

# Terms of reference

## CQHH Board Executive Committee

<b>Date:</b>	<b>Developed</b> 21.06.2012	<b>Reviewed</b> November 2023	<b>Next Review Date</b> By end 2024
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### Purpose

The role of the Hospital and Health Board Executive Committee ("The Committee") is to support the Central Queensland Hospital and Health Board (CQHHB) in its role of overseeing the Central Queensland Hospital and Health Service (CQHHS) and the development and subsequent delivery of the CQHHS' Strategic Plan.

The Committee will provide prompt and constructive reports on its findings directly to the CQHHS Board (the Board) highlighting issues it considers are not being adequately addressed by management.

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

The Committee will act as a forum to work with the Health Service Chief Executive to progress strategic issues identified by the CQHHB and other Board Committees and to strengthening the relationship between the CQHHB and the Health Service Chief Executive to ensure accountability in the delivery of services by the CQHHS.

The Executive Committee will take on a co-ordinating and alignment function for issues that cross over multiple subcommittees.

The Committee refers recommendations to the Board.

### Membership

#### Membership

The Chairperson of the Committee shall be a member of the committee as nominated by the Board.

- Chair CQHHS Board
- Chair Safety and Quality Committee
- Chair Finance Performance Committee
- Chair Audit and Risk Committee
- Chair Investment, Research and Planning Committee
- Chair Aboriginal and Torres Strait Islander Health and Wellbeing Committee

As required by s 32C of the *Hospital and Health Boards Act 2011* the membership of the Committee will include:

- The Chair of the Board
- At least 2 other Board Members as determined by the Board, at least one of whom is a clinician

### **Attendance**

The Health Service Chief Executive is to attend all meetings of the Committee, unless excused by the Chair of the Committee. Other members of the Executive Team may be called upon to attend meetings as determined by the business before the Committee.

### **Proxies**

Proxies are not permitted if the member is unable to attend meetings.

### **Quorum**

A quorum for Committee meetings will consist of one half of the membership.

### **Ethical Practices**

- Members are required to declare any interests that could constitute a real, potential or apparent conflict of interest with respect to participation on the Committee
- The declaration must be made on appointment to the Committee and in relation to specific agenda items at the outset of each Committee meeting and be updated as necessary.
- Members of the Committee may from time to time be in receipt of 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. Members will maintain the Committee papers in a confidential manner from any other business or responsibilities of the members.

## **Governance, Duties and Responsibilities**

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*The Hospital and Health Boards Act 2011*

*Public Service Act 2008*

*Financial Accountability Act 2009*

*Human Rights Act 2019,*

- *Clinical Governance Framework*
- *Destination 2030*
- *Health Equity Statement*
- *Service agreement*

The scope of the Committee will be to work with the Health Service Chief Executive to progress strategic issues including but not limited to:

1. Overseeing the development of the long-term vision and strategy for CQHHS to ensure the organisation delivers the aims of the Queensland Health 10-year strategy and enables the sustainable delivery of high-quality hospital and health services across CQ and being the forum for the monitoring and review of strategic business improvement initiatives.
2. Overseeing progress against the delivery of the long-term vision and strategy on behalf of the Board including the HHS's use and adoption of digital transformation and information technology.
3. Provide Board oversight to oversee and support the positive development of the HHS reputation and public perception of the HHS

4. On behalf of the Board, receiving reports from the HSCE on the performance, development and effectiveness of the Executive Team
5. Where necessary, providing the Board leadership to support the interface with the Department of Health and other key partner organisations
6. Conducting the performance review of the Health Service Chief Executive.

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## Principles of Operation

- The Committee may co-opt other attendees from appropriate Departments/Services/Facilities or professional groups, to attend and advise on specific items relating to their particular expertise.
- The Committee will meet at least 4 times per year.
- The Committee Chairperson may hold such additional meetings as may be necessary to address any matters referred to the Committee or in respect of matters the Committee wishes to pursue.
- The Committee meetings will abide by normal meeting procedure, will be minuted and an agenda will be distributed before each meeting. Secretariat support will be provided to the Committee.
- Draft Minutes of the Committee's meetings will be provided to the Chair for review within five working days of them meeting. Feedback will be sought from the members within 7 days after distribution to them after which point they will be regarded as confirmed.
- The Minutes of the Committee and a summary brief highlighting key points will be included with the meeting papers for the Board.

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## Reporting Relationships

The Committee will develop two-way communications through formal and ad hoc reporting to the Board.

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## Escalation Methodology

Issues, recommendations or escalations are to be sent to the secretariat of the Board.

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## Evaluation /Communication

Terms of Reference are to be reviewed and evaluated on an annual basis to ensure that it remains consistent with the Committee's authority, objectives and responsibilities.

The Committee will undertake an annual self- assessment of its performance, for the previous twelve months.

The Terms of Reference is endorsed by the Chair of the Committee and approved by the CQHHSB.

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## Endorsement

Next Review date: by end 2024

## Document Control

Version	Date	Prepared by	Comments
v0.1	21.06.2012	Tracey Sweeney	First Draft
v0.2	10.10.2014	Executive Committee	Review and recommendation for approval
v1.0	21.11.2014	Board	Approved
v1.0	20.11.2015	Executive Committee	Annual Review – no changes recommended
v1.0	27.11.2015	Board	Approved
v1.1	May 2017	Executive Committee	Annual Review – objectives rewritten and composition of the Committee considered
v2	July 2017	Board	Approved
v2.1	October 2018	Executive Committee	Annual Review – objectives amended
v3	October 2018	Board	Approved
v3.1	October 2018	Executive Committee	Annual Review – objectives amended
v4	26 October 2018	Board	Approved
v4.1	October 2019	Executive Committee	Annual Review – objectives and quorum amended
v4	October 2019	Board	Approved
v4	November 2021	Executive Committee	No changes made subject to revision of Board Charter and incorporation of relevant matters associated with implementation of the Health Equity Framework prescribed by the <i>Hospital and Health Boards Regulation 2011</i>
v4	December 2021	Board	Approved
v4.1	November 2022 and February 2023	Executive Committee	Feedback provided
v5	24 February 2023	Board	Approved
v5.1	November 2023	Executive Committee	Reviewed and realigned to be consistent with other Committees
v6	November 2023	Board	Approved

\*Drafts should use format vX.1 (eg. start at v0.1). Final versions should use format vX.0 (eg. v1.0).