

1. Purpose

The System Information Communication Technologies Advisory Committee (SICTAC) maintains oversight of the Queensland Health ICT strategy and corresponding ICT investment decisions to ensure ICT is enabling the strategic priorities of Queensland Health. The Committee identifies and monitors key risks impacting the Queensland Health ICT portfolio to ensure they are being treated and mitigated.

2. Scope

The scope of the System Information Communication Technologies Advisory Committee is to advise and support the Deputy Director-General eHealth Queensland through:

- Advising on the system's ICT strategy to ensure alignment with broader Queensland Health and whole-of-government priorities.
- Monitoring and advising on risks across the system's ICT portfolio.
- Maintaining oversight of planning and delivery activities within the system's ICT portfolio, including endorsement of new ICT investment initiatives.
- Providing oversight and assurance of programs and projects within the Queensland Health ICT portfolio, and advising on progress and performance, as required.
- Provides a mechanism to support Hospital and Health Services foster and share innovation across the system.

3. Authority and Decision Making

The Committee functions under the authority and delegations of the Director-General 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.

The Committee is a decision-making body and papers received will primarily be for decision.

Decision-making is by consensus. Where consensus cannot be reached, the Chair reserves the right to decide the matter, or to escalate the matter to the Executive Leadership Team (ELT).

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

The Committee members are collectively accountable for advice provided to the Director-General, via the Deputy Director-General. The Committee does not replace or reduce any member's individual responsibility for managing their respective division and branches, as well as exercising their delegated functions.

4. 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.

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. Function

The primary function of the Committee is to contribute to the effective assurance of Queensland Health's ICT capabilities. The Committee does this by advising the Deputy Director-General eHealth Queensland on:

- Setting and monitoring the Queensland Health ICT strategy to ensure alignment to Queensland Government ICT policy positions.
- Maintaining oversight of Queensland Health's ICT governance mechanisms including the enterprise ICT architecture, including its security and information management frameworks, to support safe, consistent and effective interoperability that enables access, availability and protection of data.
- Advising on the development of ICT strategies (information, cyber security, application, infrastructure and technology); architectures; ICT policies; standards; and roadmaps in alignment with Queensland Government policy and contractual requirements and industry good practice.
- Informing the development of the strategic agenda for shared systems across Queensland Health including approving strategic investments in health systems to ensure commercial viability and sustainability.
- Endorsing the enterprise ICT portfolio contributions to the annual State-wide Asset Management Plan and support submissions to fund the priorities.
- Providing leadership on digital strategic initiatives through its review and input into critical investment business cases to ensure alignment with strategic imperatives and achievability of business outcomes.
- Monitoring performance of the Queensland Health ICT Portfolio to ensure portfolio investment and delivery is prudent, efficient and delivering value.
- Maintaining strategic oversight of eHealth Queensland, particularly in relation to the provision of enterprise ICT services to Hospital and Health Services and the Department of Health.
- Providing oversight and management of critical system ICT risk, reviewing risk mitigation actions and advising on digital application and technology foundations to ensure they align to current and future business needs.

7. Strategic Alignment

The SICTAC supports the Department's Strategic Plan 2019-23 and Advancing Health 2026.

8. Membership

Chair	Deputy Director-General	eHealth Queensland
Members	Hospital and Health Service Chief Executive Representative	Sunshine Coast HHS
	Hospital and Health Service Chief Executive Representative	Central West HHS
	Hospital and Health Service Chief Executive Representative	Children's Health Queensland HHS
	Deputy Director-General	Health Support Queensland
	Deputy Director-General	Clinical Excellence Queensland
	Aboriginal and Torres Strait Islander Health Division representative	Aboriginal and Torres Strait Islander Health Division
	Executive Director, Information Communications and Technology	Queensland Ambulance Service
	Chief Clinical Information Officer	Clinical Excellence Queensland
	Hospital and Health Service Chief Information Officer Representative	To be advised
	Department of Health Chief Finance Officer	Corporate Services Division
Queensland Clinical Senate Representative		
State-wide Clinical Network Representative		
Consumer Representative		
Advisors	Senior Director, Digital Architecture and Governance	eHealth Queensland
	Senior Director, Innovation and Strategy	eHealth Queensland
	Chair of the Architecture and Standards Committee	eHealth Queensland
	Chair of the Information Security Committee	eHealth Queensland
Secretariat	SICTAC Secretariat	eHealth Queensland

9. Governance

Status of terms of reference

Draft

Final

Reference:

Updated:
29 October 2020

Date Approved:

Approver: Executive Leadership Team

Committee type

Committee term

Decision making

Advisory

• Interim

Authority

Hospital and Health Board Act 2011 – s 45

Parent entity

Executive Leadership Team (ELT)

Sub-Committees and Sub-Group

Subject to review and approval following establishment of SICTAC

Reporting and referral relationships

The committee, through the Chair, prepares the following reports for the parent entity:

- Key SICTAC updates for the Executive Leadership Team (Quarterly)
- Leadership committee and sub-committee communiques for the Hospital and Health Services (Monthly).

To support the assurance function of the committee it will receive the following reports:

- Monthly Cyber Security Update
- Quarterly Digital Innovation Program Update
- Quarterly Major ICT incident report
- Monthly Digital Snapshot and performance dashboard summary
- Portfolio Master Schedule
- Monthly Portfolio assurance report
- Digital Risk Profile
- Monthly eHealth Queensland performance report.

10. Confidentiality

Members of the Committee may receive information that is sensitive in nature for example, cabinet or commercially sensitive, 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.

11. Conflict of Interest

To meet the ethical obligations under the Public Sector Ethics Act 1994, Committee members and proxies must declare any conflicts of interest to the Chair, including perceived or potential conflicts of interest.

This may relate to a relationship a member holds (for example, previous employee of an external supplier) or to the content of a specific item for deliberation.

All conflicts of interest will be managed by the Chair; minuted and registered by the secretariat on the committee conflict of interest register.

Attachment 1: Annual Forward Work Plan

This work plan is directed by the committee's purpose and scope and takes into account all responsibilities outlined in the Terms of Reference. It guides the committee's focus and outcome for each meeting, assists with scheduling and supports performance assessment in annual reviews.

Meeting date	Key area of focus	Outcome committee is seeking	Sponsoring member/s
Standing agenda items			
All	Confirmation of Minutes and Actions	Approval	
All	Standard Reports	Noting	
All	ICT Portfolio Delivery Dashboard	Noting	
All	Status Update of Government ICT	Discussion	
All	Subcommittee minutes and communiques	Discussion	
All	Other Business	Discussion	
October - December 2020			
TBA	To be completed once sub-committee is established	TBA	TBA
January - June 2021			
TBA	To be completed once sub-committee is established	TBA	TBA

Attachment 2: Meeting operations

A Roles and Responsibilities

Chair

- ensure alignment with strategic direction
- approve the agenda and facilitate the flow of information during the meetings
- ensure the committee operates effectively and according to agreed protocols
- lead and direct the activities of the committee
- invite experts to advise the committee as required
- endorse draft minutes
- liaise with appropriate officers outside the committee as required
- ensure adequate induction of new committee members
- set and endorse the committee's Annual Forward Work Plan
- review and report committee performance, at a minimum annually
- voting rights as applicable
- approves documents, policies, practices and investments following endorsement by the Committee.

Members

- promote the committee's role
- represent their entire Division, Hospital and Health Service or Branch and/or provide specific expertise
- liaise with others to assist the committee to fulfil its purpose
- sponsor items for the agenda
- endorse minutes tabled at the next meeting
- voting rights as applicable
- continually examine ways to innovate, adapt and strengthen the structures and processes within the committee which support stewardship and governance
- review and advise on documents, policies, practices and investments to the Chair for approval.

Advisors / Guests

- provide external viewpoints and specialised feedback on related matters
- no voting rights are applicable.

B Meetings

Frequency

- Meetings are scheduled to be held on the fourth Wednesday of every month.
- Changes to meeting dates are determined in consultation with the Chair.
- Out of session items are dealt with only on an exception basis, unless it is for noting matters under an agreed frequency.

Operations

- Standing agenda items may be modified by the Chair.
- Members attend all meetings where possible based on the principle that good governance requires continuity.
- If unable to attend, a member sends a consistent proxy if the proxy:
 - has been briefed on the responsibilities and standards of accountability expected of them
 - actively contributes to discussions and decisions
 - debriefs the member as soon as practical on the meeting outcomes.
- 50% of members and/or proxies must attend a meeting for quorum to be achieved.
- The Chair may invite non-members to attend as observers or to provide specific advice.
- Unless otherwise agreed, there must be no disclosure of the nature or content of deliberations.
- Committee items arising that are unable to be resolved and present significant issue or risk will be escalated to the Deputy Director-General, Corporate Services.
- Out of session items are circulated for endorsement for at least five working days.
- Out-of-session outcomes are included in the next meeting's minutes for final approval.
- The Secretariat will circulate draft minutes, as endorsed by the Chair, to members no more than five days after each meeting.
- Endorsed minutes will be tabled at the next meeting for final approval.
- Once approved, the minutes will form part of the public record and will be available for administrative release under Right to Information legislation.
- Committee actions and decisions / recommendations will be maintained to provide a means of tracking the progress / closure of issues.
- Minutes will be recorded from the Committee meeting and will be provided to the ELT, HHSCE forum, HHS Board Chairs Forum, and Queensland Health Leadership Advisory Board (QHLAB).
- A summary of meeting outcomes will also be provided for the quarterly departmental Advisory Committee Communique which is published on QHEPS.

- At the direction of the Chair, outcomes of the Committee meetings will be communicated appropriately and published to Queensland Health Intranet QHEPS.

C Review Arrangements

- Each year by 30 June, the committee, through the Chair / Secretariat, will review its operations, membership, and Terms of Reference.
- The review, timely submission and publication of all required documents and reports are aligned to their individual review cycles and outlined in the Annual Forward Work Plan.
- Individual committee member attendance (including proxies) is greater than 80% attendance rate throughout the year.

Document History

Date	Nature of Amendment
11 September 2020	Consultation Draft
2 November 2020	Final Draft for review and consideration by ELT