



Terms of Reference

Queensland Aboriginal and Torres Strait Islander Rheumatic Heart Disease Action Plan 2018 – 2021 Governance Committee

1. Introduction

The purpose of this document is to define the roles and responsibilities of the Governance Committee (GC) for the Queensland Aboriginal and Torres Strait Islander Rheumatic Heart Disease Action Plan 2018-2021 (hereafter known as the RHD-AP).

2. Acknowledgement

"We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Owners and Custodians of this country and recognise their connection to land, wind, water and community. We pay our respect to them, their culture, and to the Elders past, present and emerging."

3. Background

The RHD-AP has 22 key actions and is guided by the five priority areas listed below. The priority areas have been identified by key stakeholders to address Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD) among Aboriginal and Torres Strait Islander Queenslanders.

Promote, prevent, empower

Ensure patients have the information they need to enable them to make the best decisions on their health.

Improve the patient experience

Provide patients with a comfortable clinical experience, coordinated streamlined service delivery and positive engagement with health care providers.

Strengthen the approach

Work cohesively to establish new relationships and partnerships with health service providers and build on existing ones.

Foster clinical knowledge

Enable health professionals to appropriately prevent, diagnose and manage ARF and RDH.

Enhance the Queensland RHD Register and Control Program

Enable the Register to fully meet the needs of patients, other stakeholders and the requirements of the RFS and this Action Plan.

The aim of the RHD-AP is to contribute to improving health outcomes of Aboriginal and Torres Strait Islander people living with, or at risk of, Acute Rheumatic Fever (ARF) and Rheumatic Heart Disease (RHD).

4. Membership		
Position	Current Occupant	Proxy
Chair	Joy Savage Executive Director Aboriginal and Torres Strait Islander Health, Cairns and Hinterland Hospital and Health Services (CHHHS)	From GC membership Position dependant as per roles and responsibilities below
Director of Cardiology	Dr Gregory Starmer, Director of Cardiology, CHHHS	Dr Raibhan Yadav, Director of Cardiology, Townsville Hospital and Health Service (THHS)
Director Public Health	Dr Richard Gair, Director Tropical Public Health, CHHHS	Dr Steven Donohue, Director Public Health, THHS
Paediatric Cardiologist,	Dr Benjamin Reeves, Paediatric Cardiologist, Far North Queensland	Dr Robert Justo, Paediatric Cardiologist, Queensland Children's Hospital
Manager, Queensland RHD Register and Control Program	Mellise Anderson, Manager, Queensland RHD Register and Control Program	From GC membership as per roles and responsibilities below
Director, Aboriginal and Torres Strait Islander Health Division	Gregory Richards, Director, Aboriginal and Torres Strait Islander Health Division	Daniele Blumke, Manager, Aboriginal and Torres Strait Islander Health Division
Chief Executive (CE),	Lisa Davies-Jones, CE, NWHHS	Beverley Hamerton, CE, TCHHS
Executive Director, Aboriginal and Torres Strait Islander Health	Dallas Leon, Executive Director, Aboriginal and Torres Strait Islander Health, THHS	From GC membership as per roles and responsibilities below
Executive Director Medical Services (EDMS)	Dr Anthony Brown, EDMS TCHHS	Dr Karen Murray, EDMS, NWHHS
Director, Department of Aboriginal and Torres Strait Islander Partnerships (DATSIP)	John Ridgeway, Director, DATSIP	Phillipa Dryden, Project Officer, Local Thriving Communities
Nursing Director	Brendan Hartfiel, Nursing Director, NWHHS	Frank Grainer, Nursing Director, TCHHS
Queensland Aboriginal and Islander Health Council (QAIHC)	Dr Lucy Morris, Public Health Medical Officer, QAIHC	Wyomie Robertson Policy Manager, QAIHC
Consumer Representative	In process	Lynette Bullio by email and face to face
Co-ordinator, State-wide Cardiac Clinical Network (SCCN)	Kylie Kidby, Coordinator, SCCN	Vivian Bryce, Member SCCN
Heart Foundation (HF)	Anna Lewis, Qld Manager, HF	Donna Moyle, HF
Secretariat	Michelle Rothwell, Project Coordinator, RHD-AP	Carly Dunstan, Project Officer, RHD-AP

5. Role of the Governance Committee

The GC is established as a time-limited group with specific functions as described below. The GC is constituted for the duration of the RHD-AP 2018-2021.

The functions of the Governance Committee are:

- Provide strategic oversight of the implementation of the Queensland Aboriginal and Torres Strait Islander Rheumatic Heart Disease Action Plan 2018-2021 (the Action Plan), in collaboration with relevant stakeholders
- Monitor implementation and report on progress to the Director General
- Provide recommendations and advice regarding the strategic direction, priorities and objectives for strategies to improve acute rheumatic fever (ARF) and rheumatic heart disease (RHD) outcomes for Aboriginal and Torres Strait Islander people
- Develop and maintain a risk register and provide advice on matters that require further consideration
- Consider and provide advice on issues and opportunities identified
- Ensure the outputs and outcomes of the RHD-AP project plan are completed within the agreed timeframes and budget allocations.

6. Roles and responsibilities of members

Chair	Accountable for representing the organisation that is hosting and co-ordinating the RHD-AP. Provides strategic direction, content advice and approval to ensure alignment to 'Making Tracks Investment Strategy 2018-2021'. Responsible for chairing the meetings.
Deputy Chairs	Accountable for representing the organisation that is hosting and co-ordinating the RHD-AP. Provides strategic direction, content advice and approval to ensure alignment to Making Tracks Investment Strategy 2018-2021. Responsible for chairing the meetings in absence of the chair.
Project Co-Ordinator Secretariat	Appointed to manage the coordination of the RHD-AP. Responsible for co-ordination and administrative requirements of the GC.
Director of Cardiology	A senior cardiologist. Provides strategic and HHS operational advice relevant to cardiology and the RHD-AP. Support liaison with state-wide cardiology groups.
Paediatric Cardiologist	Provides strategic and HHS operational advice relevant to paediatric cardiology and the RHD-AP. Support liaison with state-wide paediatric cardiology groups.
Director Public Health Unit	Provides strategic and HHS operational advice relevant to public health and the RHD-AP. Support liaison with state-wide Public Health groups.
Manager, Qld RHD Register and Control Program	Provides strategic and HHS operational advice relevant to the Qld RHD Register and Control Program and the RHD-AP. Support liaison with state-wide clinicians
Director, Aboriginal and Torres Strait Islander Health Division	Accountable for representing the organisation that is responsible for the funding of the RHD-AP. Provides strategic direction, content advice and approval to ensure alignment to ATSIHB business objectives including the Making Tracks Investment Strategy 2018-2021
HHS Chief Executive	Provides strategic and HHS operational advice relevant to the RHD-AP. Support liaison with state-wide HHS Chief Executives.

6. Roles and responsibilities of members

Executive Director, Aboriginal and Torres Strait Islander Health	Provides strategic, HHS operational and cultural advice relevant to Aboriginal and Torres Strait Islander Health and the RHD-AP. Support liaison with state-wide executive directors and Aboriginal and Torres Strait Islander organisations
Executive Director of Medical Services	Provides strategic and HHS operational advice relevant to medical services and the RHD-AP. Support liaison with state-wide executive directors of medical services
Nursing Director	Provides HHS frontline operational advice.
Queensland Aboriginal and Islander Health Council	Provides strategic and operational advice relevant to Aboriginal Community Controlled Health Organisations and the RHD-AP. Support liaison with Aboriginal Community Controlled Health Organisations and other relevant Aboriginal and Torres Strait Islander organisations
Consumer	Provides consumer perspective on the issues being discussed and recommendations being made. Helps to ensure the impact on service users is always a central part of GC considerations.
State-Wide Cardiac Clinical Network	Provides strategic advice relevant to cardiac services and the RHD-AP. Support liaison with state-wide cardiology teams
Heart Foundation	Provides strategic advice relevant to peak organisational bodies. Supports liaison with national stakeholders.

7. Principles of operation

Confidentiality

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

Conflicts of Interest

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

Behaviours and Responsibilities

- All members exercise due diligence and act in good faith and align with the Queensland Health values of sustainability, compassion, inclusion, excellence and empowerment.
- Members are provided with timely access to information, and information is shared amongst members.
- Members review papers in advance of meetings and attend meetings.
- Full and active participation in discussions by all members is promoted.
- Constructive questioning and vigorous debate is encouraged with expressions of dissent undertaken in a harmonious and collegiate fashion.
- Members deal with each other with courtesy and respect.
- Significant risks are issues are assessed; mitigation decision documented and follow up actions conducted.

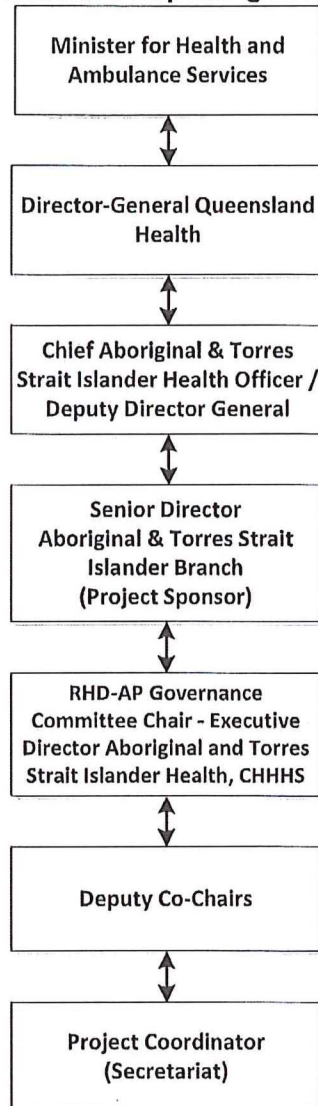
7. Principles of operation

1. **Meetings:** Meetings of the GC will be conducted by face to face, videoconference and teleconference
2. **Frequency:** Meetings will be held quarterly for one hour. Meeting frequency may be altered by agreement of the membership for a specified period to meet RHD-AP goals. Extraordinary meeting may be called by the chair.
3. **Out of Session:** Advice or comment on project documents may be requested of members by email outside of scheduled meeting times.
4. **Secretariat:** Secretariat services will be provided by the RHD-AP Project Coordinator. Arrange meetings and venues and advise Members. Call for agenda items prior to the meeting date. Liaise with Members as required. Prepare agenda and supporting papers, review and finalise with the Chair and distribute to Members prior to each meeting. Set up meeting i.e. room, equipment and teleconferencing facilities. Take minutes of meeting liaising with the Chair as required. Prepare minutes and finalise with the Chair before distributing. Maintain a record of all meeting minutes, recommendations, action items, correspondence and other documentation. Follow up on actions items to ensure they are met with timelines. Maintain records of attendance. Meeting documentation, agendas, minutes, action items and supporting papers will be filed and stored by the Secretariat electronically.
5. **Chair:** Ensure terms of reference and meeting protocols are met. Confirm and approve content of agendas and minutes prior to distribution to Committee Members. Liaise with the Secretariat during meetings and clarify/reiterate actions and decisions to be minuted before the next agenda item is addressed. Manage meetings so they are conducted in a professional, orderly and timely manner.
6. **Proxies:** Each member has a defined and reported proxy to ensure area of expertise either clinical, state-wide or an organisational discipline is represented. Members that are unable to attend meetings may be represented by their nominated proxy. **If member and defined proxy both attend there is only one vote per representation.** If the Chair is absent from a meeting or vacates the meeting, a Deputy Chair will conduct the meeting. If the Deputy Chairs are absent from a meeting or vacates the meeting, they will identify an Acting Chair to conduct the meeting.
7. **Quorum and absences:** A quorum for a meeting of the Governance Committee is one-half of the number of its members plus one. If a quorum is not met, the following will occur:
 - At the Chair's discretion, the continuation of the meeting will be confirmed.
 - If the meeting proceeds, all decisions will be preliminary.
 - Decisions will then proceed to a quorum consensus out-of-session or at the following meeting.
8. **Other participants:** The Chair may invite other individuals or groups to present to, 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.
9. **Evaluation methods:**
 - Periodic review of member attendance
 - Review of actions completed
 - Review of achievements against the purpose and objectives of the group.
10. **Review of Terms of Reference:** A review of the terms of reference will be undertaken annually.

8. Reporting

The Governance Committee will report to the Project Sponsor, Senior Director of the Aboriginal and Torres Strait Islander Health Branch. Further reporting lines can be seen below in Figure 1.

Figure 1: RHD-AP Governance Committee Reporting Lines:



9. Delegation Authority

The GC does not have financial or regulatory responsibility.

10. Approval

Governance Committee endorsement 11 / 12 / 2019

Endorsed by Chair of the RHD-AP Governance Committee:

Signature:

Date:

18.12.19

Approved by Project Sponsor, Aboriginal and Torres Strait Islander Health Branch:

Signature:

Date:

Katly Brown
19/12/19

