

Executive Committee Charter
v3.0



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Review Date: May 2022

Version: 3.0

2. The Charter

This document, to be known as the Executive Committee Charter (the Charter), is approved by the Gold Coast Hospital and Health Board (the Board). Once approved, any previous version of the Charter/Terms of Reference is hereby revoked.

The Charter establishes the Executive Committee's purpose, function, membership, guiding principles, reporting and administrative arrangements.

3. Purpose

The purpose of the Charter is to ensure that matters listed in the scope and function are managed appropriately.

The Gold Coast Hospital and Health Service (the Service) is a statutory body under the *Hospitals and Health Boards Act 2011*.

The Executive Committee (the Committee) reports directly to the Board and functions under the authority of the Board in accordance with the *Hospital and Health Boards Act 2011*, Section 32B.

As set out in Section 32A of the *Hospital and Health Board Act 2011 (Qld)*, the function of the Committee is to support the Board in its role of overseeing the delivery of the strategic plan for the Gold Coast Hospital and Health Service.

4. Scope and function

The Charter has regard to:

- 4.1. The function of the Executive Committee is to support the Board in its role of governing the Service for which it is established by:
 - (a) working with the Health Service Chief Executive to progress strategic issues identified by the Board
 - (b) strengthening the relationship between the Board and the Health Service Chief Executive to ensure accountability in the delivery of services by the Service.
- 4.2. Without limiting subsection (4.1), the Executive Committee may, at the direction of the Board:
 - (a) oversee the performance of the Service against the performance measures stated in the service agreement
 - (b) support the Board in the development of engagement strategies and protocols with primary healthcare organisations, monitor their implementation, and address issues that arise in their implementation
 - (c) support the Board in the development of service plans and other plans for the Service and monitor their implementation
 - (d) work with the Health Service Chief Executive in responding to critical emergent issues in the Service
 - (e) perform other functions given to the Executive Committee by the Board.
- 4.3. A regulation may prescribe other matters relating to the Executive Committee's functions.
- 4.4. The Committee, as well as the monthly Chief Executive update to Board Directors, will be a reference forum for the Chief Executive to seek preliminary advice and opinions on issues still in the formative stage of development and consideration, as well as a forum for conducting

confidential discussion on challenges confronting the Chief Executive in the carrying out of their duties.

The Committee recognises the additional strategic advice provided within the monthly Chief Executive update to Board Directors and the monthly Committee Chairs meeting.

4.5. The Committee shall:

- (a) oversee the performance of strategic objectives and make recommendations to the Board as to continuation or amendment of direction and vision
- (a) oversee and provide advice on the development of key milestones and policy frameworks relating to digital health, strategic planning and workforce development
- (b) provide strategic advice to management on the development and consideration of strategic initiatives, including reviewing management recommendations and making recommendations to the Board
- (c) oversee GCHHS governance practices and recommend changes to the Board and Chief Executive respectively
- (d) oversee the review of the Consumer Engagement Strategy and particular initiatives of the Health Service
- (e) oversee the Chief Executive performance review process in accordance with the Chief Executive Performance Management Framework, and make recommendations to the Board
- (f) any other matters referred by the Board to the Committee.

4.6. The Committee will measure performance against the following priorities:

- (b) Workforce planning and performance – including review of performance data, review and recommendation of key workforce policies, oversight of risks and assessment of initiatives to make recommendations to the Board.
- (c) Workforce culture – oversight of trends and specific improvement initiatives such as Magnet, Diversity and Inclusion strategies.
- (d) Community engagement – role of the HHS in the community, corporate and non-government organisation (NGO) relationships and partnerships, including the Gold Coast Health Knowledge Precinct.
- (e) Oversight of strategic initiatives as directed by the Board – including the GCHHS Strategic Plan, intellectual property strategy, and innovation concepts and initiatives.
- (f) Corporate governance framework – Board performance and evaluation, Board Charter and Committee function.
- (g) Executive leadership – Chief Executive performance and succession, Executive Management capability and succession planning.

4.7. The Executive Committee will receive an annual paper outlining the matters considered by each Board Committee, to determine that each Committee meets the commitment outlined in each Committee's Charter.

5. Authority and Decision Making

The Committee has an oversight role and does not replace or replicate management's primary responsibilities and delegations or the responsibilities of other executive management groups within the Gold Coast Hospital and Health Service (GCHHS).

The Committee is advisory in nature, and does not hold financial, procurement or any other form of delegation on behalf of the Board. The Committee has no Executive powers. It may pass resolutions however it is not authorised to make decisions.

A resolution is validly made by the Committee, even if it is not passed at a meeting, if most of the Committee members give written agreement to the resolution and notice of the resolution is given under procedures approved by the Committee.

In discharging its responsibilities, the Committee has the following authorities:

- The Chair of the Committee can access all information and personnel that are reasonably required to fulfill the Committee Charter.
- The Chair of the Board and the Chief Executive will be consulted where information requests are considered of a private, sensitive, or confidential nature.
- The Committee may request the attendance of any member of the Executive Management Team, including the Chief Executive, or member of the Board, at a Committee meeting.
- The Committee may seek advice from external advisors, including legal or financial advisors, with approval of the Board.
- The Committee may recommend investigations, reviews, and reports on matters within its Charter.
- The Committee has no power to direct external audit, or the way the external audit is planned or undertaken.
- The Committee may recommend matters to the Board for approval or noting.
- Issues unable to be resolved by the Committee are escalated to the Board.
 - The Committee may delegate the oversight of the service's performance against key performance measures stated in the service agreement to the Finance and Performance Committee prior to recommendations to the Board
 - The Committee may delegate the oversight of the service's performance against key safety and quality measures to the Safety, Quality and Clinician Committee prior to recommendations to the Board

The Chair of the Committee has the authority to create relevant sub-committees or other subordinate bodies deemed necessary to assist the Committee in discharging its responsibilities.

The Committee is part of the GCHHS'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.

6. Guiding Principles

The Committee must recognise and adhere to the principles set out in the *Hospital and Health Boards Act 2011*, *Hospital and Health Board Regulation 2012* and the *Public Service Act 2008* in carrying out the Committee's function.

The relevant principles from the above-mentioned legislation are contained in **Appendix 1** of this Charter. The Committee must also conduct itself in accordance with the GCHHS values below:

Values	
Integrity	To be open and accountable to the people we serve
Community First	To have the patients and the community's best interest at heart
Excellence	To strive for outstanding performance and outcomes
Respect	To listen, value and acknowledge each other
Compassion	To treat others with understanding and sensitivity

7. Relationships

The Committee reports directly to the Board.

The Committee will receive summary performance reports from other Board Committees to inform the discussion of strategic performance matters.

8. Responsibilities

The Committee will carry out the following responsibilities on behalf of the Board:

8.1. Progress strategic issues

The function of the Executive Committee is to support the Board in its role of governing the Service for which it is established by working with the Health Service Chief Executive to progress strategic issues identified by the Board; and strengthening the relationship between the Board and the health service Chief Executive to ensure accountability in the delivery of services by the Service.

8.2. Oversee performance

The Executive Committee may, at the direction of the Board:

- oversee the performance of the Service against the performance measures stated in the service agreement
- support the Board in the development of engagement strategies and protocols with primary healthcare organisations, monitor their implementation, and address issues that arise in their implementation
- support the Board in the development of service plans and other plans for the Service and monitor their implementation
- work with the Health Service Chief Executive in responding to critical emergent issues in the Service
- perform other functions given to the Executive Committee by the Board.

8.3. Reference forum

The Committee will be a reference forum for the Chief Executive to seek preliminary advice and opinions on issues still in the formative stage of development and consideration, as well as a forum for conducting confidential discussion on challenges confronting the Chief Executive in the carrying out of their duties.

8.4. Scope

The Committee shall:

- oversee the performance of strategic objectives and make recommendations to the Board as to continuation or amendment of direction and vision
- oversee and provide advice on the development of key milestones and policy frameworks relating to digital health, strategic planning and workforce development
- provide strategic advice to management on the development and consideration of strategic initiatives, including reviewing management recommendations and making recommendations to the Board
- oversee GCHHS governance practices and recommend changes to the Board and Chief Executive respectively
- oversee the review of the Consumer Engagement Strategy and particular initiatives of the Health Service

- oversee the Chief Executive performance review process in accordance with the Chief Executive Performance Management Framework, and make recommendations to the Board
- any other matters referred by the Board to the Committee.

8.5. Other

Any other function given to the Committee by the Board, if the function is not inconsistent with functions mentioned elsewhere within this Charter.

9. Reporting

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, particularly those issues which could present a material risk or threat to the GCHHS.

The Chair may give a verbal or written report at any meeting of the Board at the invitation of the Chair of the Board.

The Draft Committee Workplan shown at **Appendix 2** has been developed in line with the responsibilities and key performance indicators outlined in the Charter. Each year, the Draft Committee Workplan will form the basis of an Annual Committee Workplan to be developed throughout the year to include additional discussion items as and when required.

The Committee provides the following reports:

Recipient	Report	Frequency	Responsibility
Board	Executive Committee Minutes	After each meeting	Secretariat
Board	Executive Committee Chair Summary	After each meeting	Chair

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

10. Key Performance Indicators

Performance Indicator	Assessment/Reporting Timeframe
Workforce planning and performance - including review of performance data, review and recommendation of key workforce policies, oversight of risks and assessment of initiatives to make recommendations to the Board.	Quarterly
Workforce culture - oversight of trends and specific improvement initiatives such as Magnet, Diversity and Inclusion strategies.	Standing agenda item
Community engagement – role of the HHS in the community, corporate and non-government organisation (NGO) relationships and partnerships, including the Gold Coast Health Knowledge Precinct.	Annually

Oversight of strategic initiatives as directed by the Board – including the Strategic Plan, intellectual property strategy, and innovation concepts and initiatives.	Standing agenda item
Corporate governance framework – Board performance and evaluation, Board Charter and Committee function.	Annually
Executive leadership – Chief Executive performance and succession, Executive Management capability and succession planning.	Annually

11. Membership

The Committee shall comprise of four (4), members of the Board, including at least one (1) clinician. Other Directors may attend meetings if they so elect. All Committee members are to be appointed by the Board. The Board Chairman is an ex-officio member of the Committee. Current Committee membership is outlined at **Appendix 3**.

Member terms and conditions are to be disclosed in the letter of appointment.

In accordance with section 32D of the *Hospital and Health Board Act 2011* (Qld), the Chief Executive shall attend all meetings of the Committee, unless excused by the Chair of the Committee.

11.1. Chairperson

- The Committee may be chaired by the Board Chair or Board Deputy Chair in accordance with the *Hospital and Health Boards Act 2011*.
- In the absence of the Chair, an alternate Board member may be nominated by the Chair of the Board until the Board appoints another Committee Chair or the existing Committee Chair returns
- The Chair is responsible for ensuring that an induction process is undertaken for all new members. The Chair may delegate that the induction be performed by another Executive Committee member or the Secretariat.

11.2. Standing Invitees

The following persons shall be invited to attend each meeting:

- GCHHS Board Directors
- GCHHS Chief Executive
- GCHHS Executive Management members responsible for relevant portfolios.

11.3. Proxies

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

12. Quorum Arrangements

The quorum for the Committee meetings will comprise of 50% of members, or if 50% is not a whole number, the next highest whole number, including the Chair. Ex-officio and external members should not be included in the count when determining the number needed for a quorum and they should not be counted when determining if a quorum is present.

Members participating in a meeting by use of technology, such as teleconferencing, are taken to be present at the meeting.

13. Frequency of Meetings

The Committee will meet bi-monthly, and the schedule of meetings will be agreed in advance. The Chair may call additional meetings as required.

14. Secretariat

The Secretariat support function will be provided by the Governance, Risk and Commercial Services Division. The role of the Secretariat is outlined in the GCHHS Board Charter and includes the preparation of meeting papers and administrative support. The Secretariat will prepare and maintain a corporate file of the Committee's records.

Files must be kept securely and confidentially in accordance with the requirements of the *Public Records Act 2002*. Records must also be retained in accordance with Queensland Government's General Retention and Disposal Schedule for Administrative Records. In general, papers considered by the Committee are retained permanently.

15. Agenda, Papers, Minutes, Reports and Summary

The agenda should be set allowing for appropriate consultation to include emerging issues and emphasis on the most significant risks and threats.

15.1. Agenda

- Members wishing to place items on the agenda must notify the Secretariat at least fifteen (15) 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 four working (4) days prior to the meeting.
- Late agenda items will be tabled at the discretion of the Chair.

15.2. Papers, Submissions and Reports

Papers in respect to agenda items are to be supplied to the Secretariat no later than ten (10) working days prior to the scheduled meeting via email to gchhsboard@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 Committee cover paper template), unless otherwise agreed.
- The numbers and names of electronic attachments must mirror the numbers and names used in the cover paper.
- Papers are quality reviewed by the Secretariat and cleared by the ED Corporate Affairs prior to distribution to the Committee. The substance of internal audit findings are not to be altered while progressing through the quality review process.

15.3. Minutes

- Minutes of meetings will be prepared by the Secretariat within three business days of the meeting.
- Minutes (and action items) must be cleared by the Chair within five business days of the meeting, subject to confirmation by the Committee at the next meeting, prior to distribution to Members and other Board Directors.
- Minutes will be distributed to all Members and other Board Directors immediately, once cleared by the Chair.
- Minutes are included in the meeting papers, and are taken as draft until they are ratified at the next meeting of the Committee.

- Minutes should comply with the Minuting Guidelines as detailed in the Board Charter.

16. 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. Out-of-session matters must be minuted at the next meeting of the Committee.

17. 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 likely to arise, and manage those in consultation with the Chair. In relation to specific agenda items of Committee meetings, real, potential, or apparent conflicts of interest are to be advised at the beginning of each Committee meeting. A register of conflicts of interest will be maintained by the Secretariat.

Committee members (and other attendees) must, at the start of the meeting, declare any conflicts of interest whether actual, potential, or perceived. The Chair of the Committee must require the conflicted person to leave the room while the remaining members determine whether the conflicted person is entitled to attend the meeting for the discussion.

18. 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.

19. Committee Performance and Professional Development of Members

The Committee will review its performance on annual basis, including compliance (or otherwise) with the Charter, the results of which is to be provided to the Board. The Board may commission an external peer review of the Committee's performance at its discretion.

The Committee will develop an annual workplan based on the workplan provided at Appendix 3. The work plan is linked to Board and Committee functions, the GCHHS Strategic Plan and Service Agreement, and details the activities to be completed by the Board and its Committee 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 (refer Appendix 4).

The Chair may provide Committee members with feedback on their contribution to the Committee's activities, and periodically arrange professional development for Committee members.

20. Changes and/or Review of the Charter

The Charter may be altered following Committee consultation, endorsement by the Chair of the Committee, and approval by the Board. The Charter will be reviewed annually at third Committee meeting each year.

This Gold Coast Hospital and Health Board Executive Committee Charter was formally approved by the Gold Coast Hospital and Health Board on 17 August 2021.

Ian Langdon

Signature

Ian Langdon

Board Chair

Gold Coast Hospital and Health Board

21. Document Control

Date	Nature of Amendment	Version
15 September 2020	Revised Charter to align with new branding template approved by the Board – refer HB20-09B2.	v2.0
27 July 2021	Amendment Committee membership as approved on 26 May 2021 by the Board – refer HB21-05C2	v2.1
27 July 2021	Amendment to move Document Control section from the start of the document (section 1) to the end of the document (section 21) and include further detailed information to assist with recording of changes made to future iterations of the document.	v2.2
27 July 2021	Amendment to the <i>Public Service Act 2008</i> (Current as at 8 May 2020) to reflect changes current as at 1 July 2021.	v2.3
27 July 2021	Amendment to section 4.4 to recognise the monthly Chief Executive update to the Board as a reference group for the Chief Executive.	v2.4
27 July 2021	Amendment to section 4.4 to recognise the additional strategic advice provided within the monthly Chief Executive update to Board Directors and the Monthly Chairs Committee meeting.	v2.5
17 August 2021	Revised Charter approved by the Board – refer HB21-08C7	v3.0

Contact for enquiries and proposed changes:

Contact	Board and Executive Services
Phone	5687 0516 or 5687 0514
Email	gchsboard@health.qld.gov.au

Appendix 1 – Legislation

The Executive Committee will ensure that statutory obligations in the *Hospital and Health Boards Act 2011* relating to the Executive Committee are considered at least annually. Other applicable legislation may also be considered as required.

Hospital and Health Boards Act 2011 (Current as at 30 April 2021)

“Division 4, Guiding Principles of Act - 13 - Guiding principles:

- (1) The following principles are intended to guide the achievement of this Act’s object—
 - (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 is a 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; and
 - (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, 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;
 - (l) opportunities for training and education relevant to the delivery of public sector health services should be promoted.
- (2) A person must have regard to the guiding principles when performing a function or exercising a power under this Act”.

“Division 2A, Executive committees, S32B Function of executive committee

- (1) The function of the Committee is to support the Board in its role of controlling 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.
- (2) Without limiting subsection (a), the Executive Committee may, at the direction of the Board:
 - a) oversee the performance of the Service against the performance measures stated in the service agreement; and

- b) support the Board in the development of engagement strategies and protocols with primary healthcare organisations, monitor their implementation, and address issues that arise in their implementation; and
- c) support the Board in the development of service plans and other plans for the Service and monitor their implementation; and
- d) work with the Health Service Chief Executive in responding to critical emergent issues in the Service; and
- e) perform other functions given to the Executive Committee by the Board.

(3) A regulation may prescribe other matters relating to the Executive Committee's functions."

Public Service Act 2008 (Current as at 1 July 2021)

“Division 1, management and employment, Section 25 - The management and employment principles:

- (1) Public service management is to be directed towards—
 - (a) providing responsive, effective and efficient services to the community and the Government; and
 - (b) maintaining impartiality and integrity in informing, advising and assisting the Government; and
 - (c) promoting collaboration between Government and non-government sectors in providing services to the community; and
 - (d) continuously improving public service administration, performance management and service delivery; and
 - (e) managing public resources efficiently, responsibly and in a fully accountable way; and
 - (f) promoting the Government as an employer of choice; and
 - (g) promoting equality of employment opportunity.
- (2) Public service employment is to be directed towards promoting—
 - (a) best practice human resource management, including through the application of positive performance management principles; and
 - (b) equitable and flexible working environments in which all public service employees are—
 - (i) treated fairly and reasonably; and
 - (ii) remunerated at rates appropriate to their responsibilities; and
 - (c) a diverse and highly skilled workforce drawing from Government and non-government sectors; and
 - (d) employment on tenure as the default basis of employment for employees in the public service, other than for non-industrial instrument employees.
- (3) Subsections (1) and (2) are the management and employment principles”.

Appendix 2 – Draft Committee Workplan

The Draft Committee Workplan has been developed in line with the responsibilities and key performance indicators outlined in the Charter. Each year, the Draft Committee Workplan will form the basis of an Annual Committee Workplan to be developed throughout the year to include additional discussion items as and when required.

Deliverable	Description	Owner	Jan	Mar	May	Jul	Sept	Nov
Corporate governance								
Review Work Plan and Committee Charter	Annual Review of the Committee Charter with attached work plan. The Executive Committee will ensure that statutory obligations in the <i>Hospital and Health Boards Act 2011</i> relating to the Executive Committee are considered at least annually. Other applicable legislation may also be considered as required.	Secretariat			x			
Committee Evaluation	Aligned to Board Committee and Board reviews	Secretariat						x
Forward meeting and work plan	Review the following year's meeting and work plan	Secretariat			x			
Board performance and evaluation, Board Charter and Committee function	Oversee GCHHS governance practices and recommend changes to the Board and Chief Executive respectively	Chair				x		
Strategic issues reporting / Health Service performance								

Review performance of the Service against the performance measures stated in the service agreement	Oversee the performance of strategic objectives and make recommendations to the Board as to continuation or amendment of direction and vision	CE / EDSTMC / CFO							x
Review the Gold Coast Health Strategic Plan and provide input into updates	Oversee and provide advice on the development of key milestones and policy frameworks relating to digital health, strategic planning and workforce development	EDSTMC		x					
	Provide strategic advice to management on the development and consideration of strategic initiatives, including reviewing management recommendations and making recommendations to the Board	All	x	x	x	x	x	x	x
	Review summary performance reports from other Board Committees to inform the discussion of strategic performance matters	All	x	x	x	x	x	x	x
<i>Strategic and Service planning</i>									
	Oversight of strategic initiatives as directed by the Board (including Day Case Surgery Services and facilities, the Strategic Plan, intellectual property strategy, and	CE / EDSTMC / CFO	x	x	x	x	x	x	x

	innovation concepts and initiatives)							
	Support the Board in the development of service plans and other plans for the Service and monitor their implementation	CE / CFO / EDSTMC	x	x	x	x	x	x
Engagement strategies (including primary health care and community)								
	Oversee the review of the Consumer Engagement Strategy and particular initiatives of the Health Service	ED Corporate Affairs		x				
	Define role of the HHS in the community, corporate and non-government organisation (NGO) relationships and partnerships, including the Gold Coast Health and Knowledge Precinct	EDSTMC	x	x	x	x	x	x
	Support the Board in the development of engagement strategies and protocols with primary healthcare organisations, monitor their implementation, and address issues that arise in their implementation	EDMS	x	x	x	x	x	x
	Review of performance data, review and recommendation of	EDP&O	x	x	x	x	x	x

	key workforce policies, oversight of risks and assessment of initiatives to make recommendations to the Board							
Workforce culture								
Regularly review Workforce Report	Oversight of trends and specific improvement initiatives such as Magnet, Diversity and Inclusion strategies	EDP&O	x	x	x	x	x	x
Work Health and Safety								
	Oversight of significant Work Health and Safety issues through regular updates from the Executive Director, People and Corporate Services	EDP&O	x	x	x	x	x	x
	Visibility of SafeWork Australia updates which have service-wide impact	EDP&O	x	x	x	x	x	x
Executive leadership								
Review of Chief Executive performance and succession planning	Oversee the Chief Executive performance review process in accordance with the Chief Executive Performance Management Framework, and make recommendations to the Board	EDP&O			x	x		

Succession planning	Oversight of Executive Management capability	CE / EDP&O	x	x	x	x	x	x
Receive regular Chief Executive Reports	Provide a reference forum for the Chief Executive to seek preliminary advice and opinions on issues still in the formative stage of development and consideration, as well as a forum for conducting confidential discussion on challenges confronting the Chief Executive in the carrying out of their duties	CE	x	x	x	x	x	x
	Work with the Health Service Chief Executive in responding to critical emergent issues in the Service	CE	x	x	x	x	x	x

Appendix 3 – Membership as at 26 May 2021

Member	Committee Membership Type	Initial Board Appointment Date	Current Tenure Cessation Date
Ian Langdon	Chair	1 July 2012	31 March 2024
Judy Searle	Member	18 May 2016	31 March 2024
Teresa Dyson	Member	18 May 2016	31 March 2022
Nicholas Zwar	Member	18 May 2021	31 March 2024
Peter Dowling AM	Member	10 June 2021	31 March 2024

Appendix 4 – Executive Committee Self-Assessment Tool

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Membership					
1. The size of the Committee is appropriate to the business and the responsibilities in the Charter.					
2. All Committee members are non-executive directors.					
3. The majority of members are independent.					
4. The Committee has an appropriate balance of skills, knowledge and experience.					
5. All members are financially literate and able to understand financial statements with at least one member with accounting or related financial expertise.					
Meetings					
6. The Committee meets regularly throughout the year and the number of meeting is appropriate for the business and the responsibilities of the Committee.					
7. Sufficient member attendance at all meetings.					
8. The agenda and meeting papers are provided well in advance of meetings.					
9. Minutes are taken and appropriately circulated to members in a timely manner, and to the Board.					

Governance

10. Any potential, actual or perceived conflicts have been appropriately managed in line with agreed policies and processes.					
11. Senior staff are readily accessible to discuss confidential matters privately as required.					
12. Reviewed the Committee Charter.					
13. Evaluated Committee Performance.					
14. Developed and followed an annual forward meeting and work plan.					

Other comments