

<b>Category: BOARD POLICY – BOARD PROCESS</b>	
<b>Title: TERMS OF REFERENCE: Cultural Safety and Humility Committee</b>	<b>Reference Number: AB360</b>
<b>Approved by: PHSA Board of Directors</b>	<b>Last Approved: February 18, 2021 Last Reviewed: February 18, 2021</b>

## I. INTRODUCTION

The purpose of the Cultural Safety and Humility Committee (“the Committee”) is to:

- A. provide a focus on governance that will enhance the performance of the Provincial Health Services Authority (“PHSA”) and British Columbia Emergency Health Services (“BCEHS”) with respect to culturally safe Indigenous health care in the delivery of policy and services for which PHSA and BCEHS have provincial accountability. The Committee assesses and makes recommendations regarding Board effectiveness, provides direction regarding cultural health and safety as it relates to the delivery of services, programs and policy provided by PHSA across the province;
- B. hear from the PHSA Indigenous Council<sup>1</sup> on a regular basis providing consideration and oversight to recommendations regarding health and cultural safety programs for Indigenous peoples service by PHSA;
- C. assist the Board in fulfilling its obligations under, the 2005 Transformative Change Accord, the 2008 United Nations Declaration on the Rights of Indegenous Peoples (UNDRIP), the 2015 Declaration of Commitment on cultural Safety and Humility in Health Services for First Nations & Aboriginal People in British Columbia; the 2015 Truth and Reconciliation Commission of Canada (TRC); and the 2019 *Declaration on the Rights of Indigenous Peoples Act* of British Columbia (“DRIPA”) relating to cultural safety including;
  - i) culturally safe care;
  - ii) equitable access to care;
  - iii) the Indigenous patient experience;
  - iv) safety and quality of care for Indigenous people;
  - v) reconciliation
  - vi) anti-racism

<sup>1</sup> The Council name is yet to be determined. The naming will require Indigenous review to finalize.

- vii) improve the interface between western and traditional methods and approaches to treatment, and trauma informed wise practices; and
- viii) improve quality and availability of reliable health information and data for the purposes of health planning as determined by Indigenous communities.

## **II. COMPOSITION AND ORGANIZATION**

- A. The Committee shall be composed of not fewer than three Directors ensuring that at least two of the three Directors are Indigenous.
- B. The Committee shall operate in a manner that is consistent with the Committee Guidelines.
- C. The Committee shall meet up to four times each year. Frequency of meetings will be evaluated annually.
- D. The Committee also has the flexibility to create expert working groups and health sector issue-based advisory groups within the PHSA jurisdiction to support the overall work of the Committee and the Board.
- E. As much as possible, members and people involved with the Committee must represent:
  - i) A broad range of expertise/specialization in priority health service and delivery areas within Indigenous health;
  - ii) All sectors of the Indigenous population including urban and rural Indigenous, First Nations, Métis and Inuit populations.
  - iii) All sectors and planning areas across PHSA; and

## **III. DUTIES AND RESPONSIBILITIES**

- A. **Responsibilities of the Committee**
  - i) The Committee has the primary responsibility of monitoring and coordinating Indigenous strategies and initiatives at the PHSA, to ensure that progress is being made, and to recommend any necessary direction of resources using common best practices, common benchmarks, and data monitoring.

Ensuring compliance with any statutory responsibilities while at the same time promoting greater awareness and recognition of Indigenous peoples within the B.C. health care system;

- ii) Developing a more detailed understanding and providing support for Indigenous strategies developed at the PHSA for all programs PHSA provides direct service to the citizens of B. C., the programs and initiatives that currently exist and are being established;
- iii) Supporting the Board approval of budget funding to support Indigenous programs for staff, patients and caregivers including collaborative research of value to Indigenous peoples and communities, and related projects that may lead to more functional and productive relationships;
- iv) Evaluating annual progress reports on the Indigenous Service Plan initiatives, action plans related to relevant external investigations or reports related to Indigenous health care services across B.C.; holding the PHSA management accountable for progress made towards realizing its commitments in these areas.

#### **IV. ACCOUNTABILITY**

The Committee shall report its discussions and recommendations to the Board by maintaining minutes of its meetings and providing an oral report at the next Board meeting.

#### **V. COMMITTEE TIMETABLE**

The timetable on the following pages outlines the Committee's schedule of activities.

Policy Created on: January 2021 February 18,2021
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## CULTURAL SAFETY & COMMUNITY ENGAGEMENT COMMITTEE ACTIVITY PLANNER

ACTIVITY		DATE					NOTES
		Feb	Apr	Jun	Sep	Nov	
<b>THEMES AND RESPONSIBILITY</b>							
	TBD						
<b>ADMINISTRATIVE PARAMETERS</b>							
<i>Policies</i>							
	Anti-Racism and anti-Indigenous Racism policy		X				
	Diversity, Inclusion and Equity policy					X	
<i>Related Processes</i>							
	Complaint reporting process					X	