

Executive Committee Terms of Reference

Cairns and Hinterland Hospital and Health Board

1. Purpose

As detailed in section 32B of the *Hospital and Health Board Act 2011 (Qld)* (the Act), the function of the Committee is to support the Board in its role of controlling the Cairns and Hinterland Hospital and Health Service (the Service) for which it is established by—

- (a) working with the Health Service Chief Executive to progress strategic issues identified by the Board; and
- (b) strengthening the relationship between the Board and the Health Service Chief Executive to ensure accountability in the delivery of services by the Service.

This is achieved by overseeing select strategic issues, strategic planning and engagement strategies of the Hospital and Health Service. In fulfilling its responsibilities, the Committee will observe and promote the core organisational values of accountability, compassion, integrity and respect.

2. Authority

The Committee is a prescribed committee under Part 7 of the *Hospital and Health Boards Regulation 2012* and reports to the Board.

The Terms of Reference are approved by the Board. The Board has authorised the Committee, within the scope of its responsibilities to:

- conduct investigations into matters within its scope of responsibility;
- access information, records and personnel of the Service for such purpose;
- request the attendance of any employee, including executive staff, at committee meetings;
- conduct meetings with the Service's internal and external auditors, as necessary; and
- seek advice from external parties, as necessary, and within its scope of responsibility.

The Committee has no executive powers and is an advisory committee of the Board.

3. Guiding principles

Section 13 of the Act provides the following principles intended to guide achievement of the Act's objectives. These principles guide all deliberations of the Committee:

- a) the best interests of users of public sector health services should be the main consideration in all decisions and actions under this Act;
- b) there is a commitment to ensuring quality and safety in the delivery of public sector health services;
- c) there is a commitment to achieving health equity for Aboriginal people and Torres Strait Islander people;
- d) there is a commitment to the delivery of responsive, capable and culturally competent health care to Aboriginal people and Torres Strait Islander people;



- e) Providers of public sector health services should work with providers of private sector health services to achieve coordinated, integrated health service delivery across both sectors;
- f) There should be responsiveness to the needs of users of public sector health services about the delivery of public sector health services;
- g) information about the delivery of public sector health services should be provided to the community in an open and transparent way;
- h) there should be commitment to ensuring that places at which public sector health services are delivered are places at which –
 - I. employees are free from bullying, harassment and discrimination;
 - II. employees are respected and diversity is embraced; and
 - III. there is a positive workplace culture based on mutual trust and respect;
- i) there should be openness to complaints from users of public sector health services and a focus on dealing with the complaints quickly and transparently;
- j) there should be engagement with clinicians, consumers and community members and local primary healthcare organisations in planning, developing and delivering public sector health services;
- k) opportunities for research and development relevant to the delivery of public sector health services should be promoted; and
- l) opportunities for training and education relevant to the delivery of public sector health services should be promoted.

Public Service Act 2008:

Public service management is directed towards:

- a) providing responsive, effective and efficient services to the community and the Government;
- b) maintaining impartiality and integrity in informing, advising and assisting the Government;
- c) promoting collaboration between Government and non-government sectors in providing services to the community;
- d) continuously improving public service administration, performance management and service delivery;
- e) managing public resources efficiently, responsibly and in a fully accountable way;
- f) promoting the Government as an employer of choice; and
- g) promoting equality of employment opportunity.

With specific reference to the *Financial Accountability Act 2009* (FAA 2009):

- adherence to the Financial and Performance Management Standard 2019 (subordinate legislation to FAA 2009), which provides direction in financial management with emphasis upon planning, performance management, internal control and corporate management.

4. Functions

The Committee has the following functions:

- a) **Strategy:** working with the Health Service Chief Executive to progress strategic issues identified by the Board.
- b) **Planning:** support the Board in the development of service plans and other plans for the Service and monitor their implementation.
- c) **Governance:** this includes overseeing compliance with health service directives and strengthening the relationship between the Board and the Health Service Chief Executive to ensure accountability in the delivery of services by the Service.
- d) **People and culture:** this includes organisational structure, workforce planning, organisational culture, workplace health and safety, and staff development.
- e) **Engagement:** oversee engagement strategies and protocols with primary healthcare organisations, consumers, and the community; monitor their implementation and address issues that arise in their implementation.
- f) Perform other functions given to the Committee by the Board.

The specific functions of the Committee will vary from year to year and the Committee's agenda will be driven by a work plan and calendar of activities to be proposed by the Committee and approved by the Board annually.

A regulation of the *Hospital and Health Boards Act 2011* may prescribe other matters relating to an Executive Committee's functions.

Approval by the Board, of the above-mentioned Work Plan ensures that the Committee is working towards providing directed advice to the Board to assist them in discharging their duties under the Act.

5. 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 minutes of the Committee meetings will be provided to the next meeting of the Board. The Committee Chair will report to the Board on a regular basis.

The Committee will provide the following to the Board:

- Annual meeting schedule and work plan
- Meeting minutes

6. Membership

Pursuant to s32C of the Act, the Committee will consist of the Chair or Deputy Chair of the Board who is to be Chair of the Committee, and at least two other Board members, determined by the Board, at least one of whom must be a clinician (as defined by section 32(c) of the Act).

Pursuant to section 32D(1) the Chief Executive is to attend all meetings of the Committee, unless excused by the Chair of the committee.

7. Other participants

The Chair may request Health Service Executive Leadership Team members, employees or external parties to attend a meeting of the committee. However, such persons do not assume membership or participate in any decisions-making process of the committee.

Persons officially acting in a standing invitee's position may attend and participate in Committee deliberations / contribute to Committee recommendations provided they are suitably briefed prior to the meeting.

8. Quorum

A quorum for a meeting of the Executive Committee is one-half of the number of its members, or if one-half is not a whole number, the next highest whole number.

9. Performance

The Committee will undertake an annual self-assessment of its performance for the previous twelve months. The Committee will provide a report of the annual review outcomes to the Cairns and Hinterland Hospital and Health Board.

10. Confidentiality

All information acquired as a result of membership to the Executive Committee is confidential to Cairns and Hinterland Hospital and Health Service and should not be disclosed either during appointment or after termination (by whatever means) to third parties except as permitted by law and with prior clearance from the Chair.

11. Ethical practices

To meet the ethical obligations under the *Health and Hospital Boards Act 2011* and the *Public Sector Ethics Act 1994*, committee members must declare any conflicts of interest whether actual, potential, apparent, or appear likely to arise, and manage those in consultation with the Chair.

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 or 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.

12. Secretariat

Secretariat support will be provided by the Board Liaison Officer. The Secretariat will be responsible for the preparation and circulation of the agenda and supporting documentation along with the minuting of the deliberations and decisions of the committee.

13. Meeting schedule

Executive Committee meetings will be held quarterly. The Committee Chair may call additional meetings, or alter meeting dates and frequency as necessary to address any matters referred to the Committee or in respect of matters that the Committee wishes to pursue within the terms of reference.

14. Business rules

As per Board Business Rules which provides the governance framework for Board and Committee meetings.

Document History

Date	Nature of Amendment
22/11/12	Draft TOR prepared
28/11/12	Draft Board Executive Committee TOR presented for approval.
28/11/12	Amendments made at Board Executive Committee and approved.
24/03/16	Draft structure of Executive Committee included in Board Chair Report
05/04/16	Amendments made to the Executive Committee ToR
01/02/2017	Revised ToR prepared for Administrator Review and approved
29/05/2017	Revised draft TOR prepared at chairs request
17/07/2017	Revised draft TORs for consideration by the committee and recommendation to the Board
24/07/2017	Amendments approved by Board
25/09/2019	Revised Terms of Reference reviewed and approved by Executive Committee
25/11/2020	Revised draft TOR for consideration by the Committee and recommendation to the Board
02/12/2020	Approved by Board
30/11/2022	Revised draft TOR for consideration by the Committee
1/2/2023	Approved by Board
5/7/2023	Approved by Board
15/01/2024	ToR under review

29/2/2024	Endorsed by Executive Committee
03/07/2024	Approved by the Board
10/10/2024	Under review
4/12/2024	Approved by the Board