

Metro North Hospital and Health Board

Board Aboriginal and Torres Strait Islander peoples Health Equity Committee Terms of Reference



1. Purpose

The Metro North Board Aboriginal and Torres Strait Islander peoples Health Equity Committee (the “**Committee**”) is established to support the Metro North Board (the “**Board**”) by:

- working with the health service chief executive (HSCE) to implement *Our Journey Towards Health Equity: Metro North Health Equity Strategy 2025-2028* (the Strategy)
- meeting the requirements set out in the *Hospital and Health Boards Act 2011* and *Hospital and Health Boards Regulation 2023* for achieving health equity for Aboriginal and Torres Strait Islander people, specifically:
 - there is a commitment to achievement of health equity for Aboriginal people and Torres Strait Islander people
 - there is a commitment to the delivery of responsive, capable and culturally competent health care to Aboriginal people and Torres Strait Islander people.

2. Authority

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

The Committee reports to the Board and has no executive or decision-making powers.

The Committee is a non-legislated committee.

3. Functions

The Committee will:

- monitor implementation of the Metro North Hospital and Health Service Health Equity Strategy²
- 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 including statewide and regional initiatives
- strengthen communication, engagement, co-design and co-production with community, consumers and the health care sector to improve the health outcomes of Aboriginal and Torres Strait Islander people

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

² S40(1)(c) outlines the requirement for a HHS to develop and publish a health equity strategy and review the strategy every three years.

- ensure Metro North initiatives align to broader SEQ and Statewide health sector reforms to Close the Gap including measuring of performance
- recognise the broader social determinants of health and ensure that Metro North contributes to innovative and collaborative cross sector initiatives which address the factors that influence health and wellbeing
- perform any other functions required by the Board or prescribed by the *Hospital and Health Boards Act 2011* and associated regulation.

4. Governance

4.1 Business Rules

Procedures of the Committee are conducted in accordance with the *Hospital and Health Boards Act 2011* (Qld) and the *Hospital and Health Boards Regulation 2023* (Qld) and the Board Charter.

4.2 Meetings

The Committee will meet quarterly, or more frequently as determined by the Committee. Meetings may be held in person, or virtually, as determined by the Chair.

4.3 Decision making

The 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.

4.4 Quorum

A quorum will comprise the number equal to one-half of the number of its members or, if one-half is not a whole number, the next highest whole number.

4.5 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.

4.6 Out of session papers

Urgent matters can be progressed out of session with the agreement of the Committee Chair.

5. Membership

5.1 Membership

Membership is determined by the Board. Members, including the Chair, will include at least two members of the Board, or, where the necessary skills do not exist on the Board, the Board may appoint an external member to the Committee.

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.

Membership will include the Chief Executive and the following executives:

- Chief Operating Officer
- Executive Director Aboriginal and Torres Strait Islander Health
- Executive Director Clinical Governance.

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

In consultation with the CE, the Chair may request Health Service Executives, employees or external parties to attend a meeting of the Committee in an advisory capacity.

6. 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.

7. 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.

8. Ethical Practices

To meet the ethical obligations under the *Health and Hospitals Boards Act 2011*, the *Public Sector Act 2022*, and the *Public Sector Ethics Act 1994*, Committee members must declare any conflicts of interest whether of an actual, perceived or potential nature, and must manage those identified conflicts in consultation with the Chair.

In managing consideration of a conflict, the Committee will ensure adherence to the procedures contained within Schedule 1, S9 of the *Hospital and Health Boards Act 2011*.

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 Board.

9. 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.

Members are to treat information discussed within Committee processes as strictly confidential, at all times, except for those purposes that promote the exercise of the Committee's functions. Where there is doubt as to whether a proposed disclosure of information would be consistent with the Committee's functions, guidance may be sought from the Committee itself or the Chair.

10. 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 30 September 2025

Review date September 2026