	15
10.3	Attendance .....	15
10.4	Meeting Procedures.....	15
10.5	Health Council Records .....	15
10.6	Meeting Agenda.....	16
11.	Communications .....	16
12.	Resolution Of Disputes .....	17
13.	Development Of An Annual Action Plan .....	17
14.	Making Public Comment.....	18
15.	Confidentiality .....	19
16.	Community Consultation.....	19
17.	Publicity And Promotion.....	20
18.	Use of Resources .....	20
18.1	Far West Local Health District Motor Vehicles.....	20
19.	Reimbursement of Expenses.....	20
19.1	Travel Expenses .....	21
19.2	Interpreter Services .....	21
19.3	Personal Care Assistance.....	21
19.4	Care for Dependents/Child Care.....	21
20.	Evaluation of Health Councils.....	21
21.	Liability of Health Councils.....	21
22.	Conflicts of Interest.....	22
23.	Disciplinary Action .....	22
<b>Section D</b>	.....	23
References	.....	23
Acronyms	.....	24
Attachments	.....	255
Attachment 1:	NSW Ministry for Health Code of Conduct	<b>Error! Bookmark not defined.</b> 6
Attachment 2:	Far West Consumer, Carer & Community Engagement Framework	<a href="#">39</a>
Attachment 3:	Health Councillor Recruitment and Selection Process Check List..	58
Attachment 4:	Name Badge Order Form .....	62
Attachment 6:	Health Service Manager report proforma to the Health Council	<b>Error! Bookmark not defined.</b>
Attachment 7:	Health Council Chair Letter Head template Council	<b>Error! Bookmark not defined.</b>
Attachment 8:	Health Council Training Register Template	69

## FOREWORD

This is the second edition of the Far West Local Health District *Health Council Guidelines*. Health issues for the community are not confined to what happens after an injury or illness. Health extends beyond the physical to include the mental, emotional, spiritual and social aspects of health.

The purpose of the document is to outline the principles, roles, relationships and protocol relevant to Health Council Committee structures. Any forms referred to in this document will be available from the local Health Service Manager.

The document aims to give guidance and to help ensure Health Councils are effective and supported in carrying out their roles. Throughout this document, the term 'Health Council' is used synonymously with Multi-Purpose Service Advisory Committees.

Far West Local Health District is committed to community consultation and participation. We acknowledge the hard work and commitment by Health Councillors and we will continue to work with communities to improve their health and wellbeing through leadership and partnerships.

Stuart Riley  
Chief Executive  
Far West Local Health District

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## **SECTION A: EXECUTIVE SUMMARY**

Health Councils provide a structure for community participation and consultation to assist Far West Local Health District (LHD) in meeting the health needs of our communities. Health Councils will work with the Health Service to advocate for the community and positively influence health decision-making that is responsive to the health needs of their community. Health Councils will recognise and promote the achievements and success of the Health service and its staff.

Any individual from the community has the opportunity to apply for membership on a Health Council and as wide a cross section of people as possible will be encouraged to apply. The Health Council will include a mix of people with an understanding of, and links within, the community.

The Far West LHD Chief Executive or their delegate appoints Health Council members. Local health service staff other than the Health Service Manager can be members of the health council but only in the role as a community member and not as a representative of the health service

All members of the Health Councils and Far West LHD staff will adhere to the Local Health District policies and procedures and the NSW Ministry of Health Code of Conduct.

Health Councils will be encouraged to participate in Health Service training sessions and workshops that will enable them to be more effective in carrying out their role. Health Service Managers will use the Far West LHD Health Service Manager Report Proforma to provide information to Health Councils. Local issues should be addressed locally but motions at meetings can identify if the Far West LHD Health Service needs to be advised or consulted. Issues and resolutions that affect the Far West LHD Health Service should be forwarded to the General Manager first then the Chief Executive for action.

The Health Councils will elect a Health Council Chair annually. The Chair (or approved delegate) shall be the spokesperson for the Health Council. The Health Councillors have the right to express their personal views through public comment on political and social issues but they must not make statements on behalf of NSW Ministry of Health or Health Services without consultation with the Health Service Manager, the Public Affairs Manager and in some instances the Local Health District, Chief Executive.

Health Councils are encouraged to develop media information about local activities with the Health Service Manager, as the majority of these local activities should be carried out in partnership with health service staff.

The Far West Local Health District is committed to community participation in accordance with the Partnering with Consumers, National Safety and Quality Health Service Standards 25 February 2016 and the Far West LHD Consumer, Carer and Community Engagement Framework August 2015.

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## **SECTION B: ROLES AND RELATIONSHIPS**

### **1. THE ROLE OF HEALTH COUNCILS**

Health Councils provide the structure for community participation and consultation to ensure that the Far West LHD meets the health needs of local communities. Health Councils and Health Councillors have the responsibility to represent the interests of the community and consumer on health issues.

The Health Council will work with the Health Service to advocate for the community and positively influence health decision-making that is responsive to the health needs of their community. Health Councils will recognize and promote the achievements and success of the Health Service and its staff.

Health Councils and Health Councillors will understand and be committed to the role of the Health Council as stated in this document. Health Councils and Health Councillors will work in partnership with the Health Service through the Health Service Manager or designated senior person.

The Health Council will:

- Bring local health needs and issues to the attention of the Health Service
- Participate in the planning, development, delivery, and evaluation of health services
- Promote and improve the health of the local community in partnership with others.

The role of the Health Council does not include responsibility for operational issues. For example, the role of Health Councils does not include:

- Recruitment and appointment of staff
- Maintenance and cleaning
- Individual case management
- Advocacy for a person being admitted to hospital or receiving health services.
- Health Councils do not handle complaints about an individual's treatment or care. Any such complaints should be passed on to the Health Service Manager for confidential response in accordance with NSW Ministry for Health Policy, or to the Health Care Complaints Commission.

### **2. THE ROLE OF HEALTH COUNCILLORS**

Health Councillors have the responsibility to represent the interests of the community and consumer on health issues. Health Councillors will understand and be committed to the role of the Health Council as stated in this document.

All Health Councillors will fulfill their role as a Health Councillor to ensure that their Health Council achieves its role as follows:

1. The Health Council will bring local health needs and issues to the attention of the Health Service. Health Councillors will:
  - Consult, seek comment from and advocate for all community groups, including minority groups and those with special needs
  - Assist in identifying local health needs and issues
  - Work with the Health Service to ensure health decision making is responsive to the health needs of the community

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2. The Health Council will participate in the planning, development, delivery, and evaluation of health services. Health Councillors will:
    - Be informed about local, Local Health Network and State health service policy, programs and issues
    - Participate in planning groups, working parties, special project committees and other activities
    - Provide comment on NSW Ministry for Health and Far West LHD policy documents, statements and other material
    - Assist the Far West LHD and local Health Service to inform the broader community about policy, programs, services and issues
    - Be active in identifying local health needs, developing local health service plans, and monitoring their progress and outcomes
    - Be active in all quality activities, including accreditation, to ensure the consumer and community perspective is recognised in service delivery
  3. The Health Council will promote and improve the health of the local community in partnership with others. Health Councillors will:
    - Actively promote the role of the Health Council
    - Consult with and inform the community on health issues and services as agreed by the local Health Council
    - Work with the Health Service to promote and publicize activities and strategies to improve health
    - Develop links and partnerships with community groups and other agencies

In addition, Health Councillors will:

- Work in partnership with the Health Service Manager or designated senior person
- Attend and participate at meetings and other activities of the Health Council
- Attend Health Council Forums, orientation programs, training and education programs
- Assist in the development of the Health Council Annual Action Plan
- Provide mentoring and support, as required, to new and existing Health Council members
- Participate in other networks and forums where there is not a conflict of interest with the role of the Health Council
- Consult with the local Health Service Manager prior to supporting community groups/organizations in fundraising and grant funding opportunities.

## **2.1 THE ROLE OF THE HEALTH COUNCIL CHAIR**

The Health Council Chair should be aware of and concerned about health issues and committed to ensuring local people participate in decision-making. The Chair of the Health Council will display good leadership, communication and facilitation skills. They will also be prepared to undertake additional training available through the Far West LHD to assist them in their role as Chair.

The Health Council Chair will understand and be committed to the role of the Health Council as stated in this document.



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The Health Council Chair will ensure that Health Council discussion and activities comply with *the Role of Health Councils* as stated in this document.

The Health Council Chair will ensure that their Health Council achieves its role as stated in this document and in addition will

- Work in close partnership with their Health Service Manager or designated senior person
- In collaboration with the Health Service Manager develop the meeting Agenda
- Chair Health Council meetings
- Structure the agenda in consultation with the Health Service Manager
- Ensure the Health Council develops an annual work/action plan to achieve the goals and objectives of the Health Council
- Ensure Health Council meetings and activities are documented and reported appropriately
- Liaise regularly with the Health Service Manager and other Health Council members to ensure that information is shared, and actions and activities are being carried out
- Sign correspondence on behalf of the Health Council
- Ensure that the priorities and decisions of the Health Council reflect the needs and concerns of the local communities
- Ensure appropriate monitoring of the Health Council's activities
- Liaise with local media about Health Council activities and health issues according to the Far West LHD media policy
- Act as spokesperson of the Health Council
- Encourage the development of networks with local communities and with decision makers in Health Services
- Report to the Health Council on any Health Council network meetings
- Report and communicate to the Health Council on information received from the Health Service
- Attend and participate in Local Health District and Health Council meetings. Delegate a member of the Health Council to attend the meeting in the Chair's absence, or as part of a learning experience for other Health Council members
- Have an active role in developing and monitoring the progress and outcomes of local health service plans
- Have an active role in quality activities within the Health Service, including accreditation, to ensure the consumer and community perspective is recognized in health service delivery
- Participate in the planning, development and review of Far West LHD policies and programs
- Play an active role in the orientation of newly appointed Health Councillors
- Be included on the Far West LHD Health Council Chairs mailing and email lists

### **3. THE ROLE OF THE FAR WEST LOCAL HEALTH DISTRICT BOARD**

The Far West LHD Board will be responsible for establishing and overseeing an effective governance and risk management framework for the network, setting its strategic directions, ensuring high standards of professional and ethical conduct are maintained, involving providers and the community in decisions that affect them, monitoring the service delivery and financial performance of the Local Health District against its targets and holding the Local Health District Chief Executive accountable for their performance.

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As described within the National Health and Hospitals Network Agreement specific responsibilities will include:

- i. Delivering agreed services and performance standards within an agreed budget based on annual strategic and operating plans, and the Local Health District Service Agreement.
- ii. Ensuring the accountable and efficient provision of services and producing annual reports, subject to State financial accountability and audit frameworks.
- iii. Monitoring Local Health District performance against the agreed performance monitoring measures in the Local Health District Service Agreement.
- iv. Improving local patient outcomes and responding to system-wide issues.
- v. Maintaining effective communication with State and relevant local stakeholders including clinicians and the community.

#### **4. ROLE OF THE FAR WEST LOCAL HEALTH DISTRICT**

It is the role of the Far West LHD to incorporate the views of clinicians, consumers and the community in the planning, delivering, monitoring and evaluation of health services provided by the Local Health District. Far West LHD will be responsible for establishing, supporting and providing resources for Health Councils.

The Chief Executive and senior staff will be available to the Health Councils wherever possible and attend meetings on invitation. The Chief Executive or nominated senior management staff will attend the Far West LHD Health Council Forums and Local Health District Board meetings.

Far West LHD senior staff shall

- Provide guidelines for the roles, responsibilities of the Health Councils in consultation with the Far West LHD.
- Provide appropriate reporting between the Health Councils, the Far West LHD, NSW Ministry for Health and relevant others.
- Be responsible for supporting Health Service Managers, Operational Managers and General Managers in their roles of community consultation, participation and facilitation.
- Act as a key contact for the Far West LHD to NSW Ministry for Health on community participation while acknowledging other formal structures are in place e.g. Aboriginal partnerships and Mental Health Community Consultative Committees.
- Provide appropriate support for Health Service Managers and Health Council Chairs to provide orientation of Health Council members.
- Ensure ongoing training and education to enable Health Councils and Health Services to fulfill their roles in community participation structures.
- Provide evaluation and reviews of Far West LHD community participation structures.
- Provide relevant service policy, health and community information to Health Service Managers to enable the Health Councils to fulfill their roles.
- Provide appropriate representation at relevant forums at a Local Health District, State and National level.
- Provide recruitment processes for Health Councils.
- Co-ordinate the annual Far West LHD Health Council Forum.
- Promote and support Health Councils in relevant health service planning, policy development, service development and reviews.

- Collate Health Councils' reports and presentations for Far West LHD Board meetings.
- Assist with the production of an area newsletter for Health Councillors

General Managers, Health Service Managers or designated senior staff members shall

- In consultation with the Health Council co-ordinate and recruit Health Council members in accordance with the Far West LHD Health Council Application Kit.
- In partnership with the Health Council Chair provide orientation for newly appointed Health Council members in accordance with the Western NSW Ministry for Health Councillor Orientation and Induction program.
- Attend all Health Council meetings and provide secretariat support to the Health Council as required.
- Provide a monthly report to the Health Council as outlined in *Attachment 2*.
- Liaise regularly with the Health Council Chair to provide information on policy, quality, health, community and other matters relevant to the role of Health Council.
- Have full voting rights as a Health Council member.
- Actively encourage and support Health Council participation in health service planning, policy and service development, quality activities, monitoring and reviews.
- Attend Far West LHD Board and Health Council meetings.
- Attend the annual Far West LHD Health Council Forum.
- Provide for approved expenses incurred by Health Councillors in carrying out their roles and responsibilities.
- Encourage Health Council members to participate in orientation, training and development opportunities relevant to their role.
- Assist and participate in orientation and other relevant training and education sessions for Health Councils and Health Service staff.
- Orientate new staff to the role of the Health Council and the opportunities for community engagement.

Local health service staff shall

- Communicate with and involve Health Council members in the planning and review of their service (including consulting the community or client groups), and work in partnership with the Health Council as approved by the Health Service Manager
- Be supportive of Health Council structures and roles
- Participate and attend Health Council meetings and forums, and relevant education and training sessions on Health Councils and community participation as required

## 5. RELATIONSHIPS

Health Councils work in partnership with service providers, Far West LHD, the Local Health District Board and local communities. Health Councillors consult and advocate enabling Far West LHD to meet the needs of its communities.

### 5.1 Health Council Relationship with FAR WEST LOCAL HEALTH DISTRICT BOARD

Far West LHD will provide support for meetings of the Local Health District Board and Health Councils at which representatives from Health Councils will be invited to present. These meetings are

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a key avenue for communication between the Health Councils and the Local Health District Board. Matters raised in these meetings will be referred to and addressed by the appropriate body or person.

A board member has been appointed to each Health Council as an ex-officio member to develop the capacity of the Health Council and strengthen the relationship with the Far West LHD Board. The board member will be a key link between the Board and the Health Council. It is expected the board member may provide a monthly update on the Board's activity. Critical issues identified by board members in their meetings with a Health Council should be escalated to the Chief Executive for the Board.

## **5.2 HEALTH COUNCIL RELATIONSHIP WITH FAR WEST LOCAL HEALTH DISTRICT**

Each entity will respect and support each other's roles and responsibilities. The Health Service at all levels will provide information, support, assistance and guidance to enable the Health Councils to carry out their roles.

The Health Council will be encouraged to participate in the planning, development, delivery and review of health services.

Examples of these include:

- Local health planning
- Clinical Councils
- Service development and redevelopment
- Implementation of government strategies and policy
- Policy development

Local health services will ensure that Health Councils have an active role in monitoring the progress and outcomes of the local health service work plan. This should be reflected in the business plans and business processes of Health Services.

Local health services will ensure Health Councils have an active role in quality activities within a Health Service, including accreditation processes. This ensures the consumer and community perspective is recognised in service delivery. Far West in Focus newsletter for the Far West LHD will provide essential information and highlight Health Council achievements.

## **5.3 HEALTH COUNCIL MEMBER RELATIONSHIPS WITH HEALTH COUNCIL COLLEAGUES**

Health Council members will value diversity of opinion and respect each other's contributions, skills and experiences. Health Councils should adopt recruitment strategies that aim to achieve a diversity of community members with different backgrounds and skills.

Health Council members will employ good listening, communication and teamwork skills. Confidentiality and privacy should be respected. The Health Council will agree to the meeting procedures and abide by the Far West Health Council Guidelines and the NSW Ministry for Health Code of Conduct.

## **5.4 HEALTH COUNCIL RELATIONSHIPS WITH OTHER SERVICE PROVIDERS, COMMUNITY GROUPS AND COMMUNITY MEMBERS**

Working partnerships and effective communication structures should be established and maintained between the Health Council and others in the community to enable the Health Council to carry out its roles.

Any member of the community, with a commitment to the roles of the Health Council, has a right to apply for appointment to the Health Council. Health Councils will determine partnership and

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communication strategies in consultation with their Health Service Manager and the Far West Public Affairs Officers, where applicable.

Applications and appointments to the Health Council will only be approved where there is no conflict of interest with another affiliation or membership. Health Councillors who are providing Health Council representation on another community group or local advisory group do so only with the approval of the relevant Health Council.

## **5.5 HEALTH COUNCIL RELATIONSHIPS WITH OTHER HEALTH COUNCILS**

Health Councils will be encouraged and supported to network, communicate, and share ideas and resources to enable them to effectively carry out their roles within their respective local communities.

A Far West LHD Health Council Forum will be held as required and will provide an opportunity for Health Council members to network.

## **5.6 HEALTH COUNCIL REPRESENTATION ON STATE/ NATIONAL FORUMS**

Health Council members will be encouraged and supported to participate in State and National forums on health issues. Representatives will aim to advocate on behalf of the Far West LHD Health Councils.

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## **SECTION C: HEALTH COUNCIL PROTOCOLS**

### **1. HEALTH COUNCIL PROTOCOL AND NSW MINISTRY FOR HEALTH CODE OF CONDUCT**

All members of the Health Councils and Far West LHD staff will adhere to Far West LHD policies and procedures and NSW Ministry for Health Code of Conduct 2015 (*Attachment 1*) which can be located on the NSW Ministry for Health website see link below;

[http://www0.health.nsw.gov.au/policies/pd/2015/PD2015\\_049.html](http://www0.health.nsw.gov.au/policies/pd/2015/PD2015_049.html)

Health Councillors on appointment and re-appointment must sign a form indicating their agreement to abide by the Far West LHD policies and procedures and the NSW Ministry for Health Code of Conduct. The Health Service Manager will send copies of these signed forms to the Manager of Community Engagement for central record keeping.

The Far West LHD *Health Council Guidelines* will be subject to review processes as outlined below. Any amendments to this document will be approved by the Far West LHD Chief Executive and communicated to Health Councils.

### **2. RECRUITMENT OF HEALTH COUNCIL MEMBERS**

The Chief Executive or his/her delegate will appoint Health Council members. Recruitment to vacant positions on the Health Council may occur at any time. Recruitment processes are outlined in the Far West LHD Health Council Application Kit.

A selection process for Health Council members will be agreed at the local level. A recruitment and selection checklist has been developed as a resource for this process. See *Attachment 2: Recruitment and Selection Check List for Health Councils*.

### **3. MEMBERSHIP**

Membership will not exceed twelve (12) members, including the Health Service Manager. The Health Service Manager will be a voting member of the Health Council. We encourage applicants from all walks of life, ages and interests. However to ensure broader community input Health Councils can host Forums or establish working groups as required.

Each member of the Health Council is to have gone through the recruitment and selection process to become a member of their local Health Council.

Local health service staff other than the Health Service Manager can be members of the health council but only in the role as a community member and not as a representative of the health service.

### **4. OFFICE BEARERS OF HEALTH COUNCILS**

#### **4.1 ELECTION OF OFFICE BEARERS**

Appointed members of the Health Council must elect their Chair, Secretary and Treasurer annually as required. The election is to take place at an ordinary meeting of the Health Council to be held in the month of July each year. The Chair must be an appointed Health Council member.

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## **4.2 RE-ELECTION**

Office bearers shall be eligible for re-election to the same office.

## **4.3 ELECTION PROCEDURE**

Each Health Council member in attendance, including the Chair, will have a vote. The Health Service Manager will be the Returning Officer and as such will not be able to cast a vote. There will be no proxy votes.

The Health Council will agree upon the process for the election. The majority will determine decisions.

If voting is equal, the members with equal number of votes will have names placed in a hat with Returning Officer pulling the name out of the hat. The name pulled out will be the appointed Chair.

## **4.4 VACANCIES**

If an office becomes vacant between elections the vacancy is to be filled by an election at a special meeting of the Health Council. The special meeting is to occur within 30 days of the vacancy occurring.

## **5. CORRESPONDENCE**

All correspondence, to and from the Health Council either directly or through the Health Council Chair or Health Service Manager, is to be tabled at meetings. All correspondence should be logged using the *Far West LHD Trim system* if possible. Health Service's who do not have access to TRIM can email or fax documents to the Manager Community Engagement to TRIM.

Health Councils should use Far West LHD Health Council Chairs Letter template with NSW Ministry for Health Letter Head for correspondence to the General Manager and the Chief Executive Officer. For other documents Health Council Logos can be used.

## **6. NAME BADGES**

Health Council members will be provided with name badges. The local Health Service Manager will arrange the ordering of the name badges as per Far West LHD procedures using the Name Badge Order form provided in *Attachment 3: Name Badge Order Form*. Name badges should be worn at Health Council meetings and when representing the Health Council.

## **7. TENURE OF HEALTH COUNCILLORS**

Newly recruited Health Council members will be appointed for an initial tenure of two years. After this term they are welcome to apply for re-appointment for another term of either 2 or 4 years. The re-nomination form is available from the Health Service Manager.

It is recommended that appointments vary to avoid having all tenures expiring at one time. Members whose tenure has expired cannot attend Health Council meetings as they are deemed to be no longer a member of that Health Council.

All vacancies must be recruited to using the Health Council Recruitment and Selection Process.

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Written notification from the Chief Executive or their delegate regarding appointment and tenure will be sent to the respective Health Councillor and a copy sent to the relevant Health Council Chair, Health Service Manager and the Manager of Community Engagement.

It is the responsibility of the Health Council Chair and Health Service Manager to ensure that Health Councillors tenures are current. The Health Service Manager is to notify Health Councillors when their term of appointment is due to expire.

## **7.1 RESIGNATION**

Resigning or retiring Health Councillors should provide clear notification to the Health Council and Chief Executive of their intentions. The Health Service Manager is to notify the Manager of Community Engagement of any changes in Health Council membership and Health Council Office Bearer positions. The Health Service Manager or designated senior person may conduct an exit interview with the Health Councillor.

## **7.2 TRANSFER OF TENURE**

Health Councillors cannot transfer their tenure between Health Councils. If a person is a member of a Health Council in one town and wishes to be a member of a Health Council in another town they must go through the selection process.

## **8. HEALTH COUNCIL ORIENTATION AND INDUCTION**

The Health Service Manager and Health Council Chair will provide orientation and induction for existing and new members. An Induction Program and Orientation PowerPoint presentation have been developed as a resource for Health Service Managers and Health Council Chairs to assist them in providing the orientation.

A comprehensive information folder should be provided to each person participating in the Orientation Program. The opportunity for evaluation and feedback will be given to all Health Councillors attending orientation.

## **9. HEALTH COUNCIL TRAINING**

Health Councils will be encouraged to participate in Health Service training sessions and workshops that will enable them to be more effective in carrying out their role. Health Councils or Local Health District staff through a range of evaluations or assessments may identify Health Council members' training requirements.

The opportunity for evaluation and feedback will be given to all Health Councillors attending training. Training in community participation, community consultation and Health Councils will also be provided to Health Service staff by the Local Health District and Health Services. All attendance for training should be recorded on the Health Council Training Registrar kept by the Health Service Manager. A sample Health Council Training Registrar is provided in *Attachment 8 – Health Council Registrar template* or [Home: Common\Community Engagement\Health Council Education and Training](#)

## **10. HEALTH COUNCIL MEETINGS**

### **10.1 FREQUENCY, TIME AND VENUE**



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The Health Council will determine the frequency and timing of meetings. Monthly meetings are recommended, and Health Councils should aim to meet a minimum of six (6) times a year.

Health Councils are to hold their meetings at their local health service. Catering for these meetings should be provided by the local health service.

Consideration of timing of meetings should be given to ensure they comply with Far West LHD Occupation Health and Safety Policies.

## **10.2 QUORUM**

Half the number of Health Council members plus one will be considered as a quorum. If a quorum is not reached, matters on the Agenda may be discussed, but no decisions can be taken. Minutes from the previous meeting and resolutions formed from the meeting can be ratified at the next constituted meeting.

## **10.3 ATTENDANCE**

If a member is unable to attend a meeting, an apology must be given to the Health Council Chair or secretariat (Health Service Manager) prior to the meeting. If members are absent without apology from Health Council meetings for more than three meetings the Health Council Chair is to consult with that member on the reasons for non-attendance and if warranted, terminate their position and seek a replacement. Monitoring of attendance at meetings will be the responsibility of the Secretariat.

Health Service Managers or their delegate must attend all meetings. If there is no representation from the Health Service at the Health Council meeting then the meeting should not progress.

Membership and attendance at Health Council meetings cannot be delegated to a person who is not a Health Council member.

Guests, community members and service providers may be invited to attend Health Council meetings for a specific purpose. Such participation can be suggested to the Chair and raised and discussed at Health Council meetings.

Far West LHD Board members, Chief Executive and Directors may be invited to attend Health Council meetings and functions.

All invited guests should only attend the Health Council meeting for the duration of their presentation session. The Agenda should be adjusted accordingly.

## **10.4 MEETING PROCEDURES**

An agreed set of meeting procedures will be followed. The Health Council in consultation with the local Health Service should determine these procedures, without contravening the protocol in this document including the NSW Ministry for Health Code of Conduct.

## **10.5 HEALTH COUNCIL RECORDS**

All Health Council agendas, minutes, correspondence, files and reports will be kept by the Health Council secretariat and Health Service Manager. The Health Service Manager must hold the master set of the Health Council Meeting minutes. As per Far West LHD Corporate Records policy the minutes of Health Council meetings are to be kept for 25 years and must be archived in hard copy format and can be forwarded to the Manager, Community Engagement for archiving.

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Records of Health Council's will be treated as confidential to the general public, unless agreed otherwise by the Health Council.

Health Council members will have access to the master file of Council records kept by the Secretariat and Health Service Manager. Minutes will be prepared and circulated where possible to Councillors within seven working days after the meeting.

Meeting papers will be in plain English with jargon and acronyms minimised and in a form appropriate to members (e.g. audio tapes for members with visual disability or literacy difficulty).

## **10.6 MEETING AGENDA**

The Health Council Secretariat in consultation with the Chair of the Health Council and the Health Service Manager will prepare the meeting agenda. Any individual may suggest a matter for inclusion on the agenda.

Items to be included on the agenda are to be received by the Secretary at least seven working days prior to the meeting.

The agenda will reflect the role of the Health Council, the time available for the meeting and priority issues for the Council. Where possible the agenda and any supporting papers will be circulated to members at least seven working days prior to the meeting. A sample meeting agenda is provided in *Attachment 4 – Health Council Meeting Agenda*.

Invited guests should only attend the Health Council meeting for the duration of their presentation session. The Agenda should be adjusted accordingly for this.

## **11. COMMUNICATIONS**

Health Service Managers will use the Far West LHD Health Service Manager Report Proforma (*Attachment 5: Health Service Manager Health Council Report*) to provide information to Health Councils.

Local issues should be addressed locally but motions at meetings can identify if the Far West LHD Health Service needs to be advised or consulted. The report and minutes should be forwarded to the Health Service Manager, General Manager and Far West LHD, Chief Executive for information and action.

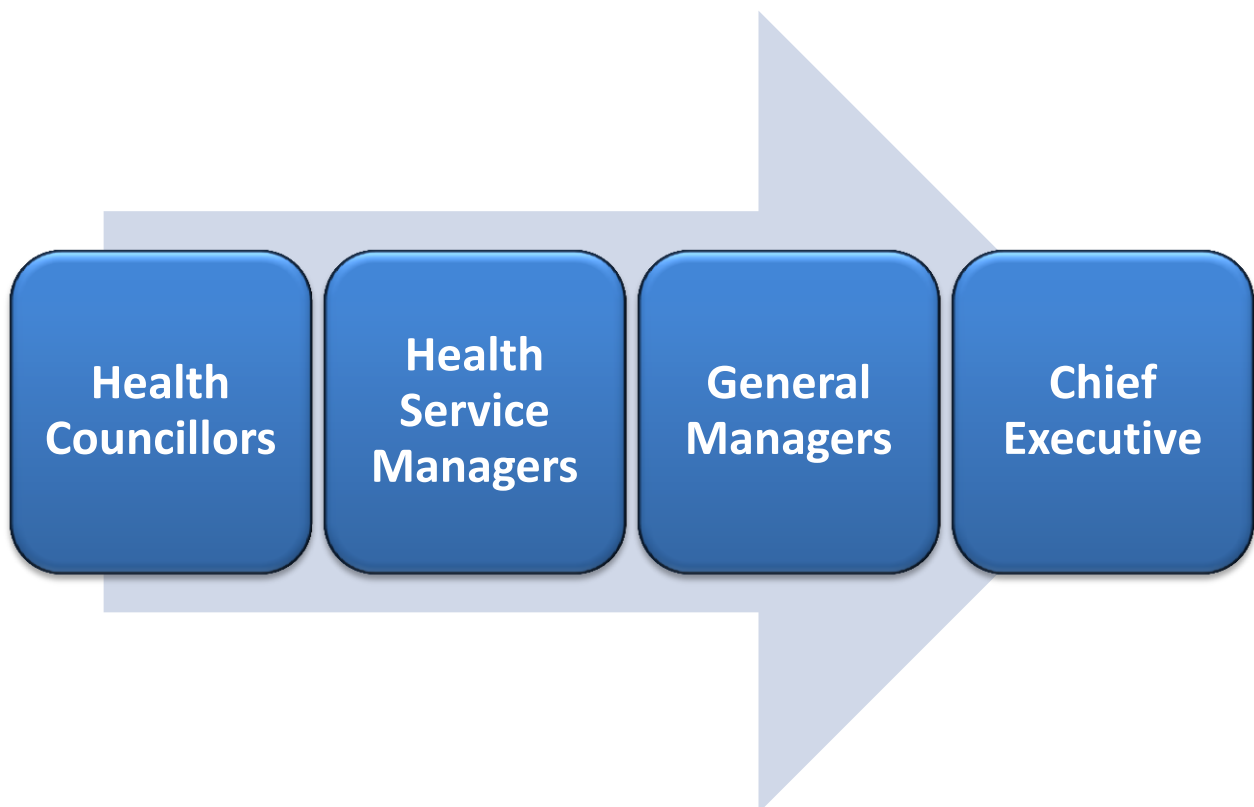
Issues and resolutions that affect the Far West LHD Health Service should be forwarded to the General Manager first then the Chief Executive for action. Information from the Far West LHD will be disseminated by the Chief Executive to the Health Service Managers for Health Councils' members.

Communication linking Health Councils, the Far West LHD and the community is an essential component of successful Health Councils.

Health Councils can develop information networks with their community, other groups and organisations in their community, Far West LHD Programs and their health service.

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## Resolution of Disputes



### **12. RESOLUTION OF DISPUTES**

As indicated, the Health Council should as far as possible, be a consensual committee - it should aim to reach agreement between its members rather than to decide issues on the basis of majority vote. It is acknowledged that conflict and disagreement on issues is inevitable and can contribute to good debate. Health Councils should strive to reach decisions by mutual agreement.

It is important that the Health Council discusses issues and arrives at conclusions in a way that improves, or at least, does not damage, the relationship between its members, the Health Service and the community.

In some cases independent mediation may be required. Where matters arise where agreement cannot be reached within the Health Council, the Chair may seek advice from the Chief Executive for the Local Health District. The relevant Far West LHD grievance policy will guide this process.

### **13. DEVELOPMENT OF AN ANNUAL ACTION PLAN**

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All Health Councils are to develop an annual action plan in consultation with the local Health Service and the community. A Health Council Action Plan Workbook has been developed as a resource to assist Health Councils in developing their action plans. It is available from the local Health Service Manager.

The Health Council Action Plan should be completed in consultation with the Health Service Manager as part of the health service annual planning process. The action plan will be based on the following key functions of the Health Council:

- Provide nominees for planning groups, working parties, special project committees and other activities
- Provide comment on Department of Health and Far West policy documents, statements and other material forwarded for comment
- Provide community input into the planning, delivery and evaluation of health services and establishment of priorities
- Seek comment from the community on specific matters raised
- Receive information and documents for general information and assist the Local Health District to ensure flow-on of information to the broader community
- Work with the Health Service to advocate for the community and positively influence health decision-making that is responsive to the health needs of their community
- Form linkages and work in partnership with community groups and other agencies

The annual Action Plan will be informed by:

- The demographic profile of the local community
- Main health issues of the local community
- Priority issues for the local health service
- Policy proposals and planning papers, referred by the Far West LHD Executive, for consideration
- Other issues (e.g. training, recruitment) for the Health Council

The plan should include:

- Objectives and strategies for action
- Strategies for community consultation
- Promotion and communication strategies for the Health Council
- Health promotion

The Action Plan will be forwarded by the end of July each year to the Manager Community Engagement and the Far West LHD Board for their information.

Health Councils have the opportunity of sharing their activities and their Action Plan at the Far West LHD Board and Health Council meetings, Health Council Forums and State Forums.

## **14. MAKING PUBLIC COMMENT**

Public comment includes all forms of media and public speaking engagements where it is reasonably foreseeable that publication or circulation will flow to others outside the Health Council. The Chair (or approved delegate) shall be the spokesperson for the Health Council.

The Health Councillors have the right to express their personal views through public comment on political and social issues but they must not make statements on behalf of NSW Ministry of Health or Health Services without consultation with the Health Service Manager, the Public Affairs Manager and in some instances the Local Health District, Chief Executive.

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Health Councils are encouraged to develop media information about local activities with the Health Service Manager, as the majority of these local activities should be carried out in partnership with health service staff.

When making public comment on health issues, the Health Council is strongly encouraged to consult with the Public Affairs Officers, or other District management to confirm accuracy of facts and seek supporting information.

The Public Affairs Officers are available as a resource to work with Health Councils in dealing with the media and with their publicity strategies.

Local promotional and recruitment publicity strategies require agreement between the Health Council and the Health Service Manager.

## **15. CONFIDENTIALITY**

Health Councils are encouraged to openly discuss health issues and information within meetings. Care will be taken in discussing Health Council matters outside of meeting times. All members of the Health Councils and Far West LHD staff will adhere to policy on use of official information as outlined in the NSW Ministry for Health Code of Conduct.

When information is presented or discussed of an identifiable nature, involving specific persons or organisations, Health Council members will respect the confidentiality of these persons or organisations.

The Health Council will comply with any request for confidentiality from the provider of any information. Documents with contents marked “Confidential” will not be made public nor commented on outside of Health Council meetings unless approved by the Health Service Manager. Any Health Council member judged to have breached confidentiality may be stood down by the Chief Executive.

## **16. COMMUNITY CONSULTATION**

An important role of the Health Council is to consult with community groups and individuals, including those in minority groups such as culturally and linguistically diverse peoples (CALD) and those with special needs. Consultation will involve listening and receiving information from the community as well as giving information, education and raising awareness in the community.

A wide range of strategies and techniques are available to the Health Council to ensure consultation is carried out in an ethical, effective and efficient manner.

Consultation strategies should be agreed between the Health Council and the relevant health service. Health Councils should include consultation priorities in their annual Health Council Action Plan.

Reports from community consultations will be treated according to confidentiality guidelines. Ethics Committee approval may be necessary for certain consultation techniques. Community consultation reports will inform health service planning, redevelopment, delivery and review.

Far West LHD will provide independent facilitators on request from Health Councils. Health Councils requesting an independent facilitator must submit a proposal for consultation, including discussion of the need for consultation, the proposed target groups, the expected outcomes of consultation including reports and use of the information received.

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## **17. PUBLICITY AND PROMOTION**

Health Councils, Health Services, Local Health District staff and the Far West LHD Board will actively promote and publicise the achievements and activities of Health Councils.

Each party will incorporate in their strategic and action plans publicity and promotion strategies.

Examples include: information and awareness sessions to staff; community groups and individuals; newsletters, awards and presentations; use of the media; participation in community activities, conference and academic papers; celebrations; letters of recognition; event and public displays and forums.

Advice and support can be sought from Manager of Community Engagement and the Public Affairs Officers.

The Far West LHD in consultation with Health Councils and Health Services will co-ordinate and organise an annual Health Council Forum to promote networking, learning and recognition of achievements.

## **18. USE OF RESOURCES**

Health Services will support Health Councils by offering the use of resources, wherever possible, to enable the Councils to carry out their roles. Resources may include typing facilities, photocopiers, computers, video conferencing, telephones including teleconferencing, motor vehicles, rooms etc.

Health Council members will ensure they use resources efficiently and safely. Requests to use official resources for Health Council business will be directed to the Health Service Manager for approval. Approval will be documented.

Official resources are not to be used for any private or commercial use. Safety rules and guidelines in the use of resources are to be explained by the lending officer and adhered to by the Health Council member.

### **18.1 FAR WEST LOCAL HEALTH DISTRICT MOTOR VEHICLES**

Any Health Council member using a Far West LHD motor vehicle must adhere to the Fleet Policy. This includes the submission of relevant documentation (e.g. Drivers Licence).

Health Council members using official resources unsafely, for non-official purposes or without the approval of the Health Service Manager may face disciplinary action.

## **19. REIMBURSEMENT OF EXPENSES**

The local Health Service will pay out of pocket expenses to Councillors for attendance at meetings and/or for other formal Council business. For example, costs associated with travel, care for dependants, interpreter services and personal care assistance (where required). Sitting fees will not be paid.

Prior approval for payment of expenses must be made in consultation with the Council Chair and agreed to by the Health Service Manager consistent with Far West LHD policy and procedures. The Health Service Manager will be responsible for administering the payment of expenses. Claim forms can be obtained from the Health Service Manager. Reimbursement forms and original receipts should be submitted to the Health Service Manager. Routine claims for expenses should be made at the end of each month.

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## **19.1 TRAVEL EXPENSES**

Health Council members on official business are encouraged to use Health Service vehicles in the first instance and must adhere to relevant Far West LHD Fleet policy.

The payment for the use of personal vehicles for official Health Council business will be reimbursed at the Transport Allowance Rate as detailed in NSW Ministry for Health Policy Travel. Claims are normally only payable where the round trip exceeds 50 kilometres. Car parking, taxi and other approved travel expenses will be reimbursed on production of original receipts.

## **19.2 INTERPRETER SERVICES**

NSW Ministry for Health and Far West LHD are committed to implementing the NSW Charter of Principles for a Culturally Diverse Community. Procedures and costs for engaging interpreter services are outlined in NSW Ministry for Health Policy.

## **19.3 PERSONAL CARE ASSISTANCE**

The Health Service Manager will reimburse costs for personal assistance to help a Councillor in attending meetings or Health Council business, subject to prior approval. A medical certificate or other relevant documentation may be necessary to claim these expenses.

## **19.4 CARE FOR DEPENDENTS/CHILD CARE**

Care costs will be reimbursed where the Health Service Manager has approved by prior arrangement. An original receipt that clearly states the name of the dependent in care, the hours involved, cost per hour and the total amount paid should accompany claims.

## **20. EVALUATION OF HEALTH COUNCILS**

Health Councils will be evaluated periodically with the aim of celebrating achievements and improving the role of Health Councils. Health Councils are encouraged to undertake review and evaluation processes. Health Services and Manager of Community Engagement will provide support, advice and assistance to Health Councils in evaluation activities. Evaluations may include a third party.

The Far West LHD will provide a framework for evaluation of Health Council on a regular basis. Evaluation Reports will be provided to Health Councils, the Chief Executive and the Far West LHD Board.

Examples of opportunities for Health Council evaluations include training, orientation, forums, meetings, participation in planning, plan reviews, projects, community consultations, publicity and promotion strategies.

## **21. LIABILITY OF HEALTH COUNCILS**

NSW Ministry for Health Treasury Managed Fund General Insurance Policy covers all Health Councillors for death, injury and personal liability whilst on official Health Council business. This cover is equivalent to that for officially recognised volunteers and auxiliaries.

Coverage is not provided for any action that is based on an illegal and/or criminal act, or outside the scope of Health Council duties.

NSW Ministry for Health Treasury Managed Fund cover is not available under any circumstances for the use of private cars.

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## **22. CONFLICTS OF INTEREST**

All Health Council members will adhere to the NSW Ministry for Health Code of Conduct. New members will be given a copy of this policy as part of their orientation to the Health Council. Avoid situations which may give rise to pecuniary or other conflicts of interest, and should any conflicts or possible perceptions of such conflicts arise declare them immediately to the Chair and Health Service Manager.

Examples of conflict of interest could include but not limited to:

- A Health Councillor using Health Service assets or confidential information for their personal gain, or for the benefit of family or friends.
- The Health Service needs new office space and a Health Council member believes the vacant office buildings they own would be perfect.

## **23. DISCIPLINARY ACTION**

A Health Council member who acts improperly or contrary to the role and protocol of a Health Council member as outlined in this document and the NSW Ministry for Health Code of Conduct may be subject to disciplinary action by the Far West LHD Chief Executive.

Disciplinary action taken may include suspension of appointment for a period of time or removal from appointment. In the case of illegal and criminal activity, steps for prosecution may be undertaken.

Decisions will be made ensuring fair and due process using the appropriate Far West LHD policies and procedures for disciplinary action and grievances as a model. Decisions made by the Chief Executive are final. All breaches and suspected breaches of the NSW Ministry for Health Code of Conduct should be reported by any Health Council member, Health Service employee, or community member direct to the Chief Executive and Health Service Manager (see Attachment 1: NSW Ministry for Health Code of Conduct).

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## SECTION D

### REFERENCES

Australian Commission on Safety and Quality in Health Care (2011), National Safety and Quality Health Service Standards

Centre for Development and Innovation in Health, Commonwealth Department of Health and Family Services (1996) Best Practice in Primary Health Care

Greater Western Area Health Service (2007) Operational Guidelines for Health Councils and Multi-Purpose Service Advisory Committees

Far West Local Health District (as of 2011) Far West Local Health District Policies and Procedures

Far West LHD, Consume, Carer and Community Engagement Framework, 2015. Broken Hill

NSW Ministry for Health (2005) Code of Conduct PD2005\_626

NSW Ministry for Health (2010) Multi-Purpose Services – Policy and Operational Guidelines PD2010\_049

NSW Ministry for Health (2005) Non English Speaking Background Standard Procedures PD2005\_042

NSW Ministry for Health (2009) Official Travel Policy PD2009\_016

NSW Ministry for Health (2007) Use of Motor Vehicles within NSW Ministry for Health PD2007\_029

Greater Western Area Health Service (2010) Motor Vehicle Policy GW\_2010\_067

NSW Ministry for Health (2006) Standard Procedures for working with Health Care Interpreters PD2006\_053

NSW Ministry for Health (2009) Transport Rate for Private Motor Vehicle use on Official Business IB2009\_049

NSW Ministry for Health (2005) Guidelines for Consumer and Community representative selection GL2005\_042

NSW Ministry for Health (2005) Secretariat Guidelines for working with consumers in NSW Ministry for Health GL2005\_043

Far West Local Health Network (2011) Corporate Records Archiving Policy PD2011\_010

World Health Organisation (1986) Ottawa Charter

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## ACRONYMS

AHS	Area Health Service
LHD	Local Health District
MPS	Multi-Purpose Service
NSW	New South Wales
HSM	Health Service Manager
LHD	Local Health District

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## ATTACHMENTS

Attachment 1: NSW Ministry for Health Code of Conduct

Attachment 2: Far West Local Health District Consumer, Carer and Community Engagement Framework

Attachment 3: Health Councillor Recruitment and Selection Process Check List

Attachment 4: Name Badge Order Form

Attachment 5: Health Council Meeting Agenda

Attachment 6: Health Service Manager Report Proforma to the Health Council

Attachment 7: Health Council Chair Letter Head Template

Attachment 8: Health Council Training Register Template





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**ATTACHMENT 1: NSW MINISTRY FOR HEALTH CODE OF CONDUCT**

# Policy Directive



Ministry of Health, NSW  
73 Miller Street North Sydney NSW 2060  
Locked Mail Bag 901 North Sydney NSW 2060  
Telephone (02) 9391 9000 Fax (02) 9391 9101  
<http://www.health.nsw.gov.au/policies/>

## NSW Health Code of Conduct

<b>Document Number</b>	PD2015_049
<b>Publication date</b>	16-Dec-2015
<b>Functional Sub group</b>	Corporate Administration - Governance Personnel/Workforce - Conduct and ethics Personnel/Workforce - Conditions of employment
<b>Summary</b>	The Code of Conduct sets standards of ethical and professional conduct in NSW Health
<b>Replaces Doc. No.</b>	NSW Health Code of Conduct [PD2015_035]
<b>Author Branch</b>	Workplace Relations
<b>Branch contact</b>	Workplace Relations 02 9391 9378
<b>Applies to</b>	Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Speciality Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals, NSW Health Pathology, Cancer Institute (NSW)
<b>Audience</b>	All persons working in NSW Health in any capacity
<b>Distributed to</b>	Public Health System, Health Associations Unions, NSW Ambulance Service, Ministry of Health, Tertiary Education Institutes
<b>Review date</b>	16-Dec-2020
<b>Policy Manual</b>	Not applicable
<b>File No.</b>	14/5154-2
<b>Status</b>	Active

### Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.

## NSW HEALTH CODE OF CONDUCT

### PURPOSE

The NSW Health Code of Conduct defines standards of ethical and professional conduct that are required of everyone working in NSW Health in any capacity, the outcomes we are committed to, and the behaviours which are unacceptable and will not be tolerated.

The Code of Conduct assists with building a positive workplace culture based on our core NSW Health values of collaboration, openness, respect and empowerment.

The intent of the Code is to provide a framework to promote ethical day-to-day conduct and decision-making. It does not and cannot cover every situation that can arise in the workplace. The Code does not replace the need for common sense in how staff conduct themselves.

### MANDATORY REQUIREMENTS

All employees, contractors, volunteers, students, researchers and persons undertaking or delivering training or education in NSW Health must abide by the Code of Conduct and the core values and principles that it promotes.

### IMPLEMENTATION

Chief Executives are responsible for ensuring that the Code is promulgated throughout their agency.

All employees, contractors, volunteers, students, researchers and persons undertaking or delivering training or education in NSW Health must be given a copy of the Code of Conduct to read and sign on commencement of work in NSW Health.

Managers must ensure that the staff that they supervise are aware of and understand their responsibilities under the Code.

### REVISION HISTORY

Version	Approved by	Amendment notes
December 2015 (PD2015_049)	Deputy Secretary, Governance, Workforce and Corporate	Amendments to requirements in relation to industrial activities and use of social media.
September 2015 (PD2015_035)	Deputy Secretary, Governance, Workforce and Corporate	Updated and replaced PD2012_018 to ensure alignment with the <i>Code of Ethics and Conduct for Government Sector Employees</i> , and clarify some existing provisions.
March 2012 (PD2012_018)	Director-General	Updated and rescinded PD2005_628 and PD 2005_627: - Shortened to make more accessible, readable and user friendly. - Matters fully dealt with in other Policy Directives or legislation no longer covered, with the exception of anti-discrimination.
October 2005 (PD2005_626)	Director-General	Updated and replaced previous codes PD2005_199 (Department of Health) and PD2005_130 (NSW Health services)
October 2005 (PD2005_627)	Director-General	Communication strategy for PD2005_626.



## ATTACHMENT

### 1. NSW Health Code of Conduct



## CONTENTS

A Message from the Secretary.....	1
<b>1 INTRODUCTION.....</b>	<b>2</b>
1.1 Why we have a Code.....	2
1.2 Definitions.....	2
<b>2 APPLYING THE CODE.....</b>	<b>2</b>
2.1 Who does the Code apply to?.....	2
2.2 Responsibilities under the Code.....	3
2.3 What happens if there is a breach of the Code.....	3
2.4 What to do if you are concerned about a breach of the Code.....	3
2.5 Protection for people who raise concerns about a breach of the Code.....	3
<b>3 NSW HEALTH CORE VALUES.....</b>	<b>4</b>
<b>4 THE CODE OF CONDUCT.....</b>	<b>6</b>
4.1 Promote a positive work environment.....	5
4.2 Demonstrate honesty and integrity.....	6
4.3 Acting professionally and ethically.....	6
4.4 Use official resources lawfully, efficiently and only as authorised.....	8
4.5 Maintain the security of confidential and/or sensitive official information.....	8
4.6 Maintain professional relationships with patients or clients.....	9

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## A Message from the Secretary

In NSW Health we are committed to providing the best patient-centred health services possible, and to the goals of protecting and improving the health of the people of NSW.

To achieve this, everyone working in NSW Health must promote a positive working environment where everyone's contribution is valued. Teamwork and respectful staff relations are essential.

Everyone working in NSW Health should expect to be treated, and must treat others, with respect, dignity and fairness. High standards of workplace practice and conduct improve staff morale. They also produce more effective working relationships and enhanced patient outcomes. In particular, bullying and / or harassment will not be tolerated.

This Code seeks to provide the basis for developing a positive workplace culture – a culture which reflects our core values of Collaboration, Openness, Respect and Empowerment and builds upon the Government Sector core values of Integrity, Trust, Service and Accountability.

I ask everyone working in NSW Health to make themselves aware of the Code, and to implement and adhere to the Code's provisions and to the NSW Health core values on which it is based.

**Dr Mary Foley**  
Secretary

## 1 INTRODUCTION

### 1.1 Why we have a Code

The reason we have a Code of Conduct is so there can be no doubts about the standards of ethical and professional conduct that are required of everyone working in NSW Health, the outcomes we are committed to, and the behaviours which are unacceptable and will not be tolerated.

A Code of Conduct assists with building a positive workplace culture based on our core NSW Health values of collaboration, openness, respect and empowerment.

The Intent of the Code is to provide a framework to promote ethical day-to-day conduct and decision making. It does not and cannot cover every situation that can arise in the workplace. The Code does not replace the need for common sense in how staff conduct themselves. If staff are in doubt as to what conduct is appropriate in any particular situation, or how the Code should be applied, they should seek advice and direction from their manager or a more senior member of staff.

Managers have a key role in ensuring staff understand the Code and in enforcing the standards it sets, consistently and fairly. However, the most important responsibility of managers, and their most valuable contribution to ensuring that the standards set out by the Code are implemented, is to lead by example.

The Code also provides guidance on how to raise and report breaches of the standards it sets.

### 1.2 Definitions

NSW Health – means public health organisations, the NSW Ministry of Health, the Ambulance Service of NSW, and all other organisations under the control and direction of the Minister for Health or the Secretary of Health.

## 2 APPLYING THE CODE

### 2.1 Who does the Code apply to?

This Code applies to:

- 2.1.1 Persons who are employed in NSW Health whether on a permanent, casual or temporary basis, and
- 2.1.2 Contractors (including visiting practitioners, agency staff and volunteers) working in NSW Health, and
- 2.1.3 Students, researchers or persons undertaking or delivering training or education in NSW Health,

who will be referred to as 'staff' throughout the Code.

In addition, staff of the NSW Ministry of Health, Health Professional Councils Authority, Mental Health Commission and NSW Institute of Psychiatry are required to comply with

the *Code of Ethics and Conduct for NSW Government Sector Employees*, contained in section 2 of the document issued by the Public Service Commission entitled [Behaving Ethically: A Guide for NSW Government Sector Employees](#).

## 2.2 Responsibilities under the Code

All staff are responsible for applying and complying with the Code.

Managers are responsible for ensuring that the staff who they supervise are aware of and understand their responsibilities under the Code.

## 2.3 What happens if there is a breach of the Code

There is a range of consequences for breaches of this Code depending on the nature and seriousness of the matter.

Managers have a responsibility to address alleged breaches of the Code promptly, and in a fair and reasonable manner. They need to assess the seriousness of any alleged breaches, and how they should be dealt with.

Possible outcomes for a staff member who has breached the Code may be:

- Counselling
- Performance Improvement plans
- Formal disciplinary action
- Referral to the relevant registration board when the staff member is a registered health practitioner
- Referral to the police in cases of suspected possible criminal activity
- Referral to other Government agencies, such as the Independent Commission Against Corruption, or
- Termination of employment.

Certain sections of the Code reflect the requirements of legislation, and breaches of these conditions may be punishable under law.

## 2.4 What to do if you are concerned about a breach of the Code

Staff should report any breach or concerns about a breach of the Code to their manager.

If staff are not comfortable about reporting to their manager, they should report the matter to a more senior staff member. In some circumstances, such as allegations of corruption, there is a mandatory requirement to report matters to external agencies.

## 2.5 Protection for people who raise concerns about a breach of the Code

NSW Health is committed to protecting any person who raises concerns about a breach of the Code from retaliation or reprisals. Any attempt to take detrimental action against a person who raises a legitimate breach of the Code will be treated seriously and may lead to disciplinary action.

Further, it is a criminal offence to take reprisal against a whistleblower under Section 20 of the *Public Interest Disclosures Act 1994* where a disclosure falls within the scope of that Act.

### 3 NSW HEALTH CORE VALUES

The NSW Health CORE values build upon the public sector core values of integrity, trust, service and accountability.

The NSW Health CORE values are:

- Collaboration
- Openness
- Respect
- Empowerment

We strive to reflect these CORE values in our workplaces and in our conduct by demonstrating the following characteristics:

#### Collaboration

- We are an organisation that believes in its people and is people centred.
- Our leaders are role models for our core values and they are accountable.
- We willingly work in teams to provide excellent levels of care.
- Our teams are strong and successful because we all contribute and always seek ways to improve.
- We encourage and recognise outstanding performance.

#### Openness

- We want our community to have confidence in their local health services.
- We foster greater confidence and cooperation through open communication.
- Our performance is open to public scrutiny through patient and employee surveys.
- We welcome and use feedback as a tool to do better.
- We encourage those around us to speak up and voice their ideas as well as their concerns by making it clear that speaking up is worthwhile and valued.
- We communicate clearly and with integrity.

#### Respect

- We never lose sight of our patients' fundamental right to be treated with dignity, compassion and respect.
- We listen to patients, the community and each other.
- We welcome new ideas and ways of doing things to improve patient care.

- We treat our colleagues and patients with dignity and respect, and care about those around us.
- Each of us is responsible for workplace culture and performance.
- We have zero tolerance for bullying and no-one, no matter how senior, is exempt.

#### Empowerment

- We encourage and support local decision making and innovation.
- We accept that with local decision making comes responsibility and accountability.
- We make best use of resources and experience to meet patient and community expectations.
- While we seek direction from our leaders, we believe that everyone is empowered to make a difference in our workplace.
- As individuals, we can improve our workplace culture and performance by addressing issues that hold us back.
- We strive for individual excellence on behalf of our patients and our teams, and to deliver the best possible care and services.

## 4 THE CODE OF CONDUCT

The Code requires staff to adhere to the standards set out below. The standards in this Code also apply to social activities that take place outside work premises but under agency auspices, and to the making of comments about other staff, patients, and patients' family members or visitors on social media where the status of the person making the comments as a NSW Health staff member is indicated or can be inferred.

### 4.1 Promote a positive work environment

Staff must:

- 4.1.1 Treat patients and members of the public with courtesy and respect and with due sensitivity to the needs of people with different backgrounds and cultures
- 4.1.2 Treat all other members of staff (irrespective of whether they are at the same level of seniority, or more senior or junior) in a way that promotes harmonious and productive working relationships, and a collaborative teamwork approach
- 4.1.3 Not bully or harass other staff, patients or members of the public, or discriminate against them on the basis of their sex, race, ethnic or ethno-religious background, marital status, pregnancy, disability, age, homosexuality, transgender or carers' responsibilities
- 4.1.4 Not encourage or support other staff in harassing or bullying, or in acting in a way that is contrary to harmonious working relationships between staff members



- 4.1.5 Where appropriate, attempt to settle any complaints, disagreements or grievances involving other staff themselves in the first instance; or pursue such matters through their manager or a more senior member of staff in a way which is proportionate to the issues raised, utilises applicable NSW Health policies, and recognises that in any process to resolve such matters other staff also have perspectives and rights.

## 4.2 Demonstrate honesty and integrity

Staff must:

- 4.2.1 Avoid situations which may give rise to pecuniary or other conflicts of interest, and should any conflicts or possible perceptions of such conflicts arise declare them immediately to their manager - for further information, refer to the current NSW Health policy on [conflicts of interest and gifts and benefits](#)
- 4.2.2 In general not deal with the finances of patients or clients, but where such dealings occur in the best interests of the patient or client, report the full details to their manager
- 4.2.3 Ensure that their actions and decisions are not influenced by self interest or considerations of personal gain or other improper motives
- 4.2.4 Not accept bribes or inducements that are intended to influence their decisions or actions and
- 4.2.5 Not accept gifts where they are, or could be reasonably interpreted as being, designed to secure influence or preferential treatment in favour of the giver, which means that token or inexpensive gifts offered as an expression of gratitude, such as chocolates from a patient, can be accepted – for further guidance, refer to the current NSW Health policy on [conflict of interest and gifts and benefits](#)
- 4.2.6 Provide honest and accurate comments when giving staff references
- 4.2.7 In dealings with former staff members of NSW Health not give them, or appear to give them, favourable treatment or access to privileged information.

On leaving employment, staff must:

- 4.2.8 Not use or take advantage of confidential information obtained in the course of their previous official duties to seek gain or profit, unless and until this information is publicly available
- 4.2.9 Not take documents that are the property of the Health Service to another position prior to or after resignation without approval.

## 4.3 Acting professionally and ethically

Staff must:

- 
- 4.3.1 At all times act in a way which is consistent with NSW Health's duties of care to its patients and clients, and its obligations to provide a safe and supportive environment on its premises for patients and their family members
  - 4.3.2 Not be under the influence of alcohol or drugs when commencing work and while at work
  - 4.3.3 Be in a fit and proper condition to carry out their duties when commencing work and while at work
  - 4.3.4 Dress in a way that is appropriate for the work they do, and complies with any local dress requirements
  - 4.3.5 Carry out their duties diligently and efficiently
  - 4.3.6 Not absent themselves from the workplace without proper notification, when they are meant to be on duty; nor engage in any form of outside practice or employment or other activities when they are meant to be on duty and working for NSW Health
  - 4.3.7 If working as a full time employee, seek approval from the Chief Executive or his/her delegate to undertake secondary employment; and if working as a part-time employee seek such approval if there is potential for a conflict of interest with NSW Health employment, or if the total work being undertaken raises issues about excessive working hours. Such approval for other employment must not be unreasonably withheld
  - 4.3.8 Comply with all lawful and reasonable directions given by their managers or other members of staff authorised to give them
  - 4.3.9 Comply with all applicable NSW Health policies and procedures, and those of the NSW Health agency where they work
  - 4.3.10 Maintain and enhance their professional standards and skills, and keep up to date with best practice
  - 4.3.11 Observe all laws, professional codes of conduct and ethics relating to their profession
  - 4.3.12 If professionally registered, report all changes in professional registration (such as the imposition of conditions on registration) to their manager
  - 4.3.13 Avoid conduct that could bring NSW Health or any of its staff, patients or clients into disrepute, including when using social media
  - 4.3.14 Act in a way which protects and promotes the interests of NSW Health and the particular NSW Health agency where they work
  - 4.3.15 Only provide official comment on matters related to NSW Health if authorised to do so

- 4.3.16 When making public comment on issues or participating in political or industrial activities, not indicate or imply that their views are those of NSW Health
- 4.3.17 Carry out their duties in a politically neutral manner
- 4.3.18 Report criminal charges and convictions against them involving offences punishable by imprisonment for 12 months or more to their Chief Executive within 7 days of the charge being laid or a conviction recorded
- 4.3.19 Report to the designated person within their Health organisation, upon becoming aware of an allegation, charge or conviction involving an under 18-year-old against another NSW Health staff member
- 4.3.20 Report immediately any episode or incident of clinical care which raises concerns about standards of clinical care or about possible clinical malpractice, and
- 4.3.21 Report to a more senior member of staff and / or to the appropriate external statutory body any misconduct by others of which they become aware, such as corruption, fraud, maladministration, and serious or substantial waste.

#### **4.4 Use official resources lawfully, efficiently and only as authorised**

Staff must:

- 4.4.1 Use work resources efficiently
- 4.4.2 Use all equipment, goods, resources and materials provided for work-related purposes only, and not for outside clinical or business practice or political purposes: for example staff cannot operate a private business from the workplace, proselytise in favour of a particular religious belief or beliefs, decorate official vehicles with political slogans, or use work tools to make repairs to personal property or carry out home renovations. However, reasonable personal use may be made of equipment (such as phones, computers or photocopiers) provided that work performance is not affected and any instructions about such personal use are followed
- 4.4.3 Follow any special directions or conditions that apply to the authorised use of official resources such as the use of cars for non-official purposes, and
- 4.4.4 Not use NSW Health Internet and email resources for accessing, transmitting, storing or downloading pornographic, sexually explicit or otherwise inappropriate material.

#### **4.5 Maintain the security of confidential and / or sensitive official information.**

Staff must:

- 
- 4.5.1 Keep confidential all personal information and records, including not discussing or providing information on social media that could identify patients or divulge patient information
  - 4.5.2 Not use or release official information or records without proper authority
  - 4.5.3 Maintain the security of confidential and / or sensitive information, including that stored on communication devices
  - 4.5.4 Not disclose, use or take advantage of information obtained in the course of official duties, including when they cease to work in NSW Health.

**4.6 Maintain professional relationships with patients or clients.**

Staff must:

- 4.6.1 Not take an unfair advantage of, or exploit any relationship with, patients or clients in any way, including not engaging in on-line friendships with patients or clients via social media; staff may accept patients and clients as members of their professional pages that contain information relating to the professional practice of the staff member
- 4.6.2 Not have any sexual relationship with a patient or client during a professional relationship.

*I have read and understood the above Code of Conduct, and agree to comply with its provisions at all times while working in NSW Health.*

*By signing this Code I acknowledge my commitment to achieving the best outcomes for patients and playing my part in ensuring that my working environment is safe and supportive.*

..... *Print name*

..... *Signature*

..... *Date*

## **ATTACHMENT 2: FAR WEST CONSUMER, CARER & COMMUNITY ENGAGEMENT FRAMEWORK**



Policy

NAME OF DOCUMENT	Consumer, Carer and Community Engagement Framework
DOCUMENT NUMBER	FW_PD2015_038
PUBLICATION DATE	August 2015
SUMMARY	This document supports consumers, carer's and communities to be actively involved in the development, planning, delivery and evaluation of health services
EXECUTIVE SPONSOR AUTHOR	Director, Mental Health Drug Alcohol Service Manager Community Engagement
REPLACES	New document
REVIEW DATE	August 2020
APPLIES TO	Health Councillors, Consumers, Carers, Communities and Far West LHD staff
CONSULTATION LIST	<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Health Service Managers</li><li><input checked="" type="checkbox"/> Director MHDA</li><li><input checked="" type="checkbox"/> Consumer Representatives</li><li><input checked="" type="checkbox"/> Broken Hill General Managers</li><li><input checked="" type="checkbox"/> Volunteer Manager</li><li><input checked="" type="checkbox"/> Manager, Community Engagement</li><li><input checked="" type="checkbox"/> Health Councils</li><li><input checked="" type="checkbox"/> FWLHD Executive</li></ul>

ENDORSED BY  
EXECUTIVE POLICY  
COMMITTEE

CHAIR  
SIGNATURE:

DATE:

APPROVAL BY CHIEF  
EXECUTIVE

SIGN:

DATE: 24/8/15

## Contents

Section 1 - Introduction .....	3
Section 2 – Definitions .....	3
Section 3 – Policy Statement .....	3
Section 4 – Policy Detail .....	6
4.1 Consumer and carer engagement .....	6
4.2 Role of consumers and carers in meetings .....	6
4.3 Health Councils .....	6
4.4 Role of Health Council meetings .....	6
4.5 Equality of membership .....	6
4.6 Link person and communication outside the meetings .....	6
4.7 Creating an environment which supports participation in meetings .....	7
4.8 Evaluation and reporting on engagement .....	7
4.9 Training for consumers and staff .....	7
4.10 Travel .....	8
4.11 Process for reimbursement .....	8



Section 5 – Responsibilities.....	8
5.1 Far West Local Health District.....	8
5.2 Managers.....	8
5.3 Staff.....	9
5.4 Health councils, consumer and carer representatives.....	9
Section 6 – Monitoring.....	9
6.1 Standards.....	9
6.2 Monitoring.....	9
Section 7 – Levels and tools for Consumer and carer engagement.....	10
Section 8 – Engaging underrepresented groups.....	11
Section 9 – References and approval history.....	12
Review and Approval History.....	12
Section 11 – Appendices.....	13
Appendix 1: Consumer / Carer Payment Tax Invoice Form.....	13
Appendix 2: Vendor Creation Form.....	13
Appendix 3: ABN Exemption Form.....	13

Revision :

Date: 10/02/15

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Page 2 of 13



## Section 1 - Introduction

The Far West Local Health District strives to provide excellent consumer and carer focused service delivery. It is our responsibility to ensure that the voice of all consumers is heard by our service and that everyone has an opportunity to participate through a variety of avenues.

The National Safety and Quality Standard 2 require that consumers and carers are actively involved in the development, planning, delivery and evaluation of services. Consumers and carers have the right to have their needs and feedback taken into account in the planning, delivery and evaluation of services.

### 1.2 The aims and expected outcomes of this policy

This policy aims to inform key stakeholders about strategies required to facilitate consumer engagement within Far West Local Health District (Far West LHD). It also aims to build meaningful consumer participation in the planning and delivery of Far West LHD.

## Section 2 – Definitions

**Carer:** A person whose life is affected by virtue of close relationship with a consumer or who has a chosen caring role with a consumer.

**Community:** Refers to groups of people or organisations. This can be consumers, their families and carers, as well as members of organisations that support or represent community groups and the wider community itself.

**Consumer:** A person who is currently using, or has previously used, or is a potential user of health services together with family and carers of healthcare recipients and clients.

**Consumer Advocate:** A person or organisation appointed to speak or act on behalf of a consumer or group of consumers.

**Consumer Representative:** A person appointed to a formal structure or other process to represent consumers or consumer interests.

**Engagement:** The involvement of consumer, carer and community in decision making about health care and treatment, health policy and planning, and the wellbeing of themselves and the community.

Revision :

Date: 10/2015

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Page 3 of 17

---

*Partnerships:* The process where joint decision making, planning, accountability and responsibility occur between the community and the health service.

Revision:

Date: 10/2015

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Page 4 of 11



## Section 3 – Policy Statement

We strive to reflect NSW Health Core values for meaningful consumer engagement in Far West LHD:

### Collaboration

- We are an organisation that believes in its people and is people centred.
- Our leaders are role models for our core values and they are accountable.
- We willingly work in teams to provide excellent levels of care.
- Our teams are strong and successful because we all contribute and always seek ways to improve.
- We encourage and recognise outstanding performance.

### Openness

- We want our community to have confidence in their local health services.
- We foster greater confidence and cooperation through open communication.
- Our performance is open to public scrutiny through patient and employee surveys.
- We welcome and use feedback as a tool to do better.
- We encourage those around us to speak up and voice their ideas, as well as their concerns by making it clear that speaking up is worthwhile and valued.
- We communicate clearly and with integrity.

### Respect

- We never lose sight of our patients' fundamental right to be treated with dignity, compassion and respect.
- We listen to patients, the community and each other.
- We welcome new ideas and ways of doing things to improve patient care.
- We treat our colleagues and patients with dignity and respect, and care about those around us.
- Each of us is responsible for workplace culture and performance.
- We have zero tolerance for bullying and no-one, no matter how senior, is exempt.

### Empowerment

- We encourage and support local decision making and innovation.
- We accept that with local decision making comes responsibility and accountability.
- We make best use of resources and experience to meet patient and community expectations.
- While we seek direction from our leaders, we believe that everyone is empowered to make a difference in our workplace.
- As individuals, we can improve our workplace culture and performance by addressing issues that hold us back.
- We strive for individual excellence on behalf of our patients and our teams, and to deliver the best possible care and services.

Revision :

Date: 15/05/15

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Page 8 of 15

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## Section 4 – Policy Detail

### 4.1 Consumer and carer engagement

Far West LHD aims to maximise engagement with consumers and carers at every level of operation to ensure patients and community needs are represented and actioned. This happens at an individual level by partnering with consumers and carers regarding their own healthcare. At a facility/service level by partnering with consumers and carers regarding how programs, services or facilities are delivered, structured, evaluated and improved and at a district level by partnering with consumers and carers to focus on health policy, reform and legislation across the district.

### 4.2 Role of consumers and carers in meetings

The role of consumers and carers in meetings should be made explicit to both the consumers and carers involved and the other members of the meeting. These roles will vary depending on the nature of the meetings but will usually include bringing a consumer and carer perspective to the issues discussed; and/or passing on information to other consumers as requested and bringing any feedback from consumers and carers to future meetings.

### 4.3 Health Councils

Health Councils and Health Councilors have the responsibility to represent the interests of the community and consumer on health issues. The Health Council will work with the Health Service to advocate for the community and positively influence health decision-making that is responsive to the health needs of their community.

### 4.4 Role of Health Council meetings

The Health Council will bring local health needs and issues to the attention of the Health Service, participate in the planning, development, delivery, and evaluation of health services and promote and improve the health of the local community in partnership with others.

### 4.5 Equality of membership

Consumers and carers will be treated as equal members of committees and meetings and receive the same documentation and recognition, and have the same responsibilities, as other members. Consumers and carers will receive appropriate training to enable maximum engagement.

### 4.6 Link person and communication outside the meetings

Consumers and carers who participate in Health Councils and other meetings will be formally linked with the General Manager, Health Service Manager or their delegate. This allows opportunities to discuss ideas, develop strategies, review the meeting etc.

Revision :

Date: 18/09/15

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Page 6 of 13

The link person will talk with the consumer at the beginning and end of each meeting and will ensure minutes and other information is sent to the consumer and further is available between meetings to discuss any issues that arise.

#### 4.7 Creating an environment which supports participation in meetings

Consumers and Carers should be actively recruited to working parties or projects. Each working group or project should develop their own Terms of reference for the involvement of Consumers and Carers.

Consideration should be given to:

- using plain English and explaining any terminology or jargon;
- building into the agenda opportunities for consumers/carers to seek clarification of issues, decisions, terminology etc;
- managing any conflict or differences in opinion in the meeting in a positive and constructive way;
- providing consumers/carers with a variety of ways to contribute to the issues discussed, for example, encouraging consumers/carers to contribute in writing if they prefer; and
- offering appropriate support/options to cater for the individual needs of the consumer/carer, this may include language, cultural or illness related needs.

#### 4.8 Evaluation and reporting on engagement

There are many internal and external mechanisms Far West LHD uses to monitor and record the effectiveness of our community engagement. They include; Monthly board reports, assessment and accreditation against the National Safety and Quality Health Service Standards developed by the Australian Commission on Safety and Quality in Health Care with a focus on National Standard 2- Partnering with Consumers and carers (which describes the system and strategies that are required to create a consumer centred health system) and regular service audits.

#### 4.9 Training for consumers and staff

Consumers, carers and Health Councils will be encouraged to participate in Health Service training sessions and workshops that will enable them to be more effective in carrying out their role. Staff will receive orientation on community engagement at their corporate induction day. Consumer and carer stories should be utilised for staff training using the Essentials of Care Framework.

#### 4.10 Consumer and carer payment guidelines

The local Health Service will pay out of pocket expenses to consumers, carers and Health Councillors for attendance at meetings. For example, costs associated with travel, care for dependants, interpreter services and personal care assistance (where required). Sitting fees will not be paid.

Revision :

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Page 7 of 17

#### 4.10 Travel

If a health councillor/consumer/carer representative is required to travel as part of their role, Far West LHD will cover the cost of fares, accommodation and reasonable meals. The Health Services will book travel and accommodation. Receipts must be provided for meal reimbursement.

#### 4.11 Process for reimbursement

Prior approval for payment of expenses must be made in consultation with the Health Council Chair and agreed to by the Health Service Manager consistent with Far West LHD policy and procedures. The Health Service Manager will be responsible for administering the payment of expenses. Claim forms can be obtained from the Health Service Manager. Reimbursement forms and original receipts should be submitted to the Health Service Manager. Routine claims for expenses should be made at the end of each month.

All invoices must be submitted to the General Manager or Health Services Manager or their delegate for approval. Forms submitted will be processed as soon as possible via electronic funds transfer.

If it is the first time the consumer/carer or Health Councillors has completed an invoice, they must complete an ABN Exemption Form, if they do not have an ABN (Appendix 3) and a Vendor Creation Form (Appendix 2).

## Section 5 – Responsibilities

### 5.1 Far West Local Health District

The Far West LHD will ensure that a regular, comprehensive, consultative relationship is maintained between Health Councils, consumers and carers. The Chief Executive will make final decisions regarding meetings and/or working parties that best meet the needs of health councils, consumer and carer involvement within budgetary constraints.

### 5.2 Managers

Far West LHD managers must ensure Health Councils, consumers and carers are supported in their role as per this policy. They must also give careful consideration to health councils, consumer and carer engagement in service delivery.

The Manager of Community Engagement and Carers Support Program Manager will:

- develop specifically tailored on site induction session for consumer and carer representatives;
- provide regular and ongoing contact and support to consumer and carer representatives;
- promote and encourage consumers and carers to become representatives;

Revision :

Date: 15/05/15

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Page 8 of 17

- assist in coordinating consumer and carer engagement within Far West LHD services; and
- provide training for staff.

### 5.3 Staff

All staff must respect the voice of Health Councilors, consumers and or carers and support them in their role as representatives.

### 5.4 Health councilors, consumer and carer representatives

Health councilors, consumer and carer representatives chosen to participate in any activity or function:

- are responsible for attending meetings as agreed and for adhering to the roles and responsibilities as have been explained and which are further described in the Terms of Reference of the relevant committee or Health Council Operational Guidelines;
- must read, sign that they have understood and abide by the NSW Ministry of Health Code of Conduct;
- must have submitted a National Criminal Record Check Consent Form for processing through Risk Management;
- must respect the confidentiality of staff and other consumers/carers and cannot discuss matters raised in meetings with unauthorised persons (note: when consultation is required about a particular issue, the consumers / carers who are being consulted are to be considered authorised persons);
- cannot represent Far West LHD services unless approved; and
- are responsible for identifying if they have a conflict of interest, such as personal interests in a matter or decision. If such a situation should arise, or if the representative is in doubt, he/she should speak to the General Manager or Health Service manager or their delegate and/or the chairperson of the meeting to seek advice about how to manage the situation.

## Section 6 – Monitoring

### 6.1 Standards

The National Safety and Quality Health Service Standards - Standard 2 'Partnering with Consumers' provides a framework and states that we must implement systems to support partnering with patients, carers and other consumers to improve the safety and quality of care.

### 6.2 Monitoring

Revision :

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Page 9 of 13

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The policy will be monitored and evaluated internally on an ongoing basis. General Managers and the Chief Executive unit will play a key role in monitoring these processes and will include: annual review of the health council, consumer and care representation on working groups, measure of website and Facebook traffic, development of new tool kits and evaluation of annual Health Council Forum.

## Section 7 – Levels and tools for Consumer and carer engagement

### 7.1 Levels of consumer and carer engagement

Consumer and carer engagement should be an ongoing process and the International Association for Public Participation describes engagement that occurs across a spectrum with increasing community involvement below (see Table 1).

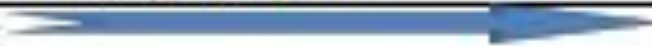
Increasing level of Public Impact 					
	Inform	Consult	Involve	Collaborate	Empower
Public Participation Goal	Provide the public with balanced & objective information to assist them in understanding the problem, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns & aspirations are consistently understood & considered.	To partner with the public in each aspect of the decision including the development of alternatives. We will implement what you decide the identification of the preferred solution.	To place final decision making in the hands of the public.
Promise to the public	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns & aspirations, & provide feedback on how public input influenced the decision. We will seek your feedback on draft proposals.	We will work with you to ensure that your concerns, aspirations are directly reflected in the alternatives developed & provide feedback on how public input influenced the decision.	We will work together with you to formulate solutions & incorporate your advice & recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

Table 1 Levels of Engagement

Revision :

Date: 10/2015

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Page 18 of 17



## 7.2 Methods of consumer and carer engagement

There are many different approaches that may be used to conduct consumer and community engagement. The methods described in Table 2 are not exhaustive but are provided as an indication of the likely scope of actions within each level of consumer and carer engagement.


Increasing Depth of Engagement 					
	Inform	Consult	Involve	Collaborate	Empower
Possible methods	<ul style="list-style-type: none"> <li>Post alerts</li> <li>Webinars</li> <li>Facebook</li> <li>Media releases</li> <li>Consumer and community education and awareness campaigns</li> </ul>	<ul style="list-style-type: none"> <li>Initiation for public comment</li> <li>Focus groups</li> <li>Surveys</li> <li>Public meetings</li> <li>Conferences</li> <li>In-depth interviews</li> </ul>	<ul style="list-style-type: none"> <li>Workshops</li> <li>Round tables</li> <li>Meetings</li> <li>Taskforce/working parties</li> <li>Conferences</li> <li>In-depth interviews</li> </ul>	<ul style="list-style-type: none"> <li>Advisory committees</li> <li>Ethics committees</li> <li>Networks</li> <li>Planning groups</li> <li>Consensus-building processes</li> </ul>	<ul style="list-style-type: none"> <li>Boards and Councils</li> <li>Steering Committees</li> </ul>

Table 2 Increasing Depth of Engagement

## Section 8 – Engaging underrepresented groups

NSW Health supports meaningful consumer and community engagement that involves participation from all groups and stakeholders within the community. Yet cultural, linguistic, physical, mental health, material, attitudinal, or geographical factors may contribute to the underrepresentation of some groups of people in consumer and community engagement.

Underrepresented groups may include children and young people, the elderly, people with a disability, Aboriginal and Torres Strait Islander people, people from a cultural, linguistic or religiously diverse background, people who identify as Gay, Lesbian, Bisexual, Transgender or Intersex, and refugees.

Almost all citizens are likely to use a health service at some stage in their life and, as consumers and funders of those services they have a right to expect that these will be responsive to their needs. Health services with inclusive and comprehensive consumer and community engagement strategies are more likely to improve outcomes for consumer and the wider community, both in terms of their experience of the service and their health status.

Far West LHD has been active to address underrepresented groups and have endorsed the Aboriginal Health Engagement Strategy and Consumer and Carer Participation in Mental Health Services Policies that provide support for staff.

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Page 11 of 13

## Section 9 – References and approval history

NSW Ministry of Health, *NSW State Health Plan: Towards 2021*, Sydney, 2014

Australian Commission on Safety and Quality in Health Care, Commonwealth of Australia, *National Safety and Quality Health Service Standards*, Sydney, 2012

NSW Ministry of Health, *Your Healthcare Rights and Responsibilities - A Guide for NSW Health Staff*, Sydney, 2011

NSW Ministry of Health, *Future Arrangements for Governance of NSW Health: Report of the Director General*, Sydney, 2011

NSW Ministry of Health, *NSW Health Code of Conduct*, Sydney 2012

Semami Forouehani P Ti, Eklil M, Braithwaite J, The Centre for Clinical Governance Research, Australian Institute of Health Innovation, Faculty of Medicine, University of New South Wales, and the Agency for Clinical Innovation, NSW Health, *Consumer and Community Engagement: A review of the literature*, Sydney, 2012

Health Consumers Queensland, Queensland Government, *Consumer and Community Engagement Framework*, Brisbane, 2012

Templer CB, Nowak P, *Consumer participation and organizational development in health care: systematic review*, Wien *Klin Wochenschr*, 2011

The Community Engagement Network Resource and Regional Services Division - Department of Sustainability and Environment, Victorian Government. *Effective Engagement: building relationships with community and other stakeholders. Book 1: An introduction to engagement*, Melbourne, 2006

International Association for Public Participation. *Iap2 Public Participation Spectrum*, 2013. Available from: <http://www.iap2.org.au/documents/item/84>

Queensland Health Consumer and Community Participation Program Team, *Consumer and Community Participation Toolkit*, Brisbane, 2012

Far West LHD, *Far West Local Health District Health Council Operational Guidelines*, Broken Hill, 2013

### Review and Approval History

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Insert date		

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Page 12 of 17



## Section 11 – Appendices

Appendix 1: Consumer / Carer Payment Tax Invoice Form

Appendix 2: Vendor Creation Form

Appendix 3: ABN Exemption Form

Revision :

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Page 13 of 17



Appendix 1:

CONSUMER AND CARER PAYMENT/TAX INVOICE FORM

Last Name \_\_\_\_\_ First Name(s) \_\_\_\_\_

Address \_\_\_\_\_

ABN Exemption Form Submitted Yes / No OR ABN # \_\_\_\_\_

*(If you do not have an ABN, an Exemption Form must be attached with your first payment claim.*

*You only need to submit an Exemption Form once. See over for details.*

Travel Reimbursement				
Vehicle engine size (tick the applicable box):				
<input type="checkbox"/> Under 1800cc <input type="checkbox"/> 1800 – 2700cc <input type="checkbox"/> Over 2700cc				
From	To	Purpose of Journey	Kms	Date

Signatures:

\_\_\_\_\_  
Consumer/Carer      Date

\_\_\_\_\_  
Health Service Manager

Approved for payment by:

\_\_\_\_\_  
General Manager      Date

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**ABN Exemption Form:**

*If you do not have an ABN, an Exemption Form must be attached with your first payment claim. You only need to submit an Exemption Form once.*

**Vendor Creation Form:**

*A Vendor Creation Form must be completed and attached to your first payment claim. You only need to submit a Vendor Form once, unless your banking details change, then you will need to submit a new one.*

Please submit your completed payment form to either:

- General Manager Broken Hill
- Health Service Manager

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Date: 10/2015

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Page 18 of 17

Appendix 2:



HealthShare



**VENDOR/SUPPLIER CREATION, MAINTENANCE AND EFT FORM**

Please attach a quote or an approved invoice and also ensure the bank account details are completed and signed by the vendor/supplier.


Company/Trading Name			
ABN (if vendor is a company an ABN must be included)		Business Number (if applicable and relevant)	
Accounts Contact Details			
Address			
Tel/Fax		State	Post Code
Phone		Fax	Email (mandatory - for maintenance advice)
Purchasing Contact Details (if same as above)			
Address			
Tel/Fax		State	Post Code
Phone		Fax	Email
<b>Bank Account details MUST be supplied</b> (This form will not be processed unless bank account details are supplied)			
Bank Account Details (Mandatory)	BIB	Account Number	Name on Account
This form MUST be signed by the owner of the bank details			
Account Owner Signature		Date	
Name of Health Lottery Staff member who inspected you complete the form (both the below boxes must be completed)			
Name			
Email Address			
Name of person completing the form (all the below boxes must be completed)			
Print Name		Title	
Location (Address)		State	
Please send all completed forms and accompanying paperwork to: <a href="mailto:vendor@hls.health.nsw.gov.au">vendor@hls.health.nsw.gov.au</a> or fax to (02) 8797 6000 For any enquiries, please call the Finance File Maintenance Team on 1300 504 242			

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Date: 10/01/15

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Page 16 of 17



**Australian Government**  
**Australian Taxation Office**

## Statement by a supplier

Complete this statement if the following applies:

- you are an individual or a business
- you have supplied goods or services to an other enterprise (the payer), and
- you are not required to quote an Australian Business Number (ABN).

Payers must withhold 48.5% of the cash payment to make to you for a supply if all you state is that it is your enterprise and carry on in Australia, unless an ABN has been quoted or there is no need to quote an ABN.

**HOW TO COMPLETE THE STATEMENT**

- Fill clearly in BLOCK LETTERS using a black pen only.
- Use BLOCK LETTERS and print one character in each box.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----

- Place X in appropriate boxes.

**• Payers can check Australian businesses by visiting [www.abn.gov.au](http://www.abn.gov.au) or phoning 13 13 60 55 hours 9.00a.m. to 4.00p.m.**

### Section A: Supplier details

**1 Your name?**


**2 Your address?**


Postcode


State/territory


Postcode


**3 Your reason/s for not quoting an ABN? Place X in the appropriate box/es.**

☐ The payer is not making the payment in the course of carrying on an enterprise in Australia.

☐ The supplier is an individual aged under 18 years and the payment does not exceed \$100 a week.

☐ The payment does not exceed 5% excluding any goods and services tax (GST).

☐ The supply that the payment relates to is wholly input taxed.

The supplier is an individual and has given the payer a written statement to the effect that the supply is either:

☐ in the course or furtherance of an activity otherwise a private recreational pursuit or hobby; or

☐ wholly of a private or domestic nature (from the supplier's perspective).

☐ The supply is made by an individual or partnership without a reasonable expectation of profit or GST.

☐ The supplier is not entitled to an ABN as they are not carrying on an enterprise in Australia.

☐ The whole of the payment is exempt income for the supplier.

### Section B: Declaration

Under penalty of law (perpetration and punishment administered by the Tax Office, the named supplier is not quoting an ABN for the current and future supply of goods or services for the reason or reasons indicated.

**Name of supplier (or authorised person)**

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**Signature of supplier (or authorised person)**

**Daytime phone number**

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**Date**

day	month	year
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**• Penalties apply for deliberately making a false or misleading statement.**

**• Do not send this statement to the Tax Office.**  
Give the completed statement to any other person supplying goods or services to. The supplier must keep this document with other records relating to the supply for 5 years.

100 1000 50 000

**IN CONFIDENCE - when completed**

Page 1





**ATTACHMENT 2: HEALTH COUNCILLOR RECRUITMENT AND SELECTION PROCESS  
CHECK LIST**



# HEALTH COUNCILLOR RECRUITMENT AND SELECTION PROCESS CHECK LIST

1. ***A Vacancy Occurs***
  2. ***Selection Criteria established***
  3. ***Position is advertised in local newspaper, with contact officer's details.*** In most cases the contact officer would be the Health Service Manager, but the Health Council Chair could also be included as a contact.
  4. ***Contact Officer provides additional information.***
  5. ***Application(s) are received.***
  6. ***Selection Committee Membership Confirmed.*** This is required for one or more applicants.
  7. ***Selection Committee Meets and Culls*** applicants according to selection criteria.
  8. ***Arrange*** time, date and location of interviews.
  9. ***Selection panel conduct interviews.*** (If only one applicant for the position and they have passed the culling process, they do not need to be interviewed. Go to step 12).
  10. ***Selection committee compares applicants*** against job requirements and selects the most appropriate candidate for the position. Referee's reports obtained.
  11. ***Selection Committee Report:*** committee reports on their decision, creates eligibility list if appropriate.
  12. ***Criminal Record Check conducted*** on successful applicant by the Health Service Manager.
  13. ***The Health Service Manager sends successful candidate's Application and Criminal Record Check clearance to Community Engagement.*** Application is processed by the Community Engagement department.
  14. ***Successful applicant receives their appointment letter to the Health Council*** from the Chief Executive's delegate or the Director of Population Health, Planning and Performance. A copy of this letter is sent to the Health Service Manager and provided to the Health Council Chair.
  15. ***Unsuccessful applicants*** are sent a letter to inform them that they were not successful this time round.
  16. ***Health Councillor Orientation*** and induction is provided by the Health Council Chair and Health Service Manager.
-



## **ATTACHMENT 3:      NAME BADGE ORDER FORM**



# HEALTH COUNCIL NAME BADGE ORDER FORM

Please print in the sections below and email this form to the Karen Chrisakis, Far West Local Health District at [kchrisakis@gwahs.health.nsw.gov.au](mailto:kchrisakis@gwahs.health.nsw.gov.au)

Health Service Name: \_\_\_\_\_

Health Councillor Name: \_\_\_\_\_  
*First Name* *Surname*

Health Councillor  
\_\_\_\_\_  
*Job title*

Health Service mailing address to which the badge is to be sent to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **ATTACHMENT 4:      HEALTH COUNCIL MEETING AGENDA**



# Notice of Meeting

## Insert Health Council Name



**Date:** Insert date

**Time:** Insert time

**Venue:** Insert venue

---

### 1. Welcome & Opening

- 1.1 Review of agenda and declaration of interests
- 1.2 Confirmation of the minutes of the meeting held (Insert date)

### 2. Guest speakers

### 3. Business Arising from the Minutes

Refer to Action Summary of the Minutes

### 3 Standing Items

- 3.1 Chairs Report
- 3.2 Health Service Managers Report
- 3.3 Action Plan Progress Review

### 4. Working Groups and Delegates Reports

4.1

### 5. General Business

5.1

5.2

### 6. Next Meeting:

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*Please forward apologies to [insert name, telephone number and email address](#)*

# **ATTACHMENT 5:     HEALTH SERVICE MANAGER REPORT PROFORMA TO THE HEALTH COUNCIL**

# Health Service Manager Report proforma for Health Council meetings

The table below can be used as a guide or check list for information to be provided by the Health Service Manager to the Health Council Meetings.

**Health Council Meeting Date:** \_\_\_\_\_

Item	Comments
Finance – general comments about the facilities net cost of service performance, general issues about expense or revenue pressures and include discussion on ways the Health Council may assist eg encouraging use of private health insurance.	
Changes in Service Delivery for the community	
General information about health services available in the community – might include guest speakers from the staff	
Workforce planning – vacancies and recruitment	
Significant Government Strategies – many of these are on the NSW Ministry for Health website but might include Enhancements for Waiting Lists, Health Promotion and Prevention Strategies.	
Accreditation update or any other surveys the facility might participate in	
Media issues – advice on articles that might have appeared in the local press	
Donations	
Good news stories from staff about new services or achievements by staff	
General feedback from the IIMS [Incident Investigation Management System]	
Far West LHD Board reports	
New NSW Ministry for Health Policies / Far West LHD Standards of Practice (SoPs)	
Opportunities for community participation in quality and service development at local, Area (eg Clinical Redesign), and State levels	
General statistical data	
Plus any other issues seen as relevant	



# **ATTACHMENT 6: HEALTH COUNCIL CHAIR LETTER HEAD TEMPLATE COUNCIL**

Yours sincerely

**Insert Chairs Name**

**Insert Health Council Name**

**Insert Date**