

Metro North Hospital and Health Board

# Expression of Interest

June 2025

Metro North  
Health



Queensland  
Government

## Introduction

Metro North Hospital and Health Service (MNHHS) is one of 16 hospital and health services (HHSs) in Queensland, statutory bodies that are responsible for delivering public health services to geographical areas of Queensland.

With health services delivered to a catchment population of more than 1 million people, MNHHS is the largest health service in Australia. Our footprint extends across Queensland, northern New South Wales, and the Northern Territory for several critical clinical services in these communities. In the past 12 months, we helped more than 2.2 million patients across our hospital and health services.

Our vision is *excellent healthcare, working together, strong and healthy communities*.

The Board of MNHHS is seeking to appoint an external committee member to join its Finance and Performance Committee. The objective of the appointment of an external committee member is to provide additional oversight of matters consider by the committee and to supplement existing skills and experiences of board members on the Finance and Performance Committee.

## Role and Authority

The Board Finance and Performance Committee (BFPC) is a prescribed committee under the *Hospital and Health Board Act 2011*. The BFPC is a sub-committee of the Board of MNHHS. The BFPC is an advisory committee and reports to the Board. It does not hold any delegated authority for the HHS but considers matters for, and on behalf of the Board, and makes recommendations when appropriate.

Non-Board members on a prescribed committee, such as the Finance and Performance Committee are non-voting committee members in accordance with Section 30 and 32C of the *Hospital and Health Boards Act 2011*.

## Work and Responsibility of the BFPC

The BFPC has a Terms of Reference (approved by the Board) which outlines it areas of focus and responsibilities. These include:

- assess budgets to ensure they are consistent with the organisational objectives and appropriate to the HHS's funding and in line with the Government's objectives and the Ministerial Charter
- monitor cash flow
- monitor financial and operating performance, including to Service Level Agreements and other relevant obligations
- monitor the adequacy of financial systems to ensure requirements and obligations under the *Financial Accountability Act 2009* are met
- assess and monitor financial risks and concerns
- assess complex or unusual financial transactions and/or functions.

## Committee Meeting Commitments

The BFPC meets 6 times per annum and additional meetings may occur from time to time. Meetings are usual 2.5 to 3 hours in duration. Duties would include reading time and if necessary, liaising with the Committee Chair.

## Qualifications and Experience

### Qualifications

- tertiary qualifications in Accounting/Commerce/Economics or equivalent.
- Member of aligned professional body such as CANZ or CPA or equivalent.
- It would be beneficial to hold qualifications or substantive work experience as a health economist.

***Experience – it will be an advantage to have:***

- A working knowledge of activity-based funding, hospital funding models, and accountability measures
- An understanding of financial control measures
- Understand financial efficiency deliverables
- Advising on financial operations and their viability
- Corporate governance knowledge and experience
- An adaptable ability to work in a team environment in line with MNHHS's values.

A criminal history check and other probity checks will be undertaken on the successful applicant prior to appointment.

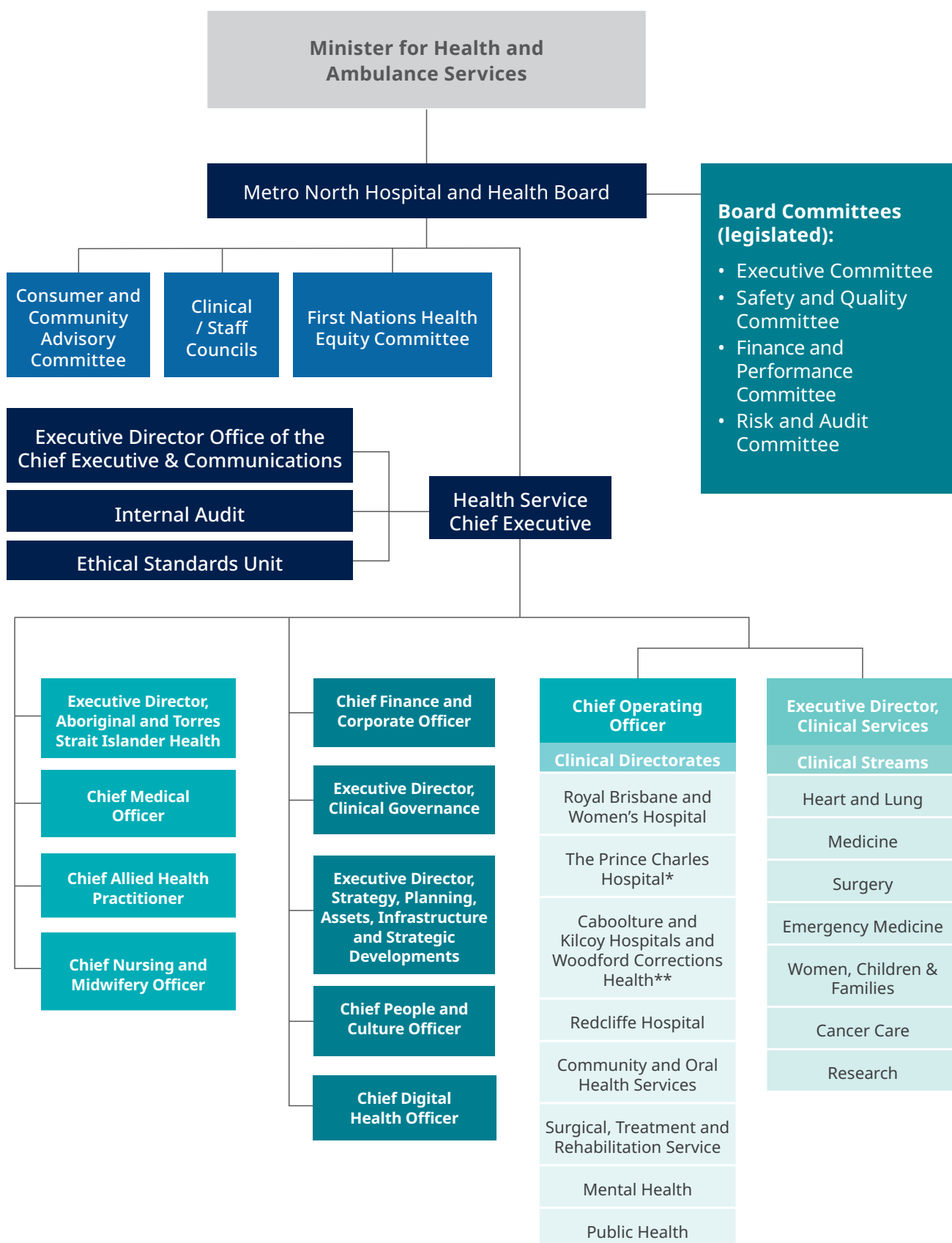
Interest parties are invited to submit their curriculum vitae (CV) with a cover letter to the Board Office via email on [Metro\\_North\\_Board@health.qld.gov.au](mailto:Metro_North_Board@health.qld.gov.au)

Applications close 30 June 2025

## **Appendices**

- Organisational structure
- Strategic Plan
- Committee Terms of Reference





\* Governance of Kallangur (Kalangoor) Satellite Health Centre (TPCH)

\*\* Governance of Bribie Island (Yarun) Satellite Health Centre and Caboolture (Kabul) Satellite Health Centre

# Metro North Health Strategic Plan 2024 – 2028

This Strategic Plan (the Plan) outlines Metro North's future direction from 2024 to 2028. Metro North Health supports the Government's objectives for the community: Good jobs: Good secure jobs in our traditional and emerging industries; Better services: Deliver even better services right across Queensland; Great lifestyle: Protect and enhance our Queensland lifestyle as we grow.

The Plan aligns to the priorities in *HealthQ32: A vision for Queensland's health system* that commits to partnering across the health system to deliver accessible, equitable and sustainable healthcare for everyone. Through the directions of this Plan, Metro North Health will continue to have an ongoing commitment to respect, protect and promote human rights for everyone, everywhere, every day.

The Plan builds on the priorities and achievements of the 2020-2024 Strategic Plan and describes the objectives, strategies and key performance indicators so patients and carers, staff, our community, partners and all other stakeholders understand our future direction.

## Foreword

In 2024, Metro North Health is embracing a strategic focus that strengthens our commitment to our community, our staff and our partners. Our services will support equity of access and health outcomes for all, particularly those who are at most risk of poorer health outcomes. With innovative partnerships across the health sector we will work collectively to achieve health equity for our Aboriginal and Torres Strait Islander community and other communities with health disparities.

Our vision for MN32 sets out our roadmap to 2032 where we are the leading health service provider in the southern hemisphere through state-of-the-art delivery of a range of specialty and integrated health services.

We are committed to our workforce and have commenced an ambitious agenda of workforce reform. The pace of healthcare requires system-wide, transformational change where patient-centred clinical and service redesign drive organisational design that promotes sustainable workforce. We will focus on approaches that will improve the wellbeing and retention of our staff which will enable us to improve the patient experience and work with our partners to better connect care and improve outcomes. We will put our values into action.

We will work with our existing partners, our diverse community and develop new partnerships to deliver responsive, integrated, connected and quality frontline services to strengthen the delivery of public health care for the people and communities we serve.

On behalf of the Board and the Executive team, thank you to patients, carers, community, partners and staff for working together to deliver this Plan.

## Opportunities

The following key opportunities will be pursued to deliver on our future directions:

- **Achieving health equity:** Lead efforts in achieving health equity for Aboriginal and Torres Strait Islander peoples.
- **Strengthening the voice of the patient:** Leverage the co-design approach for health equity to involve broader and diverse consumers in the design and delivery of health services.
- **Working with our partners:** More networked care across the health continuum and across sectors to increase effective, integrated and sustainable out-of-hospital care models with partners.
- **Developing our workforce:** Pursue opportunities for new workforce models underpinned by education and training to meet the growing and changing community needs for health services.
- **Leading across the state:** Provide leadership, creativity and agility to influence innovative service delivery across the broader health network.
- **Elevating research and innovation:** Advance knowledge and technology across the care continuum to transform healthcare and accelerate the translation of research into clinical practice.
- **Planning for our community growth:** Optimise planned infrastructure investment to meet community service needs.
- **Commitment to sustainability:** Embed environmental sustainability in everything we do.

**Our vision** | Excellent healthcare, working together, strong and healthy communities

**Our purpose** | Together with our community and partners, deliver services informed by research and innovation to improve the health outcomes of our community

**Our values** | Our values and behaviours will hold us to account to our community and to ourselves.



Metro North  
Health



# Strategic risks

- **Growing community need:** Increasing pressure on available funding (including own source revenue), constraints of current funding models with increased cost of supply (labour and non labour including low value care) may impact ability to respond to service demand and community needs and expectations.
- **Sustainability:** Lack of attention to natural and built environment in Metro North, the changing climate, natural disasters and the scale and frequency of global events including pandemics and conflicts will impact on our ability to respond to the health needs of our community and capitalise on opportunities when presented.
- **System and Partner Dependencies:** Relationships and interfaces across the system may not be adequately managed to deliver the most effective, efficient and sustainable health services.
- **Digital Transformation and Cyber Security:** Failure to successfully execute digital transformation would adversely impact patient outcomes, service delivery, research and clinical partnerships and organisational viability. Inadequate processes to prevent and/or respond to cyber threats may result in loss or corruption of sensitive information and cause critical service disruption compromising patient care and organisational performance.
- **Assets and Infrastructure:** Ageing infrastructure with inadequate funding may lead to Metro North carrying an increasing liability for building asset performance resulting in impacts on clinical service delivery. Failure to maintain assets and essential systems would adversely impact patient and services outcomes and security of critical infrastructure.
- **Workforce:** There is a growing gap between workforce supply and community demand with traditional solutions insufficient and no longer fit for purpose. Failure to take a system-wide approach to workforce solutions, considering current staff wellbeing, future demand and technological impacts will result in an ongoing deterioration of the workforce ecosystem.
- **Community confidence:** Inability to meet our community expectations can lead to community loss of confidence in Metro North Health which will impact on our reputation and the health and wellbeing of our community.

## Metro North's Strategic Plan aligns to the following Government objectives for the community:

Backing our frontline services.

Keeping Queenslanders safe. Honouring and embracing our rich and ancient cultural history.

Protecting the environment.

Backing our frontline services.



**OBJECTIVE 1:**  
To always put people first.



**OBJECTIVE 2:** To improve health equity, access, quality, safety and health outcomes.



**OBJECTIVE 3:** To deliver value-based health services through a culture of research, education, learning and innovation.



**OBJECTIVE 4:** To be accountable for delivery of sustainable services, high performance and excellent patient outcomes.

- Listen to consumers, carers, staff and partners and involve them in organisational development, governance and decision making.
- Provide our staff with support, education, training and development opportunities.
- Provide physically and psychologically safe and healthy work places and care environments underpinned by a system of fair and ethical decision making for staff and patients.
- Optimise the diversity of our workforce with a focus on those transitioning into and out of the workforce.
- Develop leadership capabilities of our workforce.

- Develop services close to home with a networked approach to evidence-based service delivery that supports equitable care and continuity of care across and within primary, community, and hospital care.
- Develop strategic partnerships that translate to operational impact.
- Create system capacity through workforce, infrastructure, technology, service development and redesign.
- Build capability to assess patients cultural, social and physical needs and partner with other sectors for a holistic response.
- Implement integrated digital solutions across Metro North.
- Minimise risk by planning for continuity of service delivery.
- Strengthen patient safety systems by fostering a culture of organisation wide learning from variations in care, patient harm and patient feedback.

- Implement sustainable models of care that provide services in the community and/or home and reduce avoidable demand for hospital services.
- Embed conversations in health in service delivery to empower a diversity of consumers as partners in their health care.
- Leverage strategic collaborations to generate new knowledge through research, evaluating what others have learned and actively bringing this knowledge into practice.
- Create an environment that promotes innovative approaches to support our people in continuous improvement and organisational learning.
- Collaborate with partners to identify the future workforce and to respond to changing clinical placement requirements.

- Deliver models of service delivery that make most effective use of available and future resources including redirecting investment where evidence supports new or alternative practices.
- Embed a culture of transparency and clinical accountability.
- Embed robust governance processes over programs and projects to attain best possible outcomes.
- Embed a culture of striving to achieve or exceed our Service Agreement Performance Measures.
- Work with our partners to ensure an appropriate balance in health investment between prevention, management and treatment.

- All Directorates demonstrate at least three codesign initiatives with consumers for organisational development per annum.
- Consumer feedback trend & theme analysis is undertaken quarterly to identify opportunities for targeted quality improvement.
- Improved staff engagement and satisfaction results by 5 per cent each survey (every two years).
- Demonstrated action to staff engagement survey results for every service/business unit across Metro North Health.
- Comparable Metro North service/workforce diversity compared to Metro North population diversity.

- Increased access to local services for Caboolture and Redcliffe residents with:
  - 60 per cent of admitted services provided close to home each year.
  - 75 per cent of outpatient services provided close to home or via telehealth.
- At least 80 per cent of Health Equity Strategy actions due for completion in a particular year have a status of “on track” at the March progress reporting period.<sup>1</sup>
- ieMR rollout progressing to schedule and within budget to complete rollout in all facilities in Metro North by 2027.
- 100 per cent of Serious Clinical Incidents and Sentinel Events are reviewed within mandated timeframes with a focus on identifying opportunities for improvement.

- Increase patient participation in Metro North Health clinical trials and clinical research by 10 per cent each year.
- Increase the percentage of new Senior Medical Officer (SMO) appointments with a higher degree towards a target of 50 per cent.
- At least 90 per cent of inpatients indicate “yes definitely” to being involved as much as desired in treatment and care decisions.
- Completed Climate Risk Assessments and Decarbonisation Pathway Plans for all key Metro North sites by 30 June 2025.

- Achieve sustainable positive financial results.
- At least 90 per cent of new initiative projects include evaluation criteria.
- The achievement of our Service Agreement Performance Measures.

<sup>1</sup> Metro North Health Equity Strategy 2022-2025, published in 2022

# Metro North Hospital and Health Board

## Finance and Performance Committee | Terms of Reference

### 1. Purpose

The purpose of the Metro North Hospital and Health Board Finance and Performance Committee (the “**Committee**”) is to assist the Metro North Hospital and Health Board (the “**Board**”) in fulfilling its oversight responsibilities and ensuring achievement of the Board’s goals. This is achieved by overseeing the financial and operational performance, position and requirements of the Hospital and Health Service (the “**Service**”). The financial impact of human resource matters will also be examined by the Committee.

### 2. Authority

The Committee is a prescribed Committee under the *Hospital and Health Boards Regulation 2023*:

- the Committee 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
  - examine any matter in relation to its objectives as it sees fit or as requested by the board
  - engage external resources if necessary to obtain independent advice in relation to Committee matters with the approval of the Board
  - have access to all levels of management via the Health Service Chief Executive (HSCE) in order to seek information from any employee to assist in carrying out the Committee’s responsibilities.

#### Decision making

- The Committee has no executive powers.
- The Committee is an advisory committee of the Board. In discharging its responsibilities, the Committee has the authority to:
  - recommend investigations into matters within its scope of responsibility
  - access information, records and personnel of the service and Health Department’s Shared Service Provider for this purpose
  - request attendance of any employee, including executive staff, at Committee meetings
  - conduct meetings with internal and external auditors as necessary
  - seek advice from external parties as necessary
- Recommendations of the Committee will be regarded as its collective decision or advice unless there is material dissension.
- If consensus cannot be reached, the Chair reserves the right to escalate the matter to the Board. The minority view will be recorded in the minutes of the meeting and placed before the Board.
- Where the matter for consideration is beyond the scope of the Committee, the decision is to be referred to another Committee, where relevant, or the Board.

### 3. Guiding Principles

The *Hospital and Health Boards Act 2011* (Qld) and the *Public Sector Act 2022* (Qld) are the principal legislative instruments that guide the functions of the Committee. The guiding principles contained within that legislation guides all decisions of the Committee and include, but are not limited to:

Hospital and Health Boards Act 2011 (Qld) Guiding principles (section 13)

- (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;
  - (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 Sector Act 2022 (Qld) Public sector principles (section 39)

The management of the public sector should be guided by the following principles:

- (a) Achieving a spirit of service to the community;
- (b) Ensuring accountability, integrity and support of the public interest;
- (c) Ensuring independence, transparency and impartiality in giving advice and making decisions;
- (d) Achieving responsiveness, innovation and creativity;
- (e) Promoting collaboration between public sector entities and other entities in providing services to the community;
- (f) Achieving continuous organisational improvement.

*Financial Accountability Act 2009*

Adherence to the *Financial and Performance Management Standard 2019*, which provides direction in financial management with emphasis upon planning, performance management, internal control and corporate management.

## 4. Functions

The functions of the Committee are stipulated in section 46 of the *Hospital and Health Boards Regulation 2023*:

- (a) advising the Board about the matters stated in paragraphs (b) to (g);
- (b) assessing the Service's budgets and ensuring the budgets are –
  - (i) consistent with the organisational objectives of the Service; and



- (ii) appropriate having regard to the Service's funding.
- (c) monitoring the Service's cash flow, having regard to the revenue and expenditure of the Service;
- (d) monitoring the financial and operating performance of the Service;
- (e) monitoring the adequacy of the Service's financial systems, having regard to its operational requirements and obligations under the *Financial Accountability Act 2009*;
- (f) assessing financial risks or concerns that impact, or may impact, on the financial performance and reporting obligations of the Service, and how the Service is managing the risks or concerns;

Examples of financial risks or concerns for paragraph (f)—

- the accuracy of the valuation of fixed assets
  - the adequacy of financial reserves
- (g) assessing the Service's complex or unusual financial transactions;
  - (h) any other function given to the Committee by the Service's Board, if the function is not inconsistent with a function mentioned in paragraphs (a) to (g).

The Committee has the following additional functions, above that outlined in the regulation:

- monitoring activity performance against prescribed indicators and targets (including against relevant Service Agreement Key Performance Indicators specifically related to Performance and Funding);
- reviewing significant Service strategic business cases and providing recommendations to the Board as appropriate;
- monitoring the financial impact of human resource and people and culture matters on the Service.

In addition to the above functions, the Committee will share information with other committees of the Board and refer matters that are the remit of other committees in a timely manner. The Committee will also accept matters referred to it by the Board and other committees of the Board and provide advice on how such matters are addressed.

## 6. Risk Management

A proactive approach to risk management will underpin the business of the Committee. The Committee will:

- identify risks and mitigating strategies associated with all decisions made
- implement processes to enable the Committee to identify, monitor and manage critical risks as they relate to the functions of the Committee.

## 7. Governance

### 7.1 Business Rules

Procedures of the Committee are conducted in accordance with the *Hospital and Health Boards Act 2011* (Qld) and the *Hospital and Health Boards Regulation 2023* (Qld) and the Board Charter.

### 7.2 Meetings

Meetings will be held a minimum of every two months. In addition, the Chair may call additional meetings as necessary to address any matters referred to the Committee or in respect of matters the Committee wishes to pursue within the terms of reference. Meetings may be held in person, or virtually, as determined by the Chair.

### 7.3 Decision making

The 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.

### 7.4 Quorum

A quorum will comprise the number equal to one-half of the number of its members or, if one-half is not a whole number, the next highest whole number.

## 7.5 Sub-Committees

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

## 7.6 Out of session discussions

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

## 7.7 Out of session papers

Urgent matters can be progressed out of session with the agreement of the Committee Chair.

# 8. Membership

## 8.1 Membership

Membership is determined by the Board. Members, including the Chair, will include at least two members of the Board, or, where the necessary skills do not exist on the Board, the Board may appoint an external member to the Committee.

If the Chair is absent from a meeting or vacates the Chair at a meeting, the Chair must appoint another member to act as the Chair on a temporary basis.

## 8.2 Standing invitees

The following positions will be invited to attend each meeting:

- Health Service Chief Executive
- Chief Operating Officer
- Chief Finance and Corporate Officer
- Executive Director Clinical Services
- Chief People and Culture Officer

## 8.3 Other invitees

The Committee may invite other people to attend its meetings as it sees fit.

## 8.4 Proxies

Proxies are only able to attend if approved by the Chair.

## 8.5 Other participants

The Chair may request service health executives, employees or external parties to attend a meeting of the Committee. However, such persons do not assume membership or participate in any decision-making processes of the Committee.

# 9. 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 Chair will report to the Board on a regular basis.

The Committee will provide the following to the Board:

- Annual meeting schedule
- Confirmed meeting minutes following each meeting

The Committee will receive the following reports as standing items:

- Finance Report
- Operations Report

- Work Program

The Committee may also review prior to Board approval those significant business cases for capital projects and major ICT projects which require Board approval by Queensland Health.

The Committee may also receive reports on an 'as needs' basis, where the report is relevant to the Committee's functions. Reports are to be provided to the secretariat no later than eight days prior to the meeting for inclusion in the meeting pack for Committee members.

## 10. Performance

The Committee will undertake an annual self-assessment of its performance to ensure that the Committee remains fit for purpose and to identify and action any areas in which the effectiveness of the Committee could be improved. The Committee will provide a report on the annual review of performance and achievements to the Board.

Periodically, the Chair will discuss professional development and training needs for all members of the Committee. When training needs are identified, these will be discussed with the Board Chair and subsequent Board approval sought. The Secretariat will make the arrangements for registration and payment.

## 11. Ethical Practices

To meet ethical obligations under the *Hospital and Health Boards Act 2011*, the *Public Sector Act 2022*, and the *Public Sector Ethics Act 1994*, Committee members must declare any conflicts of interest whether of an actual, perceived or potential nature, and must manage those identified conflicts in consultation with the Chair.

In managing consideration of a conflict, the Committee will ensure adherence to the procedures contained within Schedule 1, S9 of the *Hospital and Health Boards Act 2011*.

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 of 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. Confidentiality

Members of the Committee may from time-to-time be in receipt of information that is regarded as subject to legal professional privilege, 'commercial in confidence', clinically confidential or otherwise private. 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 separate from any other business or responsibilities of the member.

Members are to treat information discussed within Committee processes strictly confidential, at all times, except for purposes that promote the exercise of the Committee's functions. Where there is doubt as to whether a proposed disclosure of information would promote exercise of the Committee's functions, guidance may be sought from the Committee itself or the Chair.

### 13. Secretariat

Secretariat support will be provided by the Board Secretary and/or the 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 29 August 2023

**Review date** August 2025