

# Terms of reference

## CQHH Board Aboriginal and Torres Strait Islander Health and Wellbeing Committee

<b>Date:</b>	<b>Developed</b> 03/07/2019	<b>Reviewed</b> Annually	<b>Next Review Date</b> By end 2023
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### Purpose

The purpose of the Hospital and Health Board Aboriginal and Torres Strait Islander Health and Wellbeing Committee ("The Committee") is to support the Central Queensland Hospital and Health Board (CQHBB) in providing strategic oversight of health and wellbeing with its Aboriginal and Torres Strait Islander communities through the development and subsequent delivery of initiatives in the context of the CQHHS' Strategic Plan.

The Committee will provide prompt and constructive reports on its findings directly to the CQHBB.

Each member of the Committee shall abide by the terms of the CQHHS Code of Conduct in all dealings with and on behalf of CQHHS.

The Committee is an advisory group of the CQHHS Board and has no executive powers.

The Committee refers recommendations to the Board.

### Membership

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The membership of the Committee will include at least 3 Board Members as determined by the Board.

#### Attendance

The Health Service Chief Executive is to attend all meetings of the Committee, unless excused by the Chair of the Committee. Other members of the Executive Management Team may be called upon to attend meetings as determined by the business before the Committee.

#### Proxies

Proxies are not permitted if the member is unable to attend meetings.

#### Quorum

A quorum for Committee meetings will consist of two members, of which one should be a Board Member.

#### Ethical Practices

Members are required to declare any interests that could constitute a real, potential or apparent conflict with respect to participation on the Committee

The declaration must be made on appointment to the Committee and in relation to specific agenda item at the outset of each Committee meeting and be updated as necessary.

Members of the Committee may from time to time be in receipt of information that is regarded as “commercial in confidence”, clinically confidential or have privacy implications, Members acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain. Members will maintain the Committee papers in a confidential manner from another business or responsibilities of the member.

## Objectives

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The CQHHS Aboriginal and Torres Strait Islander Health and Wellbeing Committee will:

- On behalf of the Board provide strategic oversight of Aboriginal and Torres Strait Islander health and wellbeing programs and initiatives to ensure accountability and clarity of reporting in closing the gap targets and against the Health Equity Statement.
- Co-design place-based models of delivery of care with Aboriginal and Torres Strait Islander peoples and communities.
- Assist and identify to the Board partnerships with key individuals, services, agencies and non-Government entities to improve the delivery of a comprehensive health care service with Aboriginal and Torres Strait Islander communities.
- To provide leadership in the development of strategies to guide the investment and delivery of hospital and health services with Aboriginal and Torres Strait Islander communities across the Central Queensland Hospital and Health Service (CQHHS).

## Responsibilities

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To monitor and inform the Board on CQHHS' Closing the Gap health outcomes for Aboriginal and Torres Strait Islanders in accordance with the CQHHS' strategic plan and Service Level Agreement, *Human Rights Act 2019*, and the CQHHS Health Equity Statement.

To provide and inform culturally sensitive models of care and best practice service models to the Board and its Safety and Quality and Executive Committees.

To provide advice to the Board on opportunities to develop initiatives and investments targeting improved health and wellbeing for Aboriginal and Torres Strait Islander communities with relevant stakeholders.

To monitor and evaluate, in partnership with the Safety and Quality Committee, the implementation of the Aboriginal and Torres Strait Islander six actions in the Australian Commission Health Care Standards (ACHS NSQHS)

To identify and encourage the development of partnership models to co-design health care delivery and inform the best practice in care coordination and treatments with Aboriginal and Torres Strait Islander peoples and communities across CQHHS.

To provide governance and support to the Executive Director, Aboriginal and Torres Strait Islander Health and Wellbeing, Executive Management Team to ensure culturally responsive health and wellbeing services are provided to the community.

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## Principles of Operation

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- The Committee may co-opt other members from appropriate Departments/Services/Facilities or professional groups, to attend for specific items relating to their particular expertise
- The Committee may access external professional specialist advice on specific items relating to the work of the Committee
- The Committee will meet at least 4 times per year.
- The Committee Chairperson may call such additional meetings as may be necessary to address any matters referred to the Committee or in respect of matters the Committee wishes to pursue
- The Committee meetings will abide by normal meeting procedure, will be minuted and an agenda will be distributed before each meeting. Secretariat support will be provided to the Committee.
- Reporting Committees will obtain feedback from this Committee by receiving a copy of the relevant minutes of the meeting at which their business is discussed.
- This Committee operates in accordance with the CQHHS Clinical Governance Framework and incorporates the intent of NSQHS Standard One: Clinical Governance and Standard Two: Partnering with Consumers with acknowledgement of linkages between all National Standards in business decision making.

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## Reporting Relationships

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The committee will develop two-way communications through formal and ad hoc reporting to the Central Queensland Hospital and Health Board

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## Escalation Methodology

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### **To Committee:**

Issues, recommendations or escalations are to be sent to the secretariat of the Committee for discussion of inclusion in the Agenda with the Chair. Details are to be received in the format of the 'Escalation Request'.

### **From Committee to CQHHS:**

Issues, recommendations or escalations are to be sent to the secretariat of to the Board

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## Evaluation / Communication

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Terms of Reference are to be reviewed and evaluated on an annual basis to ensure that it remains consistent with the Committee's authority, objectives and responsibilities.

The Committee will undertake an annual self- assessment of its performance, for the previous twelve months.

The Terms of Reference is endorsed by the Chair of the Committee and approved by the CQHHS.

## **Distribution of Minutes**

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The Draft Minutes will be provided to the Chair for review within 48 hours of the meeting.

Feedback will be sought from the members within 7 days after distribution to them after which point they will be regarded as confirmed.

The minutes of the Committee will be included with the meeting papers for the CQHHB.

## **Endorsement**

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Approved by the Board: March 2023

## Document Control

Version	Date	Prepared by	Comments
v0.1	4/02/2019	Sharni Tippet	First Draft
v1.0	16/04/2019	Sharni Tippet	Consultation
v1.1	26/7/2019	Committee	Draft for Consultation
v.1.2	05/09/2019	Committee	Further Draft for Consultation
v.2.0	30/09/2019	Board	Approval
v2.0	6/12/2021	Committee	No changes made subject to revision of Board Charter and incorporation of relevant matters associated with implementation of the Health Equity Framework prescribed by the <i>Hospital and Health Boards Regulation 2011</i>
v.2.0	17/12/2021	Board	Approval
v2.1	6/3/2023	Committee	Changes made to make reference to the Health Equity Statement and <i>Human Rights Act 2019</i>
v3	31/3/2023	Board	Approved

\*Drafts should use format vX.1 (eg. start at v0.1). Final versions should use format vX.0 (eg. v1.0).