



# Board Executive Committee Charter

Darling Downs Hospital and Health Service | Last reviewed 27 May 2025  
Office of the Chief Executive | Phone 4699 8670 |  
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# Our vision

Caring for our communities - *healthier together*

# Our values

- **Compassion** - We engage with others and demonstrate empathy, care, kindness, support and understanding.
- **Integrity** - We are open, honest, approachable, equitable and consistent in everything we do.
- **Dignity** - We treat others with respect, display reasonableness and take pride in what we do.
- **Innovation** - We embrace change and strive to know more, learn more and do better.
- **Courage** - We respectfully question for clarity and have the strength and confidence to Speak Up.

## Darling Downs Hospital and Health Service Board Executive Committee

### Version control

The first version was formally approved by the Darling Downs Hospital and Health Board on 24 July 2012.

This version was formally approved by the Darling Downs Hospital and Health Board on 27 May 2025.

### For further information please contact:

Office of Chief Executive  
Darling Downs Hospital and Health Service  
Jofre House Level 1  
Baillie Henderson Hospital  
PO Box 405  
Toowoomba Qld 4350  
[DDHHS\\_Board@health.qld.gov.au](mailto:DDHHS_Board@health.qld.gov.au)

[www.health.qld.gov.au/darlingdowns](http://www.health.qld.gov.au/darlingdowns) | ABN 64 109 516 141

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# Board Executive Committee

## 1. Introduction

This document, to be known as the Board Executive Committee Charter ('the Charter'), has been approved by the Darling Downs Hospital and Health Service Board ('the Board').

The purpose of this Charter is to outline the role, responsibilities, composition and operating guidelines of the Board Executive Committee ('the Committee') in accordance with the *Hospital and Health Boards Regulation 2023*.

## 2. Role of the Board Executive Committee

As set out in Section 32(a) of the *Hospital and Health Boards Act 2011*, the function of the Committee is to support the Board in its role of controlling the Darling Downs Hospital and Health Service (DDHHS).

Board members have a responsibility to promote a culture committed to lawful and ethical behaviour.

## 3. Authorisation

The Committee has no executive powers.

The Committee is a "prescribed committee" under Part 9, Section 44 of the *Hospital and Health Boards Regulation 2023*.

## 4. Scope of the Board Executive Committee

The function of the Committee is to support the Board in its role of controlling the Service as outlined in Section 32(b) of the *Hospital and Health Boards Act 2011* 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 (HSCE) to ensure accountability in the delivery of services.*

The 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 implementations and address issues that arise in their implementation, and*
- c) *Support the Board in the development of service plans and monitor their implementation, and*
- d) *Work with the HSCE in responding to critical emergent issues in the Service, and*
- e) *Perform other functions given to the Committee by the Board.*

The Committee is responsible for approving the HSCE's performance agreement. The performance

agreement will be in line with Queensland public sector executive leadership qualities, which are grouped across three (3) areas: vision, results and accountability. The performance, development and remuneration of the HSCE will be formally assessed in July each year. The assessment provides an opportunity to consider achievements and supports a culture of high performance and continuous improvement. The Committee will then make a recommendation to the Board for endorsement.

The Committee has delegated authority to approve Special Payments (legal and non-legal) up to \$100,000. All approvals are to be reported to the full Board Meeting.

The Committee provides the following reports:

Recipient	Report	Frequency	Responsibility
Board	Board Executive Committee Minutes	Monthly	Board Secretary
Board	Matters for attention of the Board	As required	Chair

The Committee receives the following reports:

Report	Description/Type	Frequency	Responsibility
Board Meeting Summary	Summary of the Board Meetings prior to publication	Monthly	Board Secretary
Board Executive Committee Actions report	Summary of open and outstanding Board Executive Committee actions	Monthly	Board Secretary
Queensland Government Insurance Fund - DDHHS Claims Summary Report	Medico Legal Actions	Bi-Monthly	DOCE
Work Health and Safety Report/ Safety and Wellbeing Risk Report	Update of any Workplace Health Safety matters of concern Safety and wellbeing risk profile and system audit reports	Monthly	EDPC
Conduct and Performance Excellence (CaPE) Report	Conduct and Performance Excellence Report Card	Quarterly	EDPC
Human Resources (HR) Analytics Report	Human Resources Scorecard	Quarterly	EDPC
Mandatory Training	Mandatory training compliance report	Six (6) monthly	EDPC

#### Additional Reports

- The Committee may also receive reports from other bodies on an 'as needs basis' where the report is relevant to the Committee's function.

#### Issue Escalation:

- Significant issues identified or issues unable to be resolved by the Committee are escalated to the Board.

## 5. Risk Management

The Committee is to adopt a pro-active approach to risk management within the parameters of the Board Risk Appetite Statement.

The Committee will:

- Identify risks and mitigating strategies with all decisions and recommendations made.
- Implement processes to enable the Committee to identify, monitor and arrange management of risks as they relate to the scope of the Committee.
- Work collaboratively with the Board Audit and Risk Committee to manage risks as required.

## 6. Sub-committees

The Committee is part of the DDHHS's corporate governance framework. To the extent that there is any overlap in the responsibilities of the Committee and the 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.

Each Committee shall consult, where necessary, with the other Committees to ensure that the Committees' plans are consistent with each other and with the DDHHS Strategic Plan.

## 7. Key Performance Indicators/Deliverables

The Committee will assist the Board to monitor and report on the Board deliverables as outlined below:

Domain	Performance Indicator	Assessment/ Reporting Timeframe	Accountable Officer
<b>Strategic Planning</b> <i>Financial and Performance Management Standard 2009 (s9)</i> and Agency Planning Requirements, Department of Premier and Cabinet – 18.4 and NSQHS Standards	Board review of the Health Service Strategic Plan	Annually	Chair
<b>Reporting</b> <i>Financial Accountability Act 2009 (s63)</i> and <i>Financial and Performance Management Standard 2009 (s49-53)</i>	Development of Annual Report	Annually	HSCE
<b>Governance - Consultation</b> <i>Hospital and Health Boards Act 2011 (s40)</i>	Review of Clinician Engagement Strategy	Every three (3) years	HSCE
<b>Governance - Consultation</b> <i>Hospital and Health Boards Act 2011 (s40)</i> and <i>NSQHS Standard 2</i>	Review of Consumer and Community Engagement Strategy	Every three (3) years	HSCE

Domain	Performance Indicator	Assessment/ Reporting Timeframe	Accountable Officer
<b>Governance - Consultation</b> <i>Hospital and Health Boards Act 2011 (s42)</i>	Review of Protocol with Darling Downs and West Moreton Primary Health Network	Every three (3) years	HSCE
<b>Performance</b> Chief Executive Performance Review Procedure	Performance, development and remuneration review of the Health Service Chief Executive	Annually	Chair

## 8. Membership

As per Section 32(c) of the *Hospital and Health Boards Act 2011*, the Committee shall have at least three (3) members as follows:

- a) *The Chair or Deputy Chair of the Board who is to be Chair of the Committee;*
- b) *At least two (2) other Board members, decided by the Board, at least one (1) of whom is a clinician.*

The term of appointment is up to 30 April 2026 and can be extended for a further term subject to an assessment of individual member performance and the composition and skill requirements of the Committee.

### Chair

- Dr Dennis Campbell

### Members

- Dr Ross Hetherington
- Professor Julie Cotter
- Marie Pietsch

### Standing Invitees

The Health Service Chief Executive is to attend all Meetings, unless excused by the Chair of the Committee as per Section 32(d)(1) of the *Hospital and Health Boards Act 2011*.

- Director, Office of the Chief Executive.
- Board Secretary.

### Proxies

- Proxies are not permitted if a member is unable to attend meetings.
- Proxies are permitted if a standing invitee is unable to attend meetings.

## 9. Quorum Arrangements

A quorum for a meeting of the Committee will consist of half of the members.

## 10. Other Attendees

The Committee may request DDHHS Executives 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.

## 11. Frequency of Meetings

- Monthly.
- 2<sup>nd</sup> Monday (or as determined by the Committee).

## 12. Agenda, Papers, Minutes, Actions and Summary

The Committee should determine its own agenda, ensuring appropriate consultation to include emerging issues and emphasis on the most significant risks and threats.

### Agenda

- Members wishing to place items on the agenda must notify the Secretariat at least ten (10) 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 five (5) days prior to the Meeting.
- Late agenda items will be tabled at the discretion of the Chair.

### Papers, submissions and reports

- Agenda papers, submission and reports will only be accepted if submitted through a Board Member.
- 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 DDHHS\_Board@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 original template).
- The numbers and names of electronic attachments must mirror the numbers and names used in the brief.

### Minutes

- Minutes must be cleared by the Chair prior to distribution to Members.
- Minutes (and action items) will be distributed to all Members within five (5) working days of the meeting.
- Minutes are included in the papers for the next Meeting.
- Minutes are taken as draft until they are ratified at the next Meeting of the Committee.
- Minutes should comply with the Organisational and Committee Framework.

## 13. 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.
- In circumstances when face-to-face Meetings are not possible, to enable business to be progressed.
- Out-of-Session matters must be minuted at the next Committee Meeting.

## 14. 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 appear likely to arise, and manage those in consultation with the Chair. This may relate to a position a member holds (e.g. Chair of an external organisation) or to the content of a specific item for deliberation.

Members of the Committee 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 bring discredit to the DDHHS.

Members also must refrain from entering into any activity that may prejudice their ability to carry out their duties and responsibilities objectively and must at all times act in a proper and prudent manner in the use of information acquired in the course of their duties. Members must not disclose DDHHS information for any 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 DDHHS.

## 15. 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.

Many of the issues and papers referred to the Committee will be of a confidential and sensitive nature. The Secretary and members should be mindful of this when receiving and circulation documents and information to the Committee. The members should maintain the Committee papers in a confidential manner separate from any other business or responsibilities of the member.

## 16. Decision Making

The Committee exercises decision making power delegated to it by the Board:

- Delegations will be detailed and conferred by an Instrument of Delegation.

Decisions are made by a majority of votes. Each member present at a Meeting has a vote and if the votes are equal the member presiding has a casting vote. Members participating in a Meeting by use of technology such as teleconferencing are taken to be present at the Meeting.

A resolution is validly made by the Committee, even if it is not passed at a Meeting if:

- a majority of the Committee members gives written agreement to the resolution;
- notice of the resolution is given under procedures approved by the Board.

## 17. Evaluation

The Committee will develop an annual work plan. The work plan is linked to Board functions, the DDHHS Strategic Plan and Service Agreement, and details the activities to be completed by the Board 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.

## 18. Secretariat

The Secretariat support will be provided by the Office of the Chief Executive. The role of the Secretariat is outlined in the Board Operational Guidelines.

## 19. Changes to the Charter

This Charter may be altered following Committee consultation and endorsement by the Chair of the Committee and approval by the Board.

This Charter will be reviewed in April of each year in conjunction with the annual committee performance evaluation or as respective changes are needed.

This Charter will be reviewed upon any changes to the membership of the Board.

The Board Executive Committee Charter was formally approved by the Darling Downs Hospital and Health Board on 27 May 2025.

*Original Signed*

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**Dr Dennis Campbell**  
**Board Chair**  
**Darling Downs Hospital and Health Board**