



## Growing Deadly Families Implementation Oversight Committee

### TERMS OF REFERENCE

#### Purpose

The purpose of the Growing Deadly Families Implementation Oversight Committee (GDFIOC) is to provide leadership, guidance and monitoring of the *Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Strategy 2019-2025* Implementation Plan (the Plan). Specifically, the GDFIOC will:

- provide advice in their respective area of expertise;
- advocate and influence the maternity system, where applicable, regarding the implementation of the Plan's activities;
- oversight the delivery of the Plan's three key outcomes and related strategies; and
- facilitate and advocate for System Manager responses as required.

#### Scope

The GDFIOC will oversee the implementation of the key priorities within the *Growing Deadly Families Aboriginal and Torres Strait Islander Maternity Services Strategy 2019-2025* (the Strategy). The three key priorities are:

- "We want a say in how maternity services are designed and delivered" (Partnerships for Governance and Leadership)
- "We don't want to keep telling our same story to different people" (Continuity of Carer)
- "We want more of our people providing our maternity care" (Embedding Aboriginal and Torres Strait Islander workforce and support into health services)

The related approaches of the Strategy are:

- Relevant ministerial commitments;
- Link with activities of related policy implementation such as the Rural and Remote Maternity Services Planning Framework; and
- Other activities as directed by the Minister for Health or Director-General.

#### Functions

Primary functions of the GDFIOC are:

- Contribute expert advice and support in development and execution of the Plan.
- Contribute expert advice and support in execution of the related ministerial commitments.
- Contribute expert advice and support in the piloting and implementation of the Rural and Remote Maternity Services Planning Framework.
- Provision of expert strategic advice to the Aboriginal and Torres Strait Islander Chief Health Officer, Senior Director Aboriginal and Torres Strait Islander Health Branch and other relevant stakeholders in relation to the work program.



- Provision of expert advice to the Department of Health, Hospital and Health Services, Queensland Aboriginal and Islander Health Council (QAIHC) and GDFIOC working groups, that may be established within the course of implementation of the priorities.
- Monitor progress of approved projects.
- Identify and advise on risks associated with the program of work and escalate through the Co-Chairs where appropriate.
- Ensure communications are maintained with stakeholders.
- Report on project progress to the System Leadership Team (SLT).

## Membership

The Strategy is time limited and will conclude in 2025. It is initially proposed that membership will run for two years, at which time membership will be reviewed.

## Co-Chairs

The Co-Chairs role is to ensure that the meetings of the GDFIOC are conducted in accordance with the agreed Terms of Reference. The Co-Chairs will share responsibilities in convening meetings and ensure meetings are held on time and on subject following the set agenda.

- Haylene Grogan, Chief Aboriginal and Torres Strait Islander Health Officer, DDG Aboriginal and Torres Strait Islander Health Division
- TBC – requesting nomination from Queensland Aboriginal and Islander Health Council (QAIHC).

## Members (TBC)

- Senior Director, Aboriginal and Torres Strait Islander Health Division
- Nominated representative(s) – Statewide Maternity and Neonatal Clinical Network
- Nominated representative(s) – QAIHC
- Nominated representative(s) – Health Consumers Queensland
- Nominated representative(s) – Office of the Chief Nursing and Midwifery Officer, Clinical Excellence Division
- Nominated representative(s) – Executive Director Nursing and Midwifery from HHSs (x 3 positions representing rural and remote, regional and urban areas)
- Nominated representative(s) – System Planning Branch Strategy, Policy and Planning Division
- Nominated representatives (s) – Institute for Urban Indigenous Health
- Nominated representatives (s) – Healthcare Purchasing and System Performance Division
- Di Friday – Senior Health Worker, Aboriginal and Torres Strait Islander Team, Ingham Hospital
- Robyn Illin – Aboriginal and Torres Strait Islander Maternal Health Worker
- TBC – Aboriginal consumer from rural/remote area
- Aunty Anai Ghee – Torres Strait Islander consumer from urban area

## Observers

- Vanda Simpson, A/Manager, Aboriginal and Torres Strait Islander Health Branch



## Other participants

The Co-Chairs may from time to time invite other individuals or groups to present, contribute, or observe meetings of the Committee. Where agreed by the Chair, members may invite guests to attend meetings to provide expert advice and support to a specific topic raised. A guest's attendance is limited to the duration of discussion on that specific topic. Observers and guests do not have authority to make determinations in respect of Committee deliberations. If a member is not able to attend they can nominate a proxy to be present at the meeting in their absence.

## Chairperson (position held only)

The Co-Chairs shall convene the GDFIOC meetings. If neither of the designated Co-Chairs are available, then the Co-Chairs will nominate a member of the committee (referred to as the Acting Chair) prior to the meeting to be responsible for convening and conducting that meeting. The Acting Chair is responsible for informing the Co-Chairs as to the salient points/decisions raised or agreed to at that meeting.

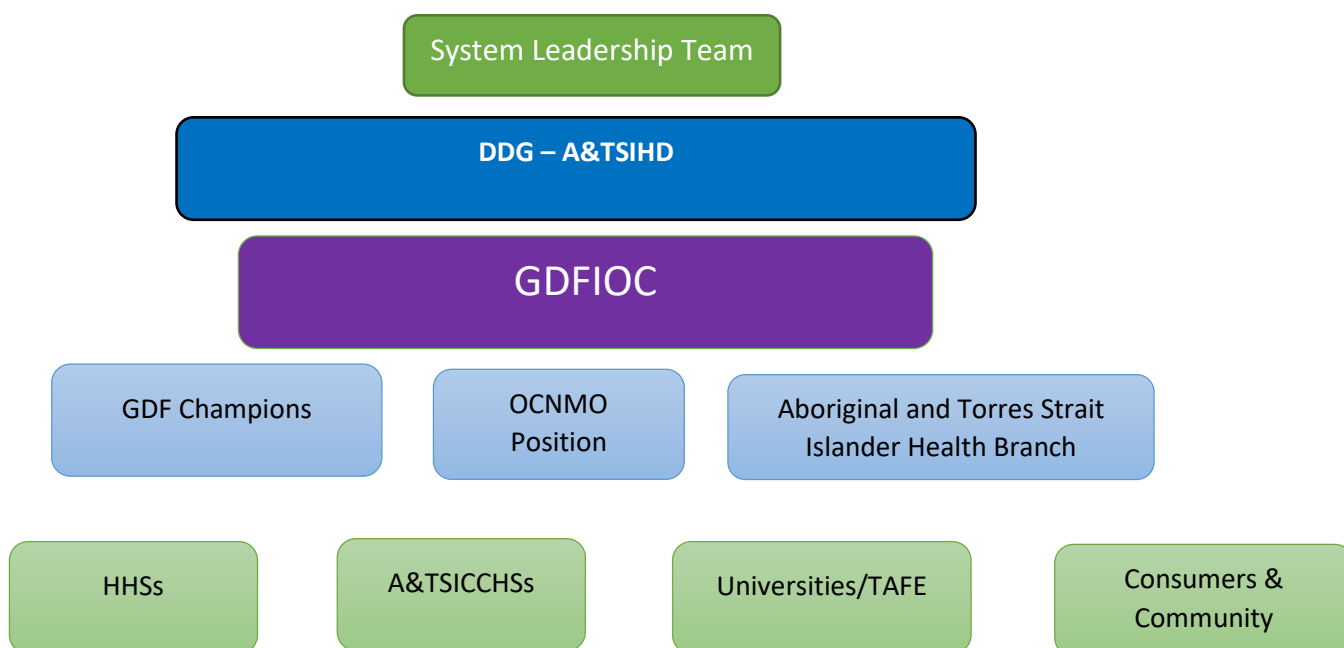
## Secretariat (position held only)

The Aboriginal and Torres Strait Islander Health Branch shall be the secretariat of the meetings.

## Reporting Relationships

- The Co-Chairs, GDFIOC shall report six monthly to the System Leadership Team;
- The Co-Chairs, GDFIOC are members of the Rural and Remote Implementation Oversight Committee;
- If applicable, GDFIOC working groups shall report monthly on their activities to the GDFIOC; and
- Hospital and Health Services will provide a six monthly report on progress against the Strategy for the life of the Strategy.

## Governance structure







## Frequency of meetings

Monthly meetings for the duration of the GDFIOC and work program.

## Quorum

All Committee members are required to attend the GDFIOC meetings or send an informed proxy in their absence. Given the GDFIOC is an advisory committee, on occasions when numerous members submit their apologies prior to a meeting, the Co-Chairs will determine if the meeting will proceed or can be reconvened at a more suitable time due to attendance.

## Agenda Items and Minutes

Agenda items and minutes are to be distributed to members 5 working days prior to the meeting. The agenda will follow a standard format in keeping with the agreed purpose of the GDFIOC and Strategy.

## Out-of-session papers

Items can be managed out-of-session where:

- the item is urgent and must be considered before the next scheduled meeting; or
- in circumstances when face-to-face meetings are not possible, to enable business to be progressed.

## Confidentiality

Members of the Committee may receive information that is regarded as 'commercial-in-confidence', clinically confidential or have privacy implications. Members and proxies are required to acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.

## Conflicts of interest

To meet the ethical obligations under the *Public Sector Ethics Act 1994*, Committee members and proxies must declare any real or perceived conflicts of interest and manage those in consultation with the Co-Chairs. This may relate to a position a member holds (for example, chair of an external organisation) or to the content of a specific item for deliberation.