

Statewide Services: Assessment and review panel

Terms of Reference

1. Purpose

The purpose of the Statewide Services: Assessment and Review Panel (ARP) is to:

1. Make recommendations, to the System Management advisory Committee (SMC), on statewide services, including recommendations/options to:
 - a. commission a new statewide service, based on service needs and system needs assessment¹
 - b. 'materially' change an existing statewide service (e.g. model of care) based on expert advice and contemporary evidence
 - c. transition a service from statewide to alternate designation, e.g. regional, highly specialised, or business as usual, when there is demonstrated evidence that a statewide service no longer meets the statewide assessment criteria as described in the [Statewide Service Policy](#) and [Implementation Standard](#).
2. Monitor the performance of established statewide services to retain system oversight of patient safety, equity of access, service quality and service sustainability and escalate performance issues to SMC, as required.
3. Escalate risk/s if there is a risk to patients (access, safety) or the service (quality, sustainability) and host Hospital and Health escalation pathways are exhausted
4. Make other strategic recommendations related to statewide services, as identified, for consideration by SMC.

2. Authority

The ARP is a sub-committee of SMC and led by the Department of Health, established to support SMC decisions regarding commissioning of statewide services in Queensland.

The ARP provides advice and makes recommendations to SMC. As the Tier 2 strategic decision-making committee, SMC makes all final decisions on statewide service proposals and/or remedial actions associated with the performance of a statewide service.

The advice and recommendations of the ARP are informed by a service needs and system needs assessment.

¹ System needs assessments are collaboratively developed by Hospital and Health Services (HHSs) (host and referrer), departmental representatives, clinical networks, consumer representatives and other relevant advisory bodies

3. Guiding Principles

To promote health outcomes for Queensland patients, recommendations and options of the ARP are made with due consideration of:

- **Equity and efficiency:** Meeting the health needs of the population including the needs of vulnerable populations, balanced with the efficient use of resources. *This includes a commitment to achieving health equity for, and the delivery of responsive, capable and culturally competent health care to, Aboriginal people and Torres Strait Islander peoples in Queensland.*
- **Quality and safety:** Ensuring alignment with clinical and workforce capability and contemporary, evidence-based models of care.
- **Sustainability:** Considering economies of scale and resource implications, informed by a collaborative development of a service and system needs assessment.
- **Consistency and transparency:** Considering the views of all stakeholders, transparently applying decision-making methodologies and communicating the rationale for decisions in a timely manner.

These governance principles are further guided by requirements of the Public Service Act 2008, Public Sector Ethics Act 2008, the Hospital and Health Boards Act 2011, the Code of Conduct, the Queensland Government's Reconciliation Action Plan 2018-2021, the Human Rights Act 2019 and new National Agreement on Closing the Gap 2020.

4. Decision-making

Recommendations will be by consensus agreement of the group. The co-chairs will manage situations where consensus cannot be reached. The quorum for Committee meetings will be the clinical co-chair (or proxy) and half the members (more than 50%).

5. Membership

Core membership includes the following:

Co-chairs:

- Executive Director, Contract and Performance Management Branch (SMC permanent observer)
- Executive Director, Medical Services, Clinical Governance and Research, Gold Coast Health and Hospital Service

Members:

- Member, Executive Directors, Health Service Planning Forum
- Chief Executive, Metro South Hospital and Health Service
- Chief Operating Officer, North West Hospital and Health Service
- Chief Financial Officer, Darling Downs Hospital and Health Service

- Senior Director, Funding Branch, Healthcare Purchasing and System Performance Division
- Senior Director, System Planning Branch, Healthcare Purchasing and System Performance Division
- Senior Director, Aboriginal and Torres Strait Islander Health Division
- Executive Director, Patient Safety and Quality Improvement Service
- Senior Director, Mental Health Alcohol and Other Drugs Branch Representative
- Clinical Senate representative
- Clinical Network representative
- Health Consumers Queensland representative
- Executive Director, Aeromedical Retrievals and Disaster Management
- Executive Director, Health Improvement Unit.

Other clinical network representatives will be invited to attend, according to the service being considered by the Panel.

The Chair may request the applicant Hospital and Health Service to present to the Panel or provide additional information, to support a submission, before or after a meeting.

The co-chairs and members will be appointed for an initial 12 month period with a view to reviewing membership beyond this period.

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 must be suitably briefed prior to the meeting as 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.

6. Business rules

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

7. Conflicts of Interest

To meet the ethical obligations under the Public Sector Ethics Act 1994, the Panel 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. from the providing HHS of a statewide service or proposed service), or to the content of a specific item for deliberation.

8. 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 making recommendations to SMC out-of-session require a consensus (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.

9. 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.

10. Secretariat

Secretariat support will be provided by System Planning Branch.

The secretariat will:

- Prepare all relevant meeting materials
- Record and maintain all necessary meeting proceedings (minutes)
- Review membership annually or as required
- Communicate details on deliberations, decisions and actions to relevant stakeholders, including SMC
- Manage and compile all other information, required by the ARP, to perform their functions.

11. Meeting Schedule

The ARP meets three times a year (March, July, November), unless otherwise required and/or to escalate risk as described in the Risk Management Process. Meeting dates may be subject to change.

Meeting one and three are to review and assess proposals for establishing a new or changing an existing Clinical or Clinical support statewide service.

Meeting three will be to review the Terms of Reference.

Meeting two is to review performance reports and make recommendations to SMC.

ARP may need to meet more often depending on the number and level of risks and issues identified that require system level input.

Meeting papers will be distributed at least five (5) working days prior to the meeting.