SA Health

Policy

Sitting Fees and Reimbursement for External Individuals Policy

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Version 2.0

Approval date: 26 October 2021

PDS Reference No: D0136

Government of South Australia

SA Health

1. Name of policy

Sitting Fees and Reimbursement for External Individuals Policy.

2. Policy statement

This policy mandates requirements for the provision of sitting fees and reimbursements to consumer, carer and community representative(s) and external stakeholders. It is framed within SA Health's broader commitment to robust consumer, carer and community engagement and is aligned with the SA Health Consumer, Carer and Community Engagement Strategic Framework 2021 – 2025. This policy recognises the significant contribution in knowledge, experience and skills made by consumer, carer and community representative(s) and external stakeholders to ensure they are not financially impacted as a result of their participation.

3. Applicability

This policy applies to all employees and contracted staff of SA Health; this is all employees and contracted staff of the Department for Health and Wellbeing, Local Health Networks (including state-wide services aligned with those Networks[1]) and SA Ambulance Service.

Wellbeing SA and the Commission on Excellence and Innovation in Health have also agreed to adopt this policy, as relevant and applicable.

In this document any reference to 'SA Health' includes Attached Offices to the extent that they continue to exist and adopt this policy.

This policy is not applicable to:

- Ministerially appointed boards and committees that are subject to the *SA Government Department of Premier and Cabinet Circular PC016 – Remuneration for Government Appointed Part-time Boards and Committees.*
- Local Health Network (LHN) Governing Boards and their Committees (committees of the parent board) are ministerially appointed and in accordance with *DPC Circular PC016*.
- People who are volunteering for SA Health, LHNs or health services.

4. Policy principles

SA Health is committed to promoting effective consumer, carer and community engagement to deliver better health outcomes for all South Australians. SA Health's approach to the Sitting Fees and Reimbursement for External Individuals Policy is underpinned by the following principles:

> We are committed to seeking representatives with the appropriate skills, knowledge and experience through our partnerships in service planning, developing models of care, measuring service and evaluating systems of care.

> We embed an open and transparent state-wide standardised provision of sitting fees and reimbursement to deliver consistency.

> We recognise that the contribution of consumers, carers, community and external stakeholders is essential for 'improving patient outcomes and experience and improving the performance of health service organisations'.[2]

[1] 'Statewide services' includes Statewide Clinical Support Services, Prison Health, SA Dental Service, BreastScreen SA and any other state-wide services that fall under the governance of the Local Health Networks.

[2] Australian Commission on Safety and Quality in Health Care. *Partnering with Consumers Standard Sydney*: ACSQHC

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- We value and respect the time and effort of participating individuals. Sitting fees and reimbursement provide a measure of recognition and appreciation for their participation.
- We engage with individuals as equal partners and acknowledge their role to influence decision making and share their experiences and perspectives to improve health systems, resources and the safety and quality of health care.

5. Policy requirements

SA Health staff

- Must comply with the processes specified in Appendix 1: Sitting Fees and Reimbursement for External Individuals Mandatory Instruction (page 8) of this policy.
- Ensure consumer, carer and community representatives actively participate in committee meetings or activities and provide a consumer, carer and community perspective to discussions and decision making.
- Ensure consumer, carer and community representatives share own knowledge and lived experience as consumer, carer or community representatives and voice collective perspectives.
- Ensure external individuals actively participate in committee meetings and/or activities and provide professional clinical (i.e. medical practitioners, nursing, allied health, pharmacy etc.) expertise and advice in discussions and decision making.

SA Health Chief Executive / Deputy Chief Executive / DHW Executives

- Ensure consumer, carer, community and external stakeholder engagement occurs within SA Health in the development of strategic and system-wide health care policy, planning and service delivery.

LHN / Health Service Chief Executive Officers

- Enable implementation of a consumer, carer, community and external stakeholder engagement strategy and support their participation in committees, meetings and activities.
- Approve respective local committees and/or activities eligibility for sitting fees and reimbursement.

5.1 Activities

Activities must be part of an approved governance structure within SA Health and approved by the appropriate SA Health staff.

Activities may include membership on:

- Department for Health and Wellbeing or SA Health Committee or Advisory Group
- LHN / health service Consumer and Community Advisory Committee (or similar)
- LHN / health service local committees e.g. Clinical Governance, service unit, work groups etc.

Or participation in activities including:

- A short term, one-off activity e.g. consumer sitting on interview selection panel for senior staff appointment
- A one-day workshop or forum e.g. to develop a new policy or model of care
- A time-limited or informal working group e.g. reviewing communication / information resources
- The induction, orientation or professional development of staff e.g. consumers sharing their own experience and stories.

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Activities not included:

- Attendance at seminars, lectures, conferences or other passive activities as attendance does not meet the policy requirement for significant contribution.
- Volunteering activities e.g. Friends of the Queen Elizabeth Hospital, Volunteer Service at Flinders Medical Centre Inc.

5.2 Schedule of Sitting Fees and Reimbursement

The current schedule of sitting fees and reimbursement is detailed in:

- Table 1. Consumer, Carer and Community Representative Schedule
- Table 2. External individual stakeholder – Clinical Expertise Schedule, and,
- Table 3. Medical Practitioners / GP's Schedule.

The schedule of sitting fees and reimbursement will be reviewed annually and is applicable from 1 July each year. Indexation will be determined during the annual schedule review.

6. Mandatory related documents

The following documents must be complied with under this Policy, to the extent that they are relevant:

- SA Health Consumer, Carer and Community Engagement Strategic Framework 2021 – 2025
- SA Health Consumer, Carer and Community Engagement Guide and Resources
- Guide for engaging with Aboriginal People
- Partnering with Carers Policy Directive
- Consumer Sitting Fee and Reimbursement Claim Form
- ATO Statement by Supplier
- Agreement to sitting fees and reimbursement letter
- Consumer, Carer and Community Engagement Strategic Framework 2021 – 2025
- SA Health Requisition, Purchase Order and Invoice Management Policy Directive
- Payment of Creditor's Accounts Policy
- Oracle Chart of Accounts
- Code of Ethics for the South Australian Public Sector

7. Supporting documents

- Consumer Sitting Fee and Reimbursement Claim Form Frequently Asked Questions
- Taxation Factsheet 3 – Sitting Fees Paid to Board or Committee Members
- Consumer Feedback and Complaints Management Strategic Framework 2021 - 2024
- South Australian Health and Wellbeing Strategy 2020-2025
- Better Together: Principles of Engagement
- National Safety and Quality Health Service Standards.

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8. Definitions

- **An individual:** For the purpose of this policy the term 'individual(s)' is used as a 'collective term' to refer to consumers, carers, community representatives and external individual stakeholders.
- **Carer:** means a person who provides care, support and assistance for a family member or friend or as part of a kinship system. This includes someone who is frail, aged, has a disability, a medical condition, including terminal or chronic illness or who has a mental illness. Carers include children caring for parents and guardians.
- **Co-design:** means a focused service improvement approach of consumer centred planning, decision making, production and design; where new services or service reviews are determined in partnership with consumers who use them and may be affected by them.
- **Community:** means any collective group of people generally or that represents or brings a collective voice of the interests of health consumers or specific affected communities.
- **Community engagement**: means the processes and connections between government, communities and consumers in the development and implementation of policies, programs, services and projects. It encompasses a wide variety of government-community interactions ranging from information sharing to community consultation and in some instances, active participation in government decision making. It incorporates public participation, with people being empowered to contribute to decisions affecting their lives, through the acquisition of skills, knowledge and experience.
- **Consumer**: means a person who has used, or may potentially use, health services, and includes family and carers. A health care consumer may also act as a consumer advocate or representative to provide a consumer perspective, contribute to consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.

  In mental health, a consumer refers to the user or potential user of health services and does not include their family, carer or other support persons.

  Consumers are commonly identified by health services as patients, clients, participants or service users at point of care.
- **Consumer Advocate:** means a person with lived experience who supports, promotes and defends the interests of consumers, carers and/or the community. They may support an individual or stand up for a just cause or a specific position. A consumer advocate is independent of the health service and is able to provide a unique perspective and experience of the needs, goals and expectations of the person or cause for which they advocate. Consumer Advocates should have access to training to support and underpin their capacity to both understand the role and the health system in which they participate as an advocate.
- **Consumer, carer and community representative:** means a person who voices collective perspectives and takes part in decision making as a representative of those consumers and communities.

  Representatives may be nominated and given authority by an organisation or group and be accountable to them. They have a responsibility to remain informed by and inform the organisation or group of discussions and issues arising from the representation.
- **Consumer engagement:** means health consumers, their family and carers, actively participating in their own individual care, healthcare planning and decision making, evaluating policy governance and safety and quality processes and healthcare monitoring and evaluation.

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- **External individual stakeholder:** means an individual such as a clinician (i.e. General Practitioner, Nurse, Midwife and Pharmacist) who does not work in SA Health, but has the skills, experience, knowledge and expertise on the decision or outcome.
- **Partnership:** means when two or more individuals or groups work together collaboratively and inclusively share the responsibility of decisions and collectively own outcomes.
- **Public sector employee:** means any person employed by a State Government organisation.

9. Compliance

This policy is binding on those to whom it **applies** or relates. Implementation at a local level may be subject to audit/assessment. The Domain Custodian must work towards the establishment of systems which demonstrate compliance with this policy, in accordance with the requirements of the System-wide Integrated Compliance Policy.

Any instance of non-compliance with this policy should be reported to the Domain Custodian for the Clinical Governance, Safety and Quality Policy Domain and the Domain Custodian for the Risk, Compliance and Audit Policy Domain.

10. Document ownership

Policy owner: Clinical Governance Unit

Title: Sitting Fees and Reimbursement for External Individuals Policy

ISBN: 978-1-76083-334-3

Objective reference number: A186298

Schedule of Sitting Fees and Reimbursement Review date: July 2022

Policy Review date: July 2026

Contact for enquiries: Senior Project Officer, Clinical Governance Unit

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11. Document history

Version	Date approved	Approved by	Amendment notes
2.0	26/10/2021	Deputy Chief Executive, Commissioning and Performance	Formally reviewed in line with 1-5 year scheduled timeline for review.
1.1	20/10/2015	Director, Safety and Quality	1.13 Medical practitioners information Removal of Clause 9.10
1.0	11/09/2015	Portfolio Executive	N/A

12. Appendices

1. *Sitting Fees and Reimbursement for External Individuals Policy Mandatory Instruction*

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Appendix 1: Sitting Fees and Reimbursement for External Individuals Mandatory Instruction

The following mandatory instruction must be complied with to meet the requirements of the *Sitting Fees and Reimbursement for External Individuals Policy.*

Approval and Documentation	Reimbursement	Submission

SA Health Staff

Ensure appropriate **approval sought** before offering sitting fees and/or reimbursement.
Document reimbursement in Committee Terms of Reference.

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Allocate a **budget** for sitting fees / reimbursements

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Ensure **activity** is aligned to 5.1 Activities in the policy and has the appropriate SA Health staff approval.

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Discuss offer of sitting fees / reimbursement and agree prior to participation. Individuals may choose to waive sitting fees / reimbursement.

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Agreement letter to be completed and given to individual.

Ensure compliance with the SA Health Requisition, Purchase Order and Invoice Management Policy Directive and the Payment of Creditor's Accounts Policy when processing claims.

- Ensure consumer, carer or community representative completes *Consumer Sitting Fee and Reimbursement claim form*.
  ** Refer to Table 1 for fee schedule.
- Ensure **one claim form** is used per activity.
- Ensure consumer sends completed form and receipts to SA Health staff.
- See Consumer FAQ.

Ensure External Individual Stakeholder submits a tax invoice with the pre-approved sitting fee and receipts sent to Shared Services via APHealthInvoices@sharedservices.sa.gov.au or fax (08) 8115 1391 by external individuals.

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Ensure claim form is lodged within **one (1) month of** activity taking place with the SA Health staff.

Claims submitted after this period and before three months are at the discretion of the SA Health staff. **Claims submitted after three (3) months will not be accepted.**

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Ensure compliance with Taxation and Centrelink requirements. Refer to Employment Income Reporting Services Australia . See Taxation Information fact sheet .

Must ensure consumer reimbursement claim form is **completed**, **validated and attendance confirmed** prior to processing the sitting fees / reimbursement claim, in a timely manner. Ensure relevant receipts accompany the claim.

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The Manager or Reporting Officer **authorises and certifies payment** (Delegation of Authority).

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Final certified and authorised claim form and receipts sent to Shared Services APHealthInvoices@sharedservices.sa.gov.au .

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Document reimbursement claim in committee / activity register. See 5. Policy Requirements.

** A consumer's signature is **mandatory** for auditing purposes. It is a legal requirement to sign the claim form. The declaration certifies:
a) The information is true and correct,
b) The Claimant (consumer, carer or community representative) has authorised the Certifying Officer and the Manager or Reporting Officer to lodge the claim form,
c) Also, the SA Health staff **cannot sign on behalf** of the Claimant. This makes the declaration false. In other words, it can be understood to be providing misleading information.
See Section 140 –Dishonest dealings with documents *Criminal Law Consolidation Act 1935*.

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Table 1. Consumer, Carer and Community Representative Schedule

Reimbursement for	Description	Fee / requirements
Sitting fee per meeting or activity attendance.	Amount paid per hour for attending, participating and providing significant contribution to SA Health activities, including videoconferencing. Hourly rate is paid for each scheduled hour – e.g. a two hour scheduled meeting will attract sitting fees for two hours. This is independent of whether the meeting finishes on time, early or late.	Representative > 18 years **$35.00** per hour
		Representative 13 – 17 years **$20.00** per hour
Preparation time is one (1) hour maximum for each meeting or activity	Read agenda papers, email and liaise with SA Health employees.	Representative > 18 years **$35.00** per hour
		Representative 13 – 17 years **$20.00** per hour
Chair fee	An individual consumer, carer or community representative is approved on a case by case basis, by the SA Health staff to chair an SA Health committee. The approved Chair must have the skills and knowledge for the complexity of work required.	Consumer Chair > 18 years **$40.00** per hour
Consumer, Carer and Community rep Chair – additional hourly fee	The Chair may receive an additional hourly rate in recognition of the increased responsibility and workload of the Chair position.	Negotiated, approved and agreed hourly rate by SA Health staff on a case by case basis.
Other reimbursements: • Public transport, taxi fare, car parking, child care, respite care, travel (upon presentation of receipt) • Private vehicle transport – as per *Determination 3.2: Employment Conditions – Remuneration – Allowances and Reimbursements* • Airfare / accommodation travel - as per Domestic Travel Policy Directive		

No reimbursements will be provided for:

- Printing costs associated with SA Health meetings and/or activities
  - SA Health staffs are encouraged to provide meeting agenda papers via email, or print and post to consumers, carers and community representative, and external stakeholders, if there is a specific need for hard copies.
- Telephone, mobile or internet data costs
  - SA Health staffs will initiate calls or use a Freecall teleconference number or videoconferencing, as appropriate.
- Parking fines or other traffic infringements.

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Table 2. External individual stakeholder – Clinical Expertise Schedule

External individual stakeholder who provides professional clinical expertise i.e. nursing, allied health, pharmacist, etc.

Reimbursement for	Description	Fee / requirements
Sitting fee per meeting or activity attendance. **Excludes Medical Practitioners / GPs (see Table 3)*	Loss of income will be paid as an hourly rate for attending, participating and providing significant contribution to SA Health activities, including videoconferencing.	As per external individual's hourly rate (payslips, copies of awards to be provided) Loss of income claimable will be reimbursed for up to a maximum of **$130.00.**
Preparation time is one (1) hour maximum for each meeting or activity	Read agenda papers, email and liaising with SA Health employees.	As per external individual's hourly rate (payslips, copies of awards to be provided)
Chair fees	An individual is approved on a case by case basis, by the SA Health staff to chair a SA Health committee.	Negotiated, approved and agreed hourly rate by SA Health staff on a case by case basis.

Other reimbursements:

- Public transport, taxi fare, car parking, child care, respite care, travel (upon presentation of receipt)
- Private vehicle transport – as per *Determination 3.2: Employment Conditions – Remuneration – Allowances and Reimbursements*
- Airfare / accommodation travel - as per Domestic Travel Policy Directive

No reimbursements will be provided for:

- Printing costs associated with SA Health meetings and/or activities
  - SA Health staffs are encouraged to provide meeting agenda papers via email, or print and post to external stakeholders, if there is a specific need for hard copies.
- Telephone, mobile or internet data costs
  - SA Health staffs will initiate calls or use a Freecall teleconference number or videoconferencing, as appropriate.
- Parking fines or other traffic infringements.

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Table 3. Medical Practitioners / GP's Schedule

Medical Practitioners / GP's		
Reimbursement for	**Description**	**Fee / requirements**
Medical Practitioners (GP rates)	**Description**	**Amount**
Sitting fee per meeting or activity attendance	Paid allowance calculated at the minimum rate of $226.40/hr with a minimum one (1) hour payment (then prorated at 15 minute intervals) for attending, participating and providing significant contribution to SA Health activities, including videoconferencing.	$226.40 (1 hour) Prorated at 15 minute intervals • $56.60 (15 minutes) • $113.20 (30 minutes) • $169.80 (45 minutes)
Preparation time	Reading agenda time applies for up to two (2) hours at half the agreed hourly meeting rate.	One hour = $113.20 Two hours = $226.40
Chair fees	An individual is approved on a case by case basis, by the SA Health staff to Chair a SA Health committee.	Negotiated, approved and agreed hourly rate by SA Health staff on a case by case basis.
Other reimbursements: • Public transport, taxi fare, car parking, child care, respite care, travel (upon presentation of receipt) • Private vehicle transport – as per *Determination 3.2: Employment Conditions – Remuneration – Allowances and Reimbursements* • Airfare / accommodation travel - as per Domestic Travel Policy Directive		

No reimbursements will be provided for:

- Printing costs associated with SA Health meetings and/or activities
  - SA Health staffs are encouraged to provide meeting agenda papers via email, or print and post to external stakeholders, if there is a specific need for hard copies.
- Telephone, mobile or internet data costs
  - SA Health staffs will initiate calls or use a Freecall teleconference number or videoconferencing, as appropriate.
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