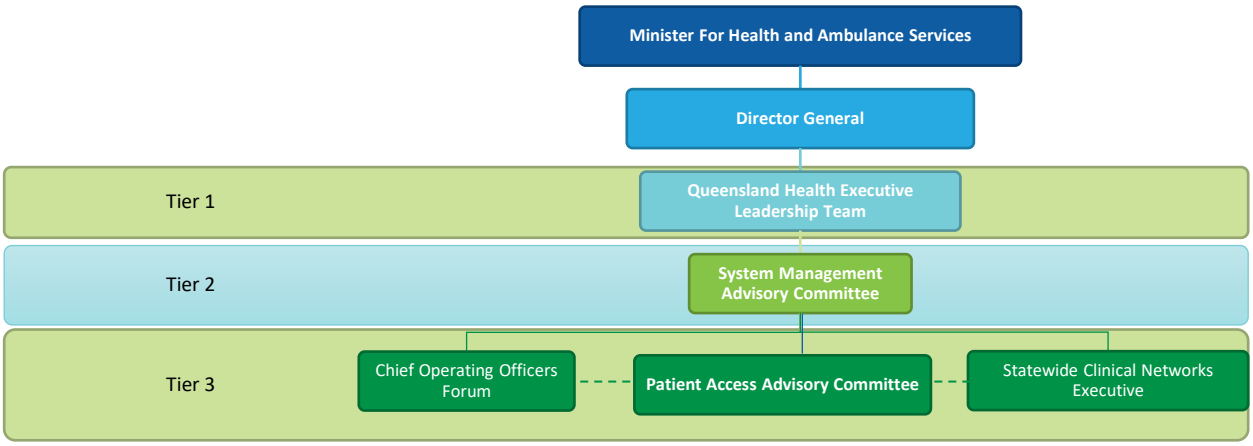
PATIENT ACCESS ADVISORY COMMITTEE (PAAC)

Terms of Reference – Updated 16 September 2020

1. Purpose

The Patient Access Advisory Committee (PAAC) is a Tier 3 committee to provide strategic advice to the System Management Advisory Committee (SMAC) on issues affecting consumer access to public acute health services and timely flow through the episode of patient care.

2. Authority and Decision making



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 decision 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.

4. Committee Behaviours

Within committee, members will commit to working together according to the following tenets:

- **Take a Systems approach** – foster a context for complex problem solving that is interdisciplinary, open to all approaches, information and possible impacts across the system.
- **Take the lead –** collectively and individually, actively champion transformational change and reform including the unique value of the Committee as core function of Queensland Health
- **Respectful teamwork -** have high expectations of each other, show cognitive empathy, encourage collaborative cross-checking and learning**.**
- **Collective responsibility** – take individual actions that transcends organisational hierarchies. Volunteer assistance. Volunteer information. Complete" homework".
- **Action orientation and solution focus –** follow stepwise problem-solving rigor and commit to overcoming decision and treatment inertia
- **Anticipatory Guidance –** take a forward-looking approach to anticipate challenges and opportunities and act upon them.

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.

6. Functions

The primary functions of the Committee are to:

1. Provide strategic advice to Queensland Health System Management Advisory Committee (SMAC) on strategies to support system-wide opportunities for improvement in patient flow, with the goal to improve access to care.
2. Review and refine existing protocols to align to best practice and ensure safety and quality of service delivery is maintained.
3. Understand key pressure points of patient flow in the system to target service improvement.

7. Sub-Committees

N/A

8. Reporting and Communication

The Committee shall report directly to the System Management Advisory Committee (SMAC).

Established communication links to other executive committees with coinciding interests will be formed to ensure a whole-of-system approach to patient access and flow across the continuum of care. This would include communications to:

1. Statewide Clinical Networks Executive Committee
2. Hospital and Health Service Chief Operating Officers' Forum

This communication can be undertaken by existing representatives of the PAAC who have dual appointments to the above committees.

9. Membership

The Committee shall be chaired by the Deputy Director-General, Clinical Excellence Queensland, Department of Health (or delegate). Membership comprises the ex officio of the following positions:

- Deputy Director-General, Clinical Excellence Queensland (Chair)
- Commissioner, Queensland Ambulance Service
- Deputy Commissioner, Queensland Ambulance Service
- Medical Director, Queensland Ambulance Service

- Deputy Director-General, Healthcare Purchasing and System Performance
- Chief Executive, Cairns and Hinterland Hospital and Health Service
- Chief Executive, Sunshine Coast Hospital and Health Service
- Chief Executive, Metro North Hospital and Health Service
- Chief Executive, Metro South Hospital and Health Service
- Chief Executive, West Moreton Hospital and Health Service
- Chief Executive, Gold Coast Hospital and Health Service
- Chief Executive, Townsville Hospital and Health Service
- Representative of Primary Care
- Representative of First Nations Leadership / Queensland Aboriginal and Islander Health Council
- Representative of Chief Operating Officers Forum
- Co-Chair, Queensland Emergency Department Strategic Advisory Panel (QEDSAP)
- Co-Chairs, Statewide General Medicine Statewide Clinical Network
- Queensland Nurses & Midwives' Union (QNMU) representative
- United Workers' Union representative
- Together Union representative
- Australian Salaried Medical Officers' Federation Queensland (ASMOFQ) representative
- Australian Workers' Union (AWU) representative
- Consumer representatives – including First Nations Consumer representative

Proxies:

Members who are unable to attend in person and do not have a delegate officially acting in their role, may make a request to the Chair for a proxy to attend on their behalf.

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

Proxies must be suitably briefed by the relevant Member prior to the meeting.

All proxies must complete Committee induction processes/documents prior to Committee attendance.

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.

10. Other Participants

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

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 authority to make determinations in respect of Committee deliberations.

11. Quorum

The quorum for Committee meetings will be half the members plus one (more than 50%). 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.

12. 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.

13. Performance

The Committee will develop an annual work plan which will be linked to the department's strategic objectives and the Committee's functions and detail the activities to be completed by the Committee during the term of the workplan.

14. Confidentiality

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

15. Conflicts of Interest

To meet the ethical obligations under the *Public Sector Ethics Act 1994*, Committee members and proxies must declare any conflicts of interest and manage those in consultation with the Chair.

This may relate to a position a member holds (for example, chair of an external organisation) or to the content of a specific item for deliberation.

16. Secretariat

Secretariat support will be provided by the Healthcare Improvement Unit, Clinical Excellence Queensland, Department of Health. Responsibilities of the Secretariat include:

- Prepare analysis, advice and recommendations for the committee as requested by the Chair
- Prepares an annual work plan and meeting schedule
- Records and maintains meeting proceedings (minutes)
- Confirms and reviews membership on an annual basis (inclusive of Chair and Secretariat)
- Develops, maintains and reviews a risk register capturing health system and corporate risks related to key decisions, strategy or other business

- Documents actions and decisions and reports them to a peak body
- Communicates details on deliberations and decisions as appropriate to other stakeholders (other peak bodies, the department, the system etc.)

17. Meeting Schedule

The Committee will meet monthly bi-monthly or as convened by the Chair.

- Requests for agenda items are due 3 weeks prior
- Agenda item nominations are due 2 weeks prior
- Meeting papers are due to Secretariat 6 days prior
- Meeting papers will be distributed at least five (5) working days prior to the meeting.

Document History

Date	Nature of Amendment
09/09/2020	Draft Update to TOR circulated to committee members out of session
16/09/2020	Endorsed at Patient Access Advisory Committee Meeting #11