



Board Health Equity Committee Charter

Darling Downs Hospital and Health Service | Last reviewed 27 May 2025
Office of the Chief Executive | Phone 4699 8670 |
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Our vision

Caring for our communities - *healthier together*

Our values

- **Compassion** - We engage with others and demonstrate empathy, care, kindness, support and understanding.
- **Integrity** - We are open, honest, approachable, equitable and consistent in everything we do.
- **Dignity** - We treat others with respect, display reasonableness and take pride in what we do.
- **Innovation** - We embrace change and strive to know more, learn more and do better.
- **Courage** - We respectfully question for clarity and have the strength and confidence to Speak Up.

Darling Downs Hospital and Health Service Board Health Equity Committee

Version control

The first version was formally approved by the Darling Downs Hospital and Health Board on 6 September 2022.

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An electronic version of this document is available at https://www.darlingdowns.health.qld.gov.au/data/assets/pdf_file/0028/164557/health-equity-charter.pdf

Board Health Equity Committee

1. Introduction

This document, to be known as the Board Health Equity Committee Charter ('the Charter'), has been approved by the Darling Downs Hospital and Health Service Board ('the Board').

The purpose of the Charter is to outline the role, responsibilities, composition and operating guidelines of the Board Health Equity Committee ('the Committee').

2. Role of the Board Health Equity Committee

The Committee is established to support the Board by:

- Working with the Health Service Chief Executive to implement the Darling Downs Health, Health Equity Strategy 2022-2025 and 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 and Torres Strait Islander people.
 - There is a commitment to the delivery of responsive, capable and culturally competent health care to Aboriginal and Torres Strait Islander people.

The Committee has an oversight role and does not replace the Board's primary responsibility for the development and implementation of the Strategy.

The Committee will provide prompt and constructive reports on its findings directly to the Board, highlighting issues it considers are not being adequately addressed by management. The Minutes of the Committee Meeting will be promptly provided to the Board.

3. Authority

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

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

The Committee is a non-legislated Committee.

4. Scope of the Board Health Equity Committee

The Committee is directly responsible and accountable to the Board for the exercise of its duties and responsibilities.

In carrying out its duties and responsibilities, the Committee must at all times recognise that primary

responsibility for governance and performance of the Darling Downs Hospital and Health Service (DDHHS) rests with the Board.

The Committee's duties and responsibilities are to:

- Monitor implementation of the Strategy, including health equity actions and performance indicators.
- Ensure the Board meets its health equity obligations as prescribed by the *Hospital and Health Boards Act 2011*.
- 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 state-wide 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.

The Committee provides the following reports:

Recipient	Report	Frequency	Responsibility
Board	Board Health Equity Committee Minutes	After each Meeting	Board Secretary
Board	Matters for attention of the Board	As required	Chair

The Committee receives the following reports:

Report	Description/Type	Frequency	Responsibility
Health Equity KPI Report	A report on the implementation of health equity actions and performance indicators	Each Meeting	Health Equity Steering Committee
Health Equity Implementation Plan Update	An outline of the health equity implementation plan, including prioritisation and allocation of resources to health equity initiatives. This could be a verbal report by the Health Service Chief Executive or Director Aboriginal Torres Strait Islander Health.	Each Meeting	Health Equity Steering Committee
Board Health Equity Committee Actions Report	Summary of open Board Health Equity Committee actions.	Each Meeting	Board Secretary
Indigenous Health Report	DDHHS summary report	Each Meeting	Director Aboriginal Torres Strait Islander Health

The Committee may also receive reports/presentations from other employees or external agencies as and when required or where relevant to the Committee's functioning.

Issue Escalation

- Issues unable to be resolved by the Committee are escalated to the Board.

5. Risk Management

The Committee is to adopt a pro-active approach to risk management within the parameters of the Board Risk Appetite Statement.

The Committee will:

- Identify risks and mitigating strategies with all decisions and recommendations made.
- Implement processes to enable the Committee to identify, monitor and arrange management of risks as they relate to the scope of the Committee.

6. Sub-committees

The Committee is part of the DDHHS's corporate governance framework. To the extent that there is any overlap in the responsibilities of the Committee and other Committees of the Board, those Committees shall, directly or through the Board or management, endeavour to ensure that the overlap is dealt with in an appropriate manner. The Committee shall refer any issues that relate more appropriately to another Committee to that other Committee.

Each Committee shall consult, where necessary, with the other Committees to ensure that the Committees' plans are consistent with each other and with the DDHHS Strategic Plan.

7. Key Performance Indicators/Deliverables

The Committee will review DDHHS performance indicators, relevant to health equity, on a quarterly basis.

The Committee will oversee the review of the service's Strategy as appropriate and within required timeframes.

The Committee will assist the Board to monitor and report on the Board deliverables as outlined below:

Domain	Performance Indicator	Assessment/ Reporting Timeframe	Accountable Officer
Governance - Consultation <i>Hospital and Health Boards Act 2011 (s40)</i>	Review of Health Equity Strategy	Every three (3) years	HSCE

8. Membership

The Committee shall have up to four (4) members, at least one (1) or more members must be Aboriginal persons or Torres Strait Islander persons. Members, including the Chair, will be members

of the Board. Where the necessary skills do not exist on the Board, the Board may appoint an external member to the Committee.

The term of appointment is up until 30 April 2026 and can be extended for a further term subject to an assessment of individual member performance and the composition and skill requirements of the Committee.

Chair

- Professor Maree Toombs

Members

- Dr Stephen Harrop
- Marie Pietsch

Standing Invitees

Holders of the following positions may not be members of the Committee however are invited to, and expected to attend each Meeting:

- Health Service Chief Executive (HSCE).
- Executive Director Transformation, Analytics and Governance.
- Director Aboriginal and Torres Strait Islander Health.
- Board Secretary.

Proxies

- Proxies are not permitted if the member is unable to attend Meetings.
- Proxies are permitted if a standing invitee is unable to attend Meetings.

9. Quorum Arrangements

The quorum for the Committee Meetings will consist of two (2) members.

10. Other Attendees

Agency Liaison

The Committee shall liaise with other agency groups as required, to understand their roles in managing risks and maintaining adequate control frameworks and assess any gaps.

11. Frequency of Meetings

The Committee will meet at least four (4) times per year and the schedule of Meetings will be agreed in advance, but is expected to be:

- Quarterly.
- 2nd Monday (or as determined by the Committee).

12. Agenda, Papers, Minutes, Actions and Summary

The Committee should determine its own agenda, ensuring appropriate consultation to include emerging issues and emphasis on the most significant risks and threats.

Agenda

- Members wishing to place items on the agenda must notify the Secretariat at least ten (10) working days prior to the scheduled Meeting.
- The agenda must be cleared by the Chair prior to distribution to Members.
- Agenda and relevant (supporting) papers will be sent out to all Members prior to the Meeting.
- Late agenda items will be tabled at the discretion of the Chair.

Papers, Submissions and Reports

- Papers in respect to agenda items are to be supplied to the Secretariat no later than ten (10) days prior to the scheduled meeting via email to DDHHS_Board@health.qld.gov.au
- Papers must be submitted on the correct briefing note template, available from the Secretariat.
- All papers must be submitted in Word format (as per original template).
- The numbers and names of electronic attachments must mirror the numbers and names used in the briefing note.

Minutes

- Minutes must be cleared by the Chair prior to distribution to Members.
- Minutes (and action items) will be distributed to all Members within five (5) working days of the Meeting.
- Minutes are included in the Meeting papers.
- Minutes are taken as draft until they are ratified at the next Meeting of the Committee.

13. Urgent out of session matters

Items can be managed Out-of-Session where:

- The item is urgent and must be considered before the next scheduled Meeting.
- In circumstances when face-to-face Meetings are not possible, to enable business to be progressed.
- Out of session matters must be minuted at the next Meeting of the Committee.

14. Conflict 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. This may relate to a position a member holds (e.g. Chair of an external organisation) or to the content of a specific item for deliberation.

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

Members must refrain from entering into any activity that may prejudice their ability to carry out their duties and responsibilities objectively and must at all times act in a proper and prudent manner in the use of information acquired in the course of their duties.

Members must not use DDHHS information for any 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 DDHHS.

15. Confidentiality

Members of the Committee may receive 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.

16. Decision Making

Decisions are made by a majority of votes. Each member present at a Meeting has a vote and if the votes are equal the member presiding has a casting vote. Members participating in a Meeting by use of technology such as teleconferencing are taken to be present at the Meeting.

A resolution is validly made by the Committee, even if it is not passed at a Meeting if:

- A majority of the Committee members gives written agreement to the resolution; and
- Notice of the resolution is given under procedures approved by the Committee.

17. Evaluation

The Board will develop an annual work plan. The work plan is linked to Board functions, the DDHHS Strategic Plan and Service Agreement, and details the activities to be completed by the Board and its Committee's during the financial year.

The Committee will be evaluated in terms of its performance against the approved Charter and the annual work plan through an annual self-assessment process.

Periodically the Chair will discuss professional development and training needs for all members of the Committee. When needs are expressed, the Secretariat will make arrangements for approved training requirements.

18. Secretariat

The Secretariat support will be provided by the Office of the Chief Executive. The role of the Secretariat is outlined in the Board Operational Guidelines.

19. Changes to the Charter

This Charter may be altered following Committee consultation, endorsement by the Chair of the Committee and approval by the Board.

This Charter will be reviewed in April of each year in conjunction with the annual Committee performance evaluation.

This Charter will be reviewed upon any changes to the membership of the Board.

This Committee Charter was formally approved by the Darling Downs Hospital and Health Board on 27 May 2025.

Original Signed

Dr Dennis Campbell
Board Chair
Darling Downs Hospital and Health Board