

# EnableNSW Advisory Council Charter

## 1. The Role and Function of the EnableNSW Advisory Council

The roles and functions of EnableNSW Advisory Council are set out in the Terms of Reference. They should be undertaken within the responsibility and scope of activities set out in Section 2 of this Charter (hereunder) and this Charter.

## 2. Responsibility and Scope of Activities

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

- i. Strategic planning;
- ii. Priority setting;
- iii. Policy development;
- iv. Monitoring the following EnableNSW activities
  - a. disability support service delivery;
  - b. performance;
  - c. development of clinical and stakeholder networks;
  - d. the appropriateness and effectiveness of the engagement processes with clinicians and the community.

The ENAC does not have an operational or management role.

A key function of the ENAC is to ensure that views of clients, clinicians, other key stakeholders and the community about the accessibility, quality and safety of the services provided by EnableNSW are being obtained by EnableNSW and given due consideration in decision making. The ENAC also has a role in facilitating consultation mechanisms.

The ENAC will undertake this function by working with EnableNSW to ensure that clinicians, clients and the community are effectively engaged and consulted and that consultation mechanisms are effectively operating. This may include holding ENAC meetings in different locations in NSW.

## 3. Communication, Roles, Relationships and Stakeholder Engagement

### 3.1 Chief Executive, Health Support Services

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

### 3.2 Director, EnableNSW

The Director, EnableNSW is responsible for the management of EnableNSW including the effective engagement of and consultation with clinicians, clients and the community. Developing an effective working relationship between the Director, EnableNSW, senior staff of EnableNSW and the ENAC Co-Chairs and members will be critical to the effective functioning of the ENAC.

### **3.2 Co-Chairs**

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

The ENAC Co-Chairs should be recognised as the official spokesperson for the ENAC on matters within the Council's responsibilities and as agreed with the HSS CE.

### **3.3 Stakeholders**

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

To assist in this process the ENAC should work with the Chief Executive to develop a communication protocol for interaction with key clinical and community stakeholder groups operating at statewide, Area and local levels. The protocol should include the mechanisms that the ENAC will use to ensure that clinicians, clients and the community are effectively engaged and consulted and that local consultation mechanisms are effectively operating. The ENAC should not engage or consult with clinicians, clients and the community outside this protocol.

EnableNSW uses a range of strategies to inform and involve consumers in decision-making about NSW Health disability support services. Many Area Health Services, Non-Government Organisations and advocacy organisations have existing structures for community engagement at a local level. The ENAC should seek to gain the views of these existing groups where appropriate and is not intended to replace them.

### **3.4 NSW Health – State Level and Peak Groups**

The Co-Chairs of the ENAC are invited to attend all Health Care Advisory Council (HCAC) meetings.

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

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

### **3.5 Charter to be available on Health Website**

The text of the ENAC Charter will be available on the internet website for EnableNSW as well as the NSW Department of Health.

### **3.6 Public Comment**

Any public comment made by the ENAC Chair and members must be done so as a private citizen and not on behalf of the Chief Executive, Health Support Services or EnableNSW.

ENAC members must not access, use, disclose or release any internal

EnableNSW documents, ENAC papers or privileged information unless the member has been authorised to do so. Members must protect the privacy of client information as required by the NSW Health Privacy Code of Conduct. Circ 2001/46.

#### **4. Conflict Resolution**

This section should describe the protocol to address situations where there is a significant and unresolvable difference of opinion between the CE and the ENAC and should be based on the following information.

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

#### **5. Appointment of Chair and Members**

This section should describe the protocol for appointment of Chairs and members and should be based on the following information.

##### **5.1 Membership**

An EnableNSW Advisory Council is to consist of between 9 and 13 members appointed by the Director-General, with roughly equal numbers of clinicians and community members. At least one member must be a person who has expertise, knowledge, or experience in relation to Aboriginal health; at least four people with a disability; people with knowledge, skills and experience in the three program areas; and at least one member with an understanding of rural service delivery issues.

##### **5.2 Term of Appointment**

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

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

##### **5.3 Reappointment Process**

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

The Director-General following a review process involving the Chief Executive will make decisions regarding the reappointment of the ENAC Chairs and members.

##### **5.4 Co-opting of Members**

The Chair/Co-Chairs of ENAC may invite people with specialist expertise to attend ENAC meetings for a time limited period as required.

## **5.5 Vacancy in Office**

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

## **5.6 Leave of Absence**

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

## **5.7 Removal from ENAC**

The Director-General can remove the Chair/Co-Chairs or any member of the ENAC from office. Grounds for removal may include breaches of criminal law, bankruptcy, breaches of the code of conduct, persistent failure to attend meetings or actions that undermine the standing and effectiveness of the ENAC or EnableNSW or Health Support Services.

## **6. Meetings**

This section should describe the procedures for operation of the meetings of the ENAC and should be based on the following information.

### **6.1 Frequency**

The frequency and timing of meetings should be determined by the ENAC in consultation with the CE. Agreed dates for meetings should preferably be set 12 months in advance.

### **6.2 Quorum**

ENAC will need to specify quorum provisions. This should be the nearest whole number above one half of the membership.

### **6.3 Disclosure of Interests by Members**

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

Where a member declares an interest the matter will be noted in the minutes, and the Council will be asked to consider the declaration and to make a decision

after appropriate discussion about if the member will/will not be permitted to:

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

#### **6.4 Code of Conduct for ENAC members**

ENAC should develop a Code of Conduct that is consistent with the NSW Health Code of Conduct (see NSW Health website for Policy).

#### **6.5 Agenda and Minutes**

The Chair/Co-Chairs will set the meeting agenda in consultation with the HSS CE.

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

#### **6.6 Attendance**

All members must endeavour to attend all meetings each year. This provision can only be varied for an individual member with the approval of the ENAC Chair in consultation with other ENAC members.

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

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

#### **6.7 Other Considerations**

ENAC should have the capacity to establish special purpose sub-committees where required, chaired by ENAC members.

Meetings are not generally open to the public. Communication processes should however be put in place to ensure that clinicians and members of the community are aware of ENAC priorities, meeting frequency and mechanisms for raising issues.

EnableNSW will provide secretariat support to the Council and will provide reports as required on the work of the program.

## **7. Remuneration**

### **7.1 Travel and Motor Vehicle Allowances**

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

### **7.2 Administration of payments**

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

## **8. Performance monitoring**

### **8.1 Two year plan.**

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

The work plan should incorporate a review of local community advisory structures in the first 12 months. Where such a review has already been undertaken or is in the process of being undertaken, the ENAC should be satisfied with the recommendations of the review and monitor its implementation.

The work plan should also include strategies to monitor the EnableNSW's performance in relation to major initiatives and annual performance targets based on key performance indicators and to report to the community and clinicians about Council and EnableNSW activities to improve health service accessibility, quality and client safety.

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

### **8.2 Annual Report**

ENAC should prepare an annual report on its activities.

- i. As soon as practicable after 30 June (but on or before 31 December) of each year, the co-chairs of the EnableNSW Advisory Council is to provide the Director-General with a report on the performance by the EnableNSW Advisory Council of its role and functions during the period of 12 months ending on 30 June in that year.
- ii. The report is to include performance indicators to measure the EnableNSW Advisory Council's success in the performance of its role and functions under the Terms of Reference.

ENAC Annual Reports should also be included in the Annual Report of Health Support Services.

### **8.3 Reporting to Department of Health**

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