

eHealth linkage sub-committee

Terms of Reference

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

The purpose of the eHealth linkage sub-committee (EHLSC) is to:

* Provide expertise and advice to the Patient Safety and Quality Advisory Committee (PSQAC) in relation to the governance of clinical and non-clinical systems to improve and maintain the quality of care provided across the clinical setting.
* Foster engagement with eHealth Queensland to ensure patient safety and quality is forefront in planning, prioritising and implementing Queensland Health’s digital agenda.

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| **2.** | **Authority and Decision making** |

The EHLSC functions under the direction of the PSQAC in an advisory capacity as a Tier 3 committee.

Decision making is by consensus. Where consensus cannot be reached, the Chair may elect to put the matter to a vote or may escalate the issue to the Patient Safety and Quality Advisory Committee for resolution.

Members and their proxies are afforded equal voting rights. Observers, guests and other participants do not hold voting rights.

ehealth linkage sub-committee members are collectively accountable for advice provided to the Deputy Director-General Clinical Excellence Queensland as Chair of PSQAC.

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| **4.** | **Principle Functions** |

The primary functions of the EHLSC are to:

* Support the PSQAC to monitor delivery against the annual work plan and regularly review progress in achieving the goals and deliverables.
* Support safe, high quality and patient-centred care associated with clinical and business systems maintained by eHealth Queensland.
* Establish linkages for escalation of any adverse event or complications from clinical information system downtime.
* Ensure eHealth technology foundations encompass the delivery of safe, high quality care informed by clinical practice and data collection.
* Liaise with the Safety and Quality data and analytics and Practice Improvement subcommittees when required.

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| **5.** | **Reporting and Communication** |

Minutes will be recorded from each EHLSC meeting and will be provided to PSQAC for noting.

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

Chair:

* Director, Healthcare Improvement Unit

Members:

* 2 consumer representatives nominated by Health Consumers Queensland
* OCCIO
* Nominee from MHAODB
* Nominee from PSQIS
* Nominee from OCNMO
* Nominee from Statewide Clinical Network
* Nominee from eHQ?
* Nominee from Allied Health

Ad-Hoc topic specific participation:

* Clinical leads, Clinical Excellence Queensland

Proxies:

Members who are unable to attend in person and do not have a delegate officially acting in their role may send a proxy;

Persons officially acting in a member’s position and approved proxies are expected to participate in deliberations and contribute to the EHLSC’s recommendations according to the principles outlined in these terms of reference;

Proxies must be suitably briefed prior to the meeting; and if the Chair is absent from a meeting or vacates the chair at a meeting, the Chair must appoint another person to act as the Chair on a temporary basis. If that person is not officially acting in the Chair’s position, decisions made at the meeting must be endorsed by the Chair.

Other participants:

The Chair may from time to time, invite other individuals or groups to present to, or observe, meetings of the EHLSC.

Where agreed by the Chair, members may invite guests to attend meetings to provide expert advice and support to a specific topic raised.

A guest’s attendance is limited to the duration of discussion on that specific topic. Observers and guests do not have the authority to make determinations in respect of the EHLSC’s deliberations.

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| **7.** | **Code of Conduct** |

The [Code of Conduct for the Queensland Public Service](https://www.forgov.qld.gov.au/code-conduct-queensland-public-service) (Code of Conduct) reflects the principles of integrity and impartiality, promoting the public good, commitment to the system of government, and accountability and transparency.

Members of the EHLSC always have an obligation to abide by the principles outlined in the Code of Conduct and will demonstrate, through behaviour and action, the highest standards of ethical behaviour and commitment to prevent and address fraud and corruption across the organisation.

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| **8.** | **Quorum** |

The quorum for Committee meetings will be a minimum of 50% of members. In the absence of a quorum, the meeting may continue at the Chair’s discretion with any items requiring decision to be deferred and circulated, following the meeting, to members as an out-of-session item. Proxies are included in the determination of a quorum.

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| **9.** | **Out-of-Session Papers** |

Items can be managed out-of-session where:

* 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.

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

The proceedings of the committee are deemed to be confidential and all members of the committee will comply with the confidentiality policies of the Department of Health and privacy legislation.

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

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| **11.** | **Conflicts of Interest** |

To meet the ethical obligations under the Public Sector Ethics Act 1994, Committee members and proxies must declare at each meeting 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 external to the organisation or to the content of a specific item for deliberation.

* Declaration of conflicts of interest must be listed as a standing item in the agenda.
* The Chair will determine whether the attendee should absent them self from the relevant part of the meeting or the entirety of the meeting, as directed by the chair.
* The Secretariat will record any declaration of conflicts of interest applicable to that meeting in the minutes of the meeting.

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| **12.** | **Secretariat** |

Secretariat support will be provided by Healthcare Improvement Unit.

Responsibilities of the Secretariat include:

* Arrange meetings, venue and send appointments
* Call for agenda items 2 weeks prior to the meeting date
* Prepare agenda and supporting papers, review and finalise with committee Chair and distribute to Members at least 3 days prior to each meeting
* Take condensed minutes of meeting and maintain action register.
* Maintain a record of all committee minutes, recommendations, action items, correspondence and other documentation regarding committee resolutions/recommendations.

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| **13.** | **Meeting Schedule** |

The Committee will meet Quarterly.

Meeting papers will be distributed at least three (3) working days prior to the meeting.

Document History

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| **Date** | **Nature of Amendment** |
| 25/08/2020 | Initial Draft prepared for consideration and consultation (Michelle Wilson) |
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