

Metro North Hospital and Health Board

Executive Committee | Terms of Reference

1. Purpose

The Metro North Executive Committee is established to support the Board by:

- “working with the health service chief executive (HSCE) to progress strategic issues identified by the Board; and
- strengthening the relationship between the board and the HSCE to ensure accountability in the delivery of services by the Hospital and Health Service (HHS).”

(s32B (1) of the *Hospital and Health Boards Act 2011*)

2. Authority

The Executive Committee functions under the authority of the Metro North Board in accordance with the *Hospital and Health Boards Act 2011*.

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

3. Priorities

The Executive Committee priorities are aligned to the Minister for Health’s priorities and expectations as set out in *Putting Patients First: Further action to tackle ramping and healthcare pressures*.

The *Putting Patients First* plan is focused on:

1. Keeping Queenslanders out of hospital and providing alternatives to emergency departments
2. Supercharging virtual care
3. Strengthening our Queensland Ambulance Service
4. Investing in more frontline health workers
5. More beds for our growing population

To support the achievement of the Minister’s priorities, Committee agendas will include discussion of psychosocial wellbeing, organisational culture and workforce and clinical reform.

In addition, the Committee will also monitor the state and national health reform agenda, implementation of the Health Equity Strategy, progress toward achieving Metro North’s long term vision MN32 and IT strategy.

The Committee will include a focus on engaging effectively with primary health care providers.

4. Additional Functions

In addition to carrying out the functions of the Metro North Executive Committee (Section 1), the Committee may, at the direction of the Board:

- a) oversee the performance of the Metro North Health 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 Metro North Health and monitor their implementation;
- d) work with the Health Service Chief Executive in responding to critical emergent issues;
- e) perform other functions given to the Executive Committee by the Board.

(s32B(2) of the *Hospital and Health Boards Act 2011*)

Additionally, the Executive Committee will have a role to ensure other board committees are aware of the priorities and initiatives of the Health Service and the other committees.

The Executive Committee will assist the Board Chair to determine what matters should be scheduled for future Board meetings.

5. Governance

5.1 Executive Committee meetings

The Executive Committee will meet quarterly, or as determined by the Chair, the Executive Committee or the Board.

5.2 Decision making

The Executive Committee is an advisory committee to the Board. Decisions on agenda items will require a majority of those attending. If votes are equal, the Chair also has the casting vote.

5.3 Quorum

A quorum exists if the following members are in attendance:

- Chair or Deputy Chair
- One clinician Board Member
- Four Board Members.

5.4 Meetings

Meetings may be held in person, or virtually, as determined by the Chair.

5.5 Out of session discussions

A resolution is validly made by the Executive Committee, even if it is not passed at a meeting of the Executive Committee, if a majority of the Members give written agreement to the resolution.

6. Membership

6.1 Membership

Section 32C of the Hospital and Health Board Act prescribes that membership of an executive committee is as follows:

“(1) An executive committee consists of the following—

- (a) the chair or deputy chair of the board who is to be chair of the committee;*
- (b) at least 2 other board members, decided by the board, at least one of whom is a clinician.”*

The Metro North Executive Committee shall comprise all members of the Board, at least one of whom is a clinician.

Membership of the Executive Committee will be reviewed annually as part of the annual review of the Terms of Reference. However, the Board has discretion to review membership at any time.

6.2 Attendance by the Chief Executive (CE)

The CE is to attend all meetings, unless agreed with the Chair (S32D(1)).

6.3 Other participants

In consultation with the CE, the Chair may request Health Service Executives, employees or external parties to attend a meeting of the Executive Committee in an advisory capacity.

7. Reporting

The Chair will report to the Board on a regular basis on the Committee's discussions.

The Committee will receive at least biannual reporting on the Metro North Workplace Psychological Health Framework.

The Committee will receive minutes from the Metro North and Brisbane North PHN Joint Board Alliance Committee.

The Committee will provide the following documents to the Board:

- Annual meeting schedule
- Confirmed meeting minutes following each meeting.

8. Secretariat

Secretariat support will be provided by the Board Secretary and/or Board Liaison Officer.

The Secretariat will be responsible for the preparation and circulation of the meeting agenda and accurately minuting all decisions of the Committee, in consultation with the Chair. The Secretariat will also be responsible for the timely tabling of all correspondence, reports and other information relevant to the Committee's activities.

Approved by the Metro North Hospital and Health Board on 30 January 2024

Review date January 2025