



TASMANIAN
**HEALTH
SENATE**

TERMS OF REFERENCE

Please read the Tasmanian Health Senate Terms of Reference in conjunction with the Tasmanian Health Senate Operational Framework.

1. Vision

For the Tasmanian Health Senate to have a collective voice representing the whole of the health system to actively contribute to informing and influencing the delivery of quality healthcare for Tasmanians now and in the future.

2. Purpose

The Tasmanian Health Senate is a respected advisory group that brings together individuals from across the health service, from clinicians to consumers from across the state, to provide leadership and independent advice to the Secretary Department of Health (DoH) on system-wide healthcare planning and delivery.

The Senate will consider system-wide priorities that affect access, quality, safety, efficiency, and sustainability of health services to formulate advice that is informed, impartial and integrated to enhance patient care and health outcomes.

The Tasmanian Health Senate functions under the authority of the Secretary DoH and is supported by the Minister for Health.

3. Role and Function

The Tasmanian Health Senate will strive to:

- provide impartial advice on health matters through informed discussion led by evidence and lived experience of clinicians, consumers, carers and the community
- promote collective expertise and use this to support the planning and delivery of health services
- respect the diversity of and utilise the broad knowledge, expertise and experience of its members and foster a culture of opportunity and innovation
- lead with integrity and
- consider issues that are timely and responsive to the needs of the whole of the Tasmanian health system.

The Tasmanian Health Senate will not:

- provide advice on industrial matters or specific operational matters
- comment on health service providers performance
- comment on quality and safety reviews that pertain to individual clinician performance or
- advocate on behalf of individuals, bodies or organisations.

The Tasmanian Health Senate will fulfill its role by:

- being innovative and encouraging fresh ideas and perspectives, valuing the contributions of all members by actively listening through genuine involvement
- promoting a shared learning environment to foster emerging leaders
- being transparent in its activities and recommendations, and monitor and evaluate the implementation or otherwise of recommendations
- ensuring effective communication and engagement within the Senate and beyond and
- providing timely, realistic and relevant advice to the Secretary DoH via the Tasmanian Health Senate Steering Committee, for meaningful health service outcomes.

4. Membership

The Tasmanian Health Senate is comprised of the Chair, Deputy Chair, Steering Committee and the broader membership of the Senate.

4.1 Chair

The Chair will be an experienced and respected leader who has the capacity to facilitate a large and diverse group and influence across the health system.

The Chair is appointed by the Secretary DoH. Appointment is for a three year period, with the option to extend for a second term. After this period the Chair cannot renew any form of membership.

The Chair will report to the Secretary DoH. The position is the key spokesperson for the Tasmanian Health Senate and is responsible for leadership and oversight; building and maintaining relationships; chairing the Steering Committee and overseeing appointment to the Senate. The Chair will also attend meetings outside of the Tasmanian Health Senate forum as requested.

The Chair and Deputy Chair will represent a balance of clinical, consumer and community view.

4.2 Deputy Chair

The Deputy Chair is appointed by the Secretary DoH, to assist the Chair for a two year period, with the option to extend for a second term. After this period the Deputy Chair cannot renew any form of membership.

In the absence of the Chair, the Deputy Chair shall assume any roles of the Chair.

4.3 Tasmanian Health Senate Steering Committee

The Steering Committee, a small group drawn from Senate membership, is responsible for oversight and setting the forward agenda for the Tasmanian Health Senate. It is the first point of contact for all Tasmanian Health Senate business and oversees all Senate activity.

The Steering Committee consists of the Tasmanian Health Senate Chair and Deputy Chair and up to five Senate members (including a consumer or carer member) who are appointed by the Secretary DoH.

At least three Steering Committee members will also be members of the Tasmanian Clinical Network Steering Committee to integrate the two Committees and strengthen governance and communication.

Members are appointed for a two or three year term with the option to extend for a second term, serving no more than six years total (except for the Deputy Chair). After this period, members cannot renew any form of membership.

The Steering Committee supports the coordination and outputs of the Tasmanian Health Senate from agreeing on topics of Senate debates using a set Selection Criteria, through to monitoring recommendations.

4.4 Broader Membership

The Tasmanian Health Senate will include around 50 members from around the state with appropriate expertise, experience and skills from across the health system to enable a broad and diverse perspective to enhance patient care and health outcomes and delivery.

Membership will be diverse making sure there is a spread of gender, age, career stage and cultural background. It is also important that members represent geographical areas across the state, including a regional, rural and remote spread.

Member appointments are overseen by the Steering Committee, and to ensure continuity of membership, terms will be offered for two or three years, with the option to extend for one to two terms, to serve for no more than six years. After this period members will have the option to mentor incoming members if they wish.

The following positions will have a standing invitation to attend Tasmanian Health Senate meetings:

- Minister for Health
- Minister for Mental Health and Wellbeing
- Secretary DoH and / or their nominated clinical and health advisers as appropriate
- Deputy Secretary, Policy, Purchasing, Performance and Reform, DoH
- Director, Health Planning, DoH.

As appropriate a guest or topic sponsor will be invited to meetings to provide expert advice for debate topics.

As required, consumer representation may be co-opted through the relevant peak consumer organisation.

Focus groups / working groups may be established from time to time to focus on a key piece of work, at the discretion of the Steering Committee when required. These groups will be time limited for the relevant Senate debate and be approved by the Steering Committee.

Note: it is anticipated that some members will represent multiple categories (eg allied health, primary health and private health) enabling broader representation.

Membership will be reflective of the health system as per the guide below.

Representation	Examples
Health Workforce	<ul style="list-style-type: none"> • Allied Health Professionals, Doctors, Nurses, Paramedics • Non-clinical health workers • Peer Workers and Liaison Officers • Policy / planning and administrators • Volunteers
Health Sector	<ul style="list-style-type: none"> • Aged Care • Alcohol and Other Drug • Ambulance • Disability • Primary Health • Health promotion / health protection / occupational medicine • Mental Health • Oral Health • Pharmacy • Private Health Services (practitioners, hospitals, insurance, funders)
Health Leaders	<ul style="list-style-type: none"> • Future Health Leaders Forum • Tasmanian Clinical Networks / Streams
Peak Health Organisations	<ul style="list-style-type: none"> • Key groups and bodies providing knowledge and expertise across the health sector
Community	<ul style="list-style-type: none"> • Individuals and organisations representing priority population groups (Aboriginal People, LGBTIQ+, Culturally and linguistically diverse (CALD), youth, older adults) • Local Government • Neighbourhood Houses • Specialists in IT / Law / Infrastructure / Regulation
Consumers, Lived Experience Advocates and Carers	<ul style="list-style-type: none"> • Consumers and carers or support people (eg health, mental health, disability, palliative care) and may also be drawn from those identified in the community group above
Government	<ul style="list-style-type: none"> • Department of Education • Primary Health Tasmania • TasTAFE
UTAS	<ul style="list-style-type: none"> • University of Tasmania

4.5 Member Roles and Responsibilities

Members will be supported to ensure they have capacity to actively participate, with equal voting rights, and can fulfil their responsibility as a member to:

- act without bias or agenda and within the best interest of the Tasmanian Health Senate leaving personal or organisational agenda ‘at the door’
- engage in open discussion to allow diverse perspectives and encourage constructive enquiry, feedback and communication
- choose and brief an appropriate proxy to ensure they have the capacity to actively participate at a meeting
- hold one another accountable to decisions, actions and behaviours
- leave meetings with clear-cut, active and specific agreement around recommendations
- promote the Senate through their professional networks to support connections and interest
- retain a single unified voice in any internal or external communications following deliberations and
- respect the confidentiality of information provided.

4.6 Code of Conduct

To create a trusted environment to understand and resolve complex issues the Tasmanian Health Senate operates using Chatham House Rules to “share the information you receive but do not reveal the identity of who said it”.

Members are expected to undertake their duties with care and diligence and uphold the Tasmanian Health Senate Code of Conduct. Members should:

- treat all members, guests/sponsors and the secretariat with respect and value all contributions
- respect the confidentiality of papers produced for the Senate and the discussions that take place and not inappropriately use this information and
- disclose any actual or perceived conflict of interest prior to each meeting.

4.7 Member Remuneration and Expenses

DoH is committed to ensuring members are not financially disadvantaged by their participation on the Senate.

Members of the Tasmanian Health Senate who are not participating through a paid role or paid employment, or who are forgoing their regular income to participate can refer to the Tasmanian Health Senate Remuneration and Reimbursement Guidelines. These guidelines have been developed in consultation with consumer partners, other Tasmanian Government agencies and other jurisdictions to ensure it reflects consistent best practice.

5. Appointment

To achieve broad and diverse membership, members will be appointed through a combination of methods including:

- targeted approach to seek individuals and peak bodies with extensive experience, knowledge and expertise in health services or
- public expression of interest process.

All clinical members are experienced health professionals who are held in high regard, perform regular clinical duties, participate in their respective professional networks and have influence over their organisation.

Consumer and carer representatives are experienced in engaging and consulting within their networks or the community on health issues and have an interest in improving healthcare services.

Appointments will be staggered between two and three years, with a maximum of six years served as a member (except for the Deputy Chair who can serve a total of four years).

Appointments will be overseen by the Secretary DoH or Steering Committee as required, through a selection process and will be based on ability, credibility and diversity of knowledge and experience.

5.1 Vacancies / Termination of Membership

Membership positions become vacant if a member:

- resigns from the Tasmanian Health Senate in writing to the Chair (or the Chair to the Secretary DoH)
- is absent for more than one Tasmanian Health Senate debate per year without providing a proxy or
- behaves in a manner contrary to the Tasmanian Health Senate Code of Conduct as outlined above in this Terms of Reference.

If a member is attending as an employee of an organisation and leaves that organisation, the nominating body of the organisation may nominate a new member.

The Chair, in consultation with the Steering Committee may appoint an appropriate replacement member if a vacancy arises. This member will be sourced from the most recent recruitment process.

6. Meetings

The Tasmanian Health Senate will meet up to three times per year as determined by the beginning of each year.

Meetings will run for a full day, with capacity to attend in person or online.

Consultation may occur with members out of session as required.

The Tasmanian Health Senate Steering Committee will meet up to six times per year, with meetings to last around one to two hours. They will occur in conjunction with the Tasmanian Clinical Networks Steering Committee meetings to support shared members.

6.1 Meeting Protocols

The Tasmanian Health Senate Steering Committee is responsible for setting the final agenda for each Senate meeting.

Topics for debate are submitted to the Steering Committee, via the Secretariat, from various sources such as the Minister for Health, Secretary DoH, clinicians, health service managers, Tasmanian Clinical Networks Steering Committee, Consumer Community Engagement Councils, consumers and carers, from members, non-members and the public.

The Steering Committee will review all suggestions against the selection criteria to ensure the agreed topic/s is of strategic and statewide significance to form the agenda and identify key evidence to be presented either on the day or pre-reading.

The agenda and papers should be circulated two weeks before a Senate meeting.

Following topic discussion, the Senate will adopt a consensus approach in developing advice supported by informed debate. Where this is not possible a majority vote will determine recommendations.

6.2 Quorum and Proxies

The quorum for each meeting will be 50 per cent of the Tasmanian Health Senate membership, plus one member.

Members should nominate a proxy if they are unable to attend a meeting and advise the Secretariat of their apology and proxy. It is the member's responsibility to choose a proxy who can contribute at the Senate meeting in the same way they would and to also brief the proxy prior to the meeting so they can actively participate.

The attendance of a proxy is limited to that meeting and any subsequent working group activity.

7. Monitoring and Evaluation

The Tasmanian Health Senate Chair will initiate an annual review of the Senate's performance through self-assessment unless otherwise determined, with the outcome submitted to the Chair.

Identified and agreed recommendations from each Senate meeting, as well as details on acceptance and implementation will be publicly available on the DoH website.

8. Secretariat Support

The Tasmanian Health Senate Secretariat is provided by the DoH.

The Secretariat role is responsible for the operational and administrative effectiveness of the Tasmanian Health Senate and its Steering Committee.

The Secretariat will also support a Tasmanian Clinical Network Steering Committee (with shared members), with up to six meetings per year.

9. Review of Terms of Reference

The Tasmanian Health Senate Chair will initiate an annual review of the Terms of Reference.



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