

Telehealth Advisory Group (Tier 2)

Terms of Reference 2020

Purpose

The purpose of the Telehealth Advisory Group (TAG) is to provide timely operational and strategic advice to Clinical Excellence Queensland's Telehealth Governance Committee (Tier1).

Authority

The TAG functions under the authority and delegations of the Deputy Director-General Clinical Excellence Division (DDG CEQ). As such, any decisions or advice arising from TAG deliberations are made in accordance with relevant authority and delegations of the Chair (Director, Healthcare Improvement Unit). The TAG does not have authority to make financial/budget decisions, however, as per the functions below, may make recommendations regarding funding and expenditure priorities to the Telehealth Governance Committee.

Decision Making

- Recommendations are made by consensus.
- If consensus cannot be reached, the Chair reserves right to make the final decision on formal advice to be provided to the tier 1 committee.
- Committee members are collectively responsible to contribute to advice provided by the TAG.

Functions

To contribute to the management and delivery of telehealth services, the TAG undertakes the following:

- Provides executive level advice relating to program design to the Tier 1 Telehealth Governance Committee regarding operational impact of initiatives and changes to the program.
- Identifies and develops key priority areas for the Telehealth Program in Queensland.
- Identification and escalation of barriers and opportunities that may impact the uptake of telehealth.
- Represents Hospital and Health Service Executive perspective.
- Represents Hospital and Health Service telehealth workforce and clinician user perspective.
- Represents technology workforce through eHealth Queensland membership.
- Represents health consumer experience of telehealth through membership of a consumer.
- Represents the professions offices.
- Represents the rural and remote perspective.
- Informs telehealth policy (where relevant) and planning development, coordination and integration, in collaboration with relevant stakeholders.

- Considers how investment in infrastructure, innovation and telehealth enhanced models of care will enable HHSs to maximise the advantages offered by emerging technologies.
- Considers identified issues, risks and opportunities emerging from implementation of the telehealth strategic objectives and provide feedback on proposed solutions, ensuring they are consistent with Queensland Health processes.
- Informs the development of state funding models and incentive programs pertaining to telehealth.

Membership

Chair

- Director, Healthcare Improvement Unit

Members

Position/Organisation	Name
Telehealth Medical Lead	TBC
Telehealth Coordinator (provider site)	TBC
Telehealth Coordinator (recipient site)	TBC
Hospital and Health Service Chief Operating Officer	TBC
eHealth Queensland representative	TBC
TEMSU representative	TBC
Allied Health Professions Office Queensland representative	TBC
Office of the Chief Nursing and Midwifery Officer	TBC
Statewide Rural and Remote Clinical Network representative	TBC
Refugee Health and CALD representative	TBC
Primary Care representative (GP)	TBC
Primary Health Network representative	TBC
Health Consumer	TBC

Secretariat

Secretariat support will be provided by Telehealth Support Unit.

Proxies

- A proxy is allowed providing they are suitably briefed prior to the meeting.
- Persons other than those officially acting/working in the position of a member may attend if approved by the Chair. The Secretariat is to be given notice at least three days prior to the scheduled meeting by the office of the member.

- Proxies can participate in decision-making processes if the Chair approves.

Other Participants

Where agreed by TAG members, other persons may participate in Committee proceedings / activities. However, such persons do not assume membership or participate in any decision-making processes of the Committee.

Observers

- Observers are by invitation only and do not hold decision making authority.
- Representatives submitting agenda items may participate in the meeting to present their item. Attendance will be at the discretion of the Chair.

Behaviours

Minimum governance behaviours of the TAG include:

- All members exercise due diligence and act in good faith.
- Members are provided with timely access to information, and information is shared amongst members.
- Appropriate confidentiality is respected.
- Members review papers in advance of meetings and attend meetings.
- Full and active participation in discussions by all members is promoted.
- Constructive questioning and vigorous debate is encouraged, with expressions of dissent undertaken in a harmonious and collegiate fashion.
- Members deal with each other with courtesy and respect.
- The right issues are considered, decisions documented, and follow up conducted.

Quorum

The quorum for Committee meetings will be half of all members plus one. If a quorum is not met, the following will occur:

- At the Chair's discretion the continuation of the meeting will be confirmed.
- If the meeting proceeds, all decisions will be preliminary.
- Decisions will then proceed to a quorum consensus out-of-session or at the following meeting.

Out of Session papers

Requests for an out-of-session paper will be considered by the Chair on an individual basis.

Confidentiality

Members and other meeting attendees may from time to time be in receipt of information that is regarded as 'commercial in confidence', clinically confidential and/or have privacy implications. Members

and other meeting attendees acknowledge, by attendance, their responsibility to maintain confidentiality of all information that is not in the public domain.

Meeting Schedule

- The Telehealth Advisory Group will meet no less than four times a year.
- Meetings will be scheduled every third month on the afternoon of the first Wednesday of the month.

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