

Quarantine Advisory Panel - Terms of Reference

1. Purpose

The Quarantine Advisory Panel (QAP) provides strategic oversight of the management of Western Australia's (WA) quarantine arrangements and advice to support continuous improvement, optimal health, economic and social outcomes, and management of current and emerging risks.

The QAP provides assurance to Government that WA's quarantine system is fit-for-purpose, agile and responsive to the dynamic and complex challenges of the COVID-19 pandemic and promotes a culture of continuous improvement, best practice and transparency.

2. Role

The QAP's role is to:

- provide advice and support the Hazard Management Agency, the Chief Executive Officer of the Department of Health, in leading and managing WA's COVID-19 quarantine arrangements; and
- facilitate whole of government coordination and expert clinical and corporate governance input into WA's quarantine system.

3. Functions

The QAP's responsibilities are to:

- Provide a forum for the escalation and resolution of risks and issues with strategic significance, to support optimal management of WA's current hotel quarantine arrangements and future quarantine arrangements.
- Monitor, assess and provide advice on the capacity, capability and performance of WA's quarantine arrangements. This includes consideration of the safety and wellbeing of guests and staff, as well as corporate governance aspects such as procurement, contract management, workforce and industrial arrangements.
- Monitor, assess and provide assurance of the implementation of recommendations related to the *Review of Western Australia's Quarantine Arrangements*¹ and other relevant State, interstate, national and international reviews, research and advice.
- Monitor current and emerging system-wide risks and issues and recommend mitigation strategies.
- Monitor and engage with other jurisdictions to inform continuous improvement, with consideration of responses to outbreaks from quarantine facilities, emerging risks and opportunities for WA.

¹ Weeramanthri, T. (2021) Review of Western Australia's Hotel Quarantine Arrangements – Interim Advice #1, #2 and Final Advice.

- Assess and consider the impact of other measures on quarantine requirements, including, vaccination, testing strategies, security, monitoring, contact tracing and outbreak management.
- Inform approaches to longer-term strategic planning for quarantine, including the strategic management of health, economic, social impacts and national developments relevant to Government and the Western Australian community.
- Undertake other functions or lines of inquiry, as requested by the Director General of the Department of Health, Minister for Health or Security and Emergency Committee of Cabinet (SECC) and/or if determined by the QAP.

4. Accountability

4.1 Membership

The QAP is comprised of a maximum of 10 members, appointed by the Minister for Health.

- Ms Sue Ash, Independent Chair
- Dr David Russell-Weisz, Director General Department of Health
- Dr Andrew Robertson, Chief Health Officer
- Commissioner Chris Dawson, State Emergency Coordinator
- Ms Emily Roper, A/ Director General Department of Premier and Cabinet
- Ms Nicki Godecke, A/ Director General Department of Finance
- Professor Allen Cheng, Public Health expert
- Professor Alison Jones, Toxicology expert
- Mr Rob McDonald, Former South Metropolitan Health Service Board Chair
- Mr Gary Taylor, A/Executive Director Safety, Freight and Business Management Systems, Public Transport Authority

4.2 Others in attendance

The QAP may invite additional observers, consultants or other technical advisors to attend meetings and provide advice as required.

4.3 Proxy Membership

Given the QAP is required to provide strategic cross agency advice at the highest level of government, proxy membership is not encouraged.

4.4 Relationship to key legislation, plans and frameworks

The QAP is a strategic advisory forum operating external to, but in alignment with, the emergency management arrangements and accountabilities. The advice of the QAP informs and complements the arrangements for public authorities and other organisations, and their roles and responsibilities, described in relevant legislation and related plans and policies:

- *Emergency Management Act 2005;*
- *Emergency Management Regulations 2006; and*
- *Public Health Act 2016.*

4.5 Reporting relationship

The QAP reports to the Chief Executive Officer of the Department of Health as the Hazard Management Agency for human epidemic, as prescribed in the *Emergency Management Regulations 2006*.

The QAP may, in limited circumstance and if considered necessary and appropriate, or at the request of the Minister for Health or the SECC, provide concurrent advice to the Chief Executive Officer of the Department of Health and the Minister for Health.

A reporting pathway is provided at *Appendix 1*.

4.6 External advice

The QAP may commission or undertake reviews, seek advice from experts or establish reference groups to inform itself and assist in carrying out its responsibilities.

5. Meeting procedures

5.1 Chair of QAP meetings

The Chair at meetings of the QAP shall be the Independent Chair. If he/she is unable to be present at a meeting, he/she may nominate an Acting Chairperson, from any of the Independent Members of the QAP.

The Secretariat is to advise all QAP members of the Acting Chairperson as soon as practicable, prior to the meeting.

5.2 Quorum

A quorum is required for all QAP meetings to proceed. A quorum will consist of seven members.

5.3 Conflict of interest

A declaration of conflict of interest is required where a member has competing professional or personal interests. In this instance and on advice from the Chair, the member will either refrain from voting/participating in consensus decision making or retire from the room for that Agenda Item.

All declarations of conflicts of interest will be recorded in the minutes, and a Conflict of Interest register will be retained by the Secretariat within the formal records of the QAP.

5.4 Meeting frequency

Meetings will be held as determined by the QAP; however, frequency will not be less than one meeting every calendar month.

Extraordinary meetings may be convened by the Chair on an as needs basis.

5.5 Secretariat

The secretariat role for the QAP include compilation of agenda, document distribution, minute taking and other coordination functions. The Secretariat will be provided via the administrative resources of the Department of Health.

5.6 Policy and project support

Project and policy support for the QAP will be provided by the Department of Health.

5.7 Information and reports related to the State's quarantine management

The QAP may receive or request reporting and information from the Hazard Management Agency, the Chief Health Officer (as State Human Epidemic Controller), Combat Agencies or support organisations involved in the State's quarantine management to inform itself in fulfilling its responsibilities.

5.8 Meeting documentation

All reports, presentations and other information (papers) intended for the QAP's consideration at a meeting will be provided to the Secretariat a minimum of 48-hours prior. Late papers will only be circulated with approval from the Secretariat and Chair.

Minutes that clearly record all items endorsed, noted and/or any other actions will be circulated by the Secretariat within five working days of each QAP meeting.

A log of decisions made, and actions agreed during the meeting will be maintained by the Secretariat.

All meeting papers will be treated as State records in accordance with the *State Records Act 2000*.

5.9 Out of session items

Where an issue is urgent and requires attention prior to a scheduled meeting, it may be considered out of session. Items for out of session consideration must be proposed by Members via the Secretariat or Chair (who will determine if an item is to be raised out of session). The Secretariat will keep a record of responses to out of session items. Items determined out of session will be minuted at the next face-to-face meeting.

6. Review

These terms of reference should be reviewed at the request of the Minister for Health or the SECC.

7. Document control

These Terms of Reference shall be altered only with the approval of the Minister for Health.