

Metro North Hospital and Health Board

Improving Indigenous Outcomes Committee | Terms of Reference

1. Functions

The Metro North Improving Indigenous Outcomes Committee is established to support the Board by:

- working with the health service chief executive (HSCE) to implement the *Metro North Hospital and Health Service Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022*
- meeting the requirements set out in the *Hospital and Health Boards Act 2011* and *Hospital and Health Boards Regulation 2012* for achieving health equity for Aboriginal and Torres Strait Islander people.

2. Authority

The Improving Indigenous Outcomes Committee functions under the authority of the Metro North Board in accordance with Schedule 1 s8 of the *Hospital and Health Boards Act 2011*¹.

The Improving Indigenous Outcomes Committee reports to the Metro North Board.

3. Purpose

The Improving Indigenous Outcomes Committee will:

- monitor implementation of the Metro North Hospital and Health Service *Better Together Aboriginal and Torres Strait Islander Health Plan 2019-2022*
- identify and drive progress of key strategic initiatives which achieve health equity and delivery of responsive, capable and culturally competent health care to Aboriginal and Torres Strait Islander people
- strengthen communication and engagement with community, consumers and the health care sector to improve health outcomes of Aboriginal and Torres Strait Islander people
- perform any other functions required by the Board or prescribed by the *Hospital and Health Boards Act 2011*.

4. Governance

4.1 Meetings

The Improving Indigenous Outcomes Committee will meet quarterly, or as determined by the Board.

4.2 Decision making

The Improving Indigenous Outcomes Committee is an advisory committee to the Board.

Decisions on agenda items will require a majority of those attending. If votes are equal, the Chair also has the casting vote.

¹ s8 Committees (1) The board (a) may establish committees of the board for effectively and efficiently performing its functions.

4.3 Quorum

A quorum exists if four of the six members (including the Chair) are in attendance.

4.4 Out of session discussions

A resolution is validly made by the Committee, even if it is not passed at a meeting of the Committee, if a majority of the Members give written agreement to the resolution and notice of the resolution is given under procedures approved by the Committee.

4.5 Reporting

The Committee will prepare prompt and timely reports to the Board outlining relevant matters that have been considered by it, as well as the Committee's opinions and recommendations thereon. The Chair will report to the Board on a regular basis.

The Committee will provide the following to the Board:

- Annual meeting schedule
- Confirmed meeting minutes following each meeting

5. Membership

5.1 Membership

Membership is determined by the Board.

The membership of the Improving Indigenous Outcomes Committee comprises:

- Board member Adrian Carson (Committee Chair)
- Board member Professor Mary-Louise Fleming
- Board member Bonny Barry
- Chief Executive, Shaun Drummond
- Executive Director Operations, Jackie Hanson
- Director Aboriginal and Torres Strait Islander Leadership Team, Sherry Holzapfel

If the Chair is absent from a meeting or vacates the Chair at a meeting, the Chair must appoint another member to act as the Chair on a temporary basis.

5.2 Proxies

Proxies are only able to attend if approved by the Chair. Proxies are to be notified to the Secretariat prior to the meeting and be fully orientated by the member and/or Secretariat.

5.3 Other participants

The Chair may request Health Service Executives, employees or external parties to attend a meeting of the Committee. However, such persons do not assume membership or participate in any decision-making processes of the Committee.

6. Performance

The Committee will undertake an annual self-assessment of its performance to ensure that the Committee remains fit for purpose and to identify and action any areas in which the effectiveness of the Committee could be improved. The Committee will provide a report on the annual review of performance and achievements to the Board.

7. Ethical Practices

To meet the ethical obligations under the *Health and Hospitals Boards Act 2011* and the *Public Sector Ethics Act 1994*, Committee members must declare any conflicts of interest whether actual, potential, apparent, or appear likely to arise, and manage those in consultation with the Chair.

Members will at all times in the discharge of their duties and responsibilities, exercise honesty, objectivity, independence and probity and not engage knowingly in acts of activities that have the potential to discredit the service.

Members will refrain from entering into any activity that may prejudice their ability to carry out their duties and responsibilities objectively and will, at all times, act in a proper and prudent manner in the use of information acquired in the course of their duties. Members will not use the service's information for personal gain for themselves or their immediate families or in any manner that would be contrary to law or detrimental to the welfare and goodwill of the service. Further, members must not publicly comment on matters related to activities of the Committee other than as authorised by the Governing Board.

8. Confidentiality

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 separate from any other business or responsibilities of the member.

9. Secretariat

Secretariat support will be provided by the Board Secretary and/or Board Liaison Officer.

The Secretariat will be responsible for the preparation and circulation of the meeting agenda and accurately minuting all decisions of the Committee, in consultation with the Chair. The Secretariat will also be responsible for the timely tabling of all correspondence, reports and other information relevant to the Committee's activities.

Approved by the Metro North Hospital and Health Board on 28 July 2020

Review date July 2021