

Statewide Services Advisory Committee

Terms of Reference

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| **1.** | **Purpose** |

The Statewide Services Advisory Committee (SSAC) has been established to provide recommendations to the System Management advisory Committee (SMC) on establishing system-level, performance oversight and monitoring of statewide and highly specialised services. By doing so, the SSAC will address the Barret Adolescent Centre Commission of Inquiry (recommendation one), and a range of other issues identified by departmental and Hospital and Health (HHS) executives relating to statewide and highly specialised services, to create safe, high quality, accessible and clinically sustainable services.

Statewide and highly specialised services require special consideration to balance a range factors associated with their high cost, low patient volume, centralised resources and expertise and statewide resident catchment. In its role, the SSAC will make recommendations to SMC, and SMC may refer issues to the SSAC for advice on:

1. Establishing system performance monitoring (inclusive of clinical outcomes, equity of access and key performance indicators)
2. Establishing strategic governance arrangements to support the performance monitoring function
3. Deciding system manager governance to monitor the performance of non-clinical statewide services
4. Establishing a process to determine new statewide or highly specialised services
5. Approach to purchasing services for the 2021-22 service agreements and future service agreements.

In order to develop these recommendations, it is anticipated the SSAC will consider the following elements:

Review the definition of statewide and highly specialised services

Ensure alignment of existing services to the definition and those in/out of scope

Develop a process to establish, or decommission, a statewide or highly specialised service

System level view of statewide or highly specialised services, including capital investment implications

Develop system governance arrangements (including clinical oversight and equity of access) and roles and responsibilities to monitor performance

Recommend the preferred documentation to support implementation and compliance

Identify appropriate Key Performance Indicators to improve service monitoring, including whether access to the service is equitable across Queensland (including for First Nations and rural and remote populations)

Establish the longer-term role of the SSAC.

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| **2.**  | **Authority and decision-making** |

The SSAC functions under the authority of, and is overseen by, the SMC. The SMC functions under the authority and delegations of the Director-General and the Executive Leadership Team and reflects the Director-General’s responsibilities to provide strategic leadership and direction for the Queensland public health system under section 45 of the Hospital and Health Board Act 2011.

All sub-committees and working groups must report to the Committee through their respective Chairs.

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| **3.** | **Guiding Principles** |

The principles of the *Public Service Act 2008* and the *Hospital and Health Boards Act 2011* guide the deliberations of public servant participation on this Committee.

The Committee is committed to establishing, maintaining and promoting good governance by adhering to the following principles of public sector governance:

1. Consistency with the *Hospital and Health Boards Act (2011)* – maintain consistency with system roles, accountabilities and authorities for DGs, DDGs, HHS CE and HHS Boards under legislation.
2. Federated to Networked system governance - to promote mutual reciprocity, and value-creation alliances between peers and partners including HHSs, DoH and the QAS.
3. Engagement between HHSs, DoH and QAS - to develop common ground, mutual respect, understanding, and an active investment in relationship capital.
4. Transparency – better decisions are made when reducing “information asymmetry”. Ensure all parties have all the information.
5. Pursuit of Value – advice and decisions are made with the view to getting the best outcome at lowest cost for Queenslanders – patients and families.
6. Partnership – Queensland Health as part of a much broader health and social care ecosystem. We need to work with other delivery partners to get the best outcome for Queenslanders.
7. Consumers and Clinician engagement – Services will be best when co-designed with those who deliver and receive them.

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| **4.** | **Decision-making** |

Decisions and recommendations will be by consensus agreement of the group. Where a conflict of interest is identified, the Chair will manage situations where consensus cannot be reached. The quorum for Committee meetings will be half the members plus one (more than 50%). Two Deputy-Directors General must form part of the quorum.

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| **5.** | **Declaration of Recognition** |

**Building** on the progress already made, including through the Queensland Government’s Reconciliation Action Plan 2018-2021, the Human Rights Act 2019 and new National Agreement on Closing the Gap, the Committee **solemnly proclaims** a standard of achievement to be pursued in a manner which will be guided by the purposes and principles from the Queensland Government’s Statement of Commitment to reframe the relationship with Aboriginal and Torres Strait Islander peoples and the Queensland Government 2019, including:

Recognition of Aboriginal peoples and Torres Strait Islander peoples as the First Nations Peoples of Queensland

Self-determination

Respect for, and recognition of Aboriginal and Torres Strait Islander cultures and knowledge

Locally led decision-making

Shared commitment, shared responsibility and shared accountability

Empowerment and shared decision-making

Free, prior and informed consent

A strengths-based approach to working with Aboriginal and Torres Strait Islander peoples to support thriving communities.

**Affirming** that prior to colonisation, the First Nations of this continent were a vast array of independent, yet interconnected, sovereign nations with their own clearly defined: territories, governance, laws (and lores), languages and traditions;

**Recognising** the sovereign First Nations of this continent were and remain highly sophisticated in their operations, organisations, institutions and practices;

**Convinced** that unlike the history of much of the rest of the world, the sovereign First Nations of this continent did not invade to colonise, usurp and/or replace domestic or international nations for ownership or exploitation;

**Recognising** that Aboriginal peoples’ and Torres Strait Islander peoples’ sovereignty was never ceded;

**Acknowledging** the continuing spiritual, social, cultural and economic relationship Aboriginal peoples and Torres Strait Islander peoples have with their traditional lands, waters, seas and sky;

**Recognising** the past acts of dispossession, settlement and discriminatory policies, and the cumulative acts of colonial and state governments since the commencement of colonisation, have left an enduring legacy of economic and social disadvantage that many Aboriginal peoples and Torres Strait Islander peoples and First Nations have experienced and continue to experience;

**Convinced** that addressing levels of disadvantage and inequity will require a new approach to radically improve and transform the design, delivery and effectiveness of government services by enabling and supporting Aboriginal peoples and Torres Strait Islanders peoples and First Nations’ self-determination, self-management and capabilities;

**Asserting** that when Aboriginal peoples and Torres Strait Islander peoples and First Nations have a genuine say in the design and delivery of services that affect them, better life outcomes are achieved;

**Acknowledging** that the United Nations Declaration on the Rights of Indigenous People, and the International Covenant on Economic, Social and Cultural Rights, affirm the fundamental importance of the right to self-determination, by virtue of which Aboriginal peoples and Torres Strait Islander peoples and First Nations freely determine their political status and freely pursue their economic, social and cultural development;

**Underpinning** the principle of self-determination are the actions of truth telling, empowerment, capability enhancement, agreement making and high expectations relationships; pursuant to the social, cultural, intellectual and economic advancement of Aboriginal peoples and Torres Strait Islander peoples and their development agendas;

**Recognising** that fundamental structural change in the way governments work with Aboriginal peoples and Torres Strait Islander peoples and First Nations is needed to address inequities.

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| **6.** | **Membership** |

Chair:

Deputy Director-General, Healthcare Purchasing and System Performance Division

Members:

Deputy Director General, Clinical Excellence Queensland

Health Service Chief Executive Forum

Health Service Chief Executive Forum

Queensland Clinical Senate representative

Chair, Clinical Network Executive Committee

Chief Executive, Health Consumers Queensland

Acting Deputy Director-General and Chief Medical Officer Prevention Division, and Chief Clinical Information Officer

Senior Director, Mental Health, Alcohol and Other Drugs Branch, Clinical Excellence Division

Executive Director, Retrieval Services

Executive Director, Health Service Strategy and Planning Metro North HHS

Director Strategy and Planning, Children’s Health Queensland

First Nations representative

Consumer representative.

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| **7.** | **Meeting** |

Meeting invitations will be sent that outline the venue, timing and frequency of the meetings, as well as the meeting format and core principles.

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| **8.** | **Conflicts of Interest** |

To meet the ethical obligations under the Public Sector Ethics Act 1994, SSAC members must declare any conflicts of interest whether actual, potential, apparent, or appear likely to arise, and manage those in consultation with the Chair. This may relate to a position a member holds, (e.g. Chair of an external organisation), or to the content of a specific item for deliberation.

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| **9.** | **Out-of-session papers** |

Items can be managed out-of-session where:

the item is for noting

to support the development of papers that will inform meeting discussions

the item is urgent and must be considered before the next scheduled meeting; or

in circumstances when face-to-face meetings are not possible, to enable business to be progressed.

Matters for endorsement out-of-session require a quorum (as if it were proceeding to a meeting).

Out-of-session matters must be recorded as an out-of-session minute at the next meeting of the Committee.

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| **10.** | **Confidentiality** |

Members of the Committee may receive information that is regarded as cabinet-in-confidence, commercial-in-confidence, clinically confidential or that may have privacy implications.

Members, proxies and observers acknowledge their responsibility to adhere to legal and ethical confidentiality frameworks in respect of all information that is not in the public domain.

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| **11.** | **Secretariat** |

Secretariat support will be provided by System Planning Branch.

Responsibilities of the Secretariat include:

Preparing an annual meeting schedule

Maintaining records of meeting proceedings (minutes)

Confirming and reviewing membership on an annual basis

Developing, maintaining and reviews a risk register capturing health system and corporate risks related to key decisions, strategy or other business.

Documenting actions and decisions and reports them to a peak body.

Ensuring governance is maintained as required by the Department of Health and legislative requirements.

Communicating details on deliberations and decisions as appropriate to other stakeholders (other peak bodies, the department, the system etc).

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| **12.** | **Meeting Schedule** |

The Committee will meet on the 12th of each month, unless otherwise required. Meeting dates may be subject to change.