

Gold Coast Hospital and Health Board

Executive Committee Charter

v4.1



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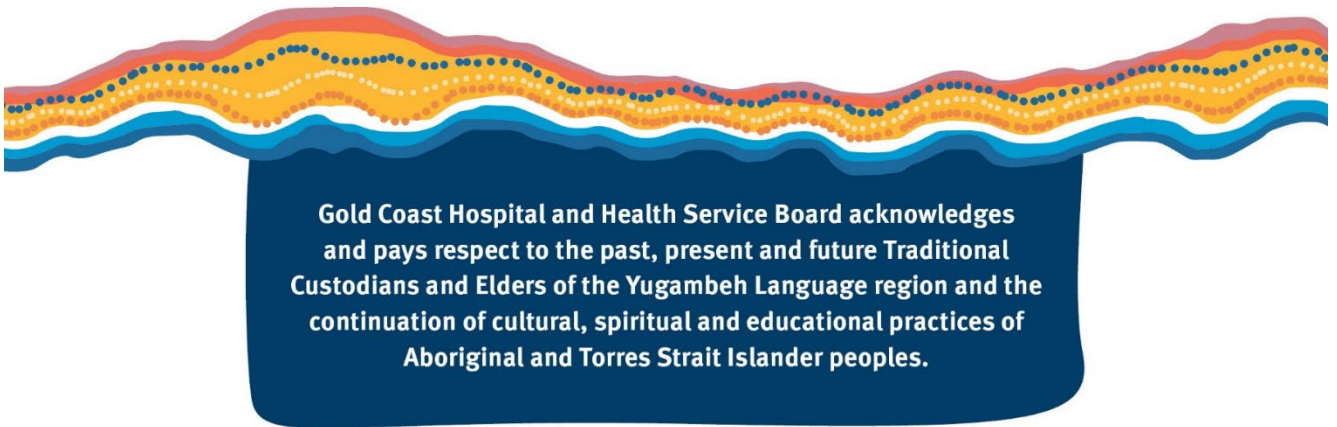
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Date: May 2023

Review Date: June 2025

Version: 4.1



The artwork throughout this document was produced for Gold Coast Health by Riki Salam, We are 27 Creative.

1. 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). Any previous version of the Charter/Terms of Reference is hereby revoked. This Charter will continue in effect until revoked by the Board.

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

The Charter will be periodically reviewed to maintain its alignment with excellence in governance standards and compliance with legislation, policy and best practice.

This Committee Charter should be read in conjunction with the Board Charter. The Board Charter outlines the general provisions for meetings which also apply to Board Committee meetings.

2. Purpose

The Gold Coast Hospital and Health Service (Gold Coast Health) is a statutory body under the *Hospital and Health Boards Act 2011*.¹ It is also a statutory body under the *Financial Accountability Act 2009* and the *Statutory Bodies Financial Arrangements Act 1982*, and is a unit of public administration under the *Crime and Corruption Act 2001*.²

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

As set out in Section 32B of the *Hospital and Health Board Act 2011*, the function of the Committee is to support the Board in its role of controlling the Service for which it is established by working with the Health Service Chief Executive to progress strategic issues and strengthening the relationship between the Board and the Health Service Chief Executive to ensure accountability in the delivery of services by the Service.

¹ HHB Act, subsection 7(1)

² HHB Act, section 21



3. Function and Responsibilities

- 3.1. In accordance with section 32B of the *Hospital and Health Boards Act 2011*, the function of the Executive 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
 - (b) strengthening the relationship between the Board and the Health Service Chief Executive to ensure accountability in the delivery of services by the Service.
- 3.2. Without limiting subsection 3.1, 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.
- 3.3. A regulation may prescribe other matters relating to the Executive Committee's functions.
- 3.4. The Committee, as well as the bi-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.
- 3.5. The Committee recognises the additional strategic advice provided within the bi-monthly Chief Executive update to Board Directors and the bi-monthly Committee Chairs meeting.
- 3.6. In addition to the functions prescribed by the HHB Act, the Committee will carry out the following responsibilities:
- (a) oversee the performance of strategic objectives and make recommendations to the Board as to continuation or amendment of direction and vision
 - (b) oversee and provide advice on the development of strategies and plans relating to consumer and employee engagement, digital health, strategic planning and workforce development
 - (c) oversee and monitor strategic partnerships and community engagement
 - (d) provide strategic advice to management on the development and consideration of strategic initiatives (including the Gold Coast Health Strategic Plan, intellectual property strategy, and innovation concepts and initiatives), including by reviewing management recommendations and making recommendations to the Board
 - (e) oversee Gold Coast Health corporate governance framework and governance practices (including Board performance and evaluation, Board Charter and Committee function) and recommend changes to the Board and Chief Executive respectively
 - (f) monitor workforce planning and performance – including key workforce performance data, staff development, retention, succession planning, workforce diversity and performance management and workplace health and safety
 - (g) oversee workforce culture, including trends and specific improvement initiatives such as Magnet, Going for Gold surveys, staff engagement initiatives and Diversity and Inclusion strategies.
 - (h) oversee executive leadership capability and succession planning



- (i) any other matters referred by the Board to the Committee.

4. 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 Gold Coast Health.

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 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 Engagement Committee prior to recommendations to the Board

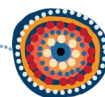
The Chair of the Committee has the authority to create relevant sub-committees or other subordinate bodies deemed necessary to assist the Committee in discharging its responsibilities.

The Committee is part of Gold Coast Health'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.

5. 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 2023* and the *Public Sector Act 2022* in carrying out the Committee's function.

The relevant principles from the above-mentioned legislation are contained in the Board Charter. The Committee must also conduct itself in accordance with the Gold Coast Health values below:



 <p>Integrity To be open and accountable to the people we serve</p>	 <p>Respect To listen, value and acknowledge each other</p>
 <p>Community First To have the patient's and the community's best interests at heart</p>	 <p>Compassion To treat others with understanding and sensitivity</p>
 <p>Excellence To strive for outstanding performance and outcomes</p>	 <p>Empower To take ownership and enable each other to achieve more</p>

6. Relationships

The Committee reports directly to the Board. The Committee may recommend matters to the Board for approval or noting.

The Committee and other Committees of the Board will refer matters between each other for deeper analysis or investigation and reporting back within the Charters of the referring committee.

At the discretion of the Committee Chair, representatives of relevant Gold Coast Health groups may be invited to attend meetings on behalf of their respective representative group.

Following each Committee meeting, the Committee Chair will provide a summary report to the Board.

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

7. Reporting

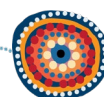
The Committee will provide prompt and constructive reports on its findings directly to the Board, highlighting issues it considers are not being adequately addressed by management, particularly those issues which could present a material risk or threat to Gold Coast Health.

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

An example annual workplan (shown at **Appendix 1**) has been developed in line with the responsibilities outlined in the Charter. Each year, the example workplan will form the basis of an Annual Committee Forward Planning and Reporting Calendar to be developed throughout the year to include additional discussion items as and when required.

The Committee provides the following reports:

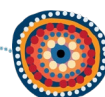
Recipient	Report	Frequency	Responsibility
Board	Executive Committee Minutes	After each meeting	Secretariat



Board	Chair Summary Report including matters for the attention of the Board and/or other Committees	After each meeting	Chair
Board	A summary of the results of the Committee's annual assessment	Annually	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. The standing items include:

Report	Frequency	Responsibility
Staff Story	Each meeting	Chair and Executive Director, People and Operations
Work Health and Safety Performance Data and Due Diligence Reports	Each meeting	Executive Director, People and Operations
Workplace Culture	Annually and as required	Executive Director, People and Operations
Workforce Strategy and Performance Report	Quarterly	Executive Director, People and Operations
Legal Services Update	Bi-annually	Executive Director, Corporate Affairs
Consumer Engagement Strategy	Annually	Executive Director, Corporate Affairs
Employee Engagement Strategy	Annually	Executive Director, Medical Services and Clinical Governance.
Strategic Communications Update	Annually	Executive Director, Corporate Affairs
Creative Health Hub Update	Annually	Executive Director, Corporate Affairs
Junior Workforce Update	Annually	Executive Director, Medical Services and Clinical Governance.
Deep Dive into Occupational Violence	Annually	Executive Director, People and Operations



Executive Succession Planning	Annually	Chief Executive
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8. Membership

The Committee shall have at least four (4) Board Members, including at least one (1) clinician.

All Committee members are to be appointed by the Board. Additional members can be considered by the Chair of the Committee and recommended to the Board for approval. Current Committee membership is outlined at **Appendix 2**.

Chairperson

- The Committee may be chaired by the Board Chair or Board Deputy Chair in accordance with the *Hospital and Health Boards Act 2011*³
- 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.

Standing Invitees

The following persons (or a person acting that position) shall be invited to attend each meeting:

- Board Directors who are not a member of the Committee
- Chief Executive
- Executive Director, Corporate Affairs
- Executive Director, Nursing, Midwifery and Patient Experience
- Executive Director, Strategy, Transformation and Major Capital
- Executive Director, Medical Services and Clinical Governance.
- Executive Director, People and Operations
- Executive Director, Organisational Capability.

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

While it is expected that the occupants of the abovementioned positions will be in attendance, where special circumstances prevent their attendance, appropriate staff can and should attend in their absence.

Proxies

Board Members are not permitted to appoint a proxy to attend the meeting on their behalf.

9. Committee Meetings and Processes

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.

³ HHB Act, subsection 32C(1)(a)



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

If a quorum is not met, the following must occur:

- At the Chair's discretion, the continuation of the meeting will be decided.
- If the meeting proceeds, all decisions will be preliminary decisions and will then proceed to a quorum consensus out of session.

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.

Secretariat

The Secretariat support function will be provided by the Corporate Affairs division. The role of the Secretariat is outlined in the 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.

Agenda

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

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

Papers, Submissions and Reports

Papers in respect to agenda items are to be supplied to the Secretariat no later than ten (10) days prior to the scheduled meeting, via email to gchhsboard@health.qld.gov.au.

- Papers must be submitted on the correct cover paper 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 Executive Director, Corporate Affairs prior to distribution to the Committee.

Minutes

- Minutes of meetings will be prepared by the Secretariat within five (5) days of the meeting.
- Minutes (and action items) must be cleared by the Chair within seven (7) 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.

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. The Board Charter outlines the process for written resolutions of the Board and Board Committees.

10. Disclosures and Conflicts 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.

Committee members (and other attendees) must, at the start of the meeting, declare any conflicts of interest in relation to specific agenda items of Committee meetings 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.

A register of conflicts of interest will be maintained by the Secretariat.

11. 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.

12. 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.

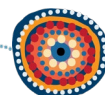
The Committee will be evaluated in terms of its performance as outlined in **Appendix 3**.

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

13. 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 20 June 2023.



Ian P Langdon

Signature

Ian Langdon OAM

Board Chair

Gold Coast Hospital and Health Board

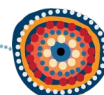


14. Document Control

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
17 April 2023	Revised Charter endorsed by Committee for Board approval.	v3.1
20 June 2023	Revised Charter approved by the Board – refer HB23-06D2.	v4.0
21 September 2023	Minor update to align changes to the Hospital and Health Boards Regulation 2023, effective 1 September 2023 (refer HB23-08F3), update membership titles to align with the Research restructure, and addition of the Executive Director, Organisational Development as an invited attendee.	v4.1

Contact for enquiries and proposed changes:

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



Appendix 1 – Example Committee Work Plan

The Committee work plan has been developed in line with the Committee’s responsibilities outlined in the Charter. Each year, the example work plan will form the basis of an annual Committee Forward Planning and Reporting Calendar to be developed throughout the year to include additional discussion items as and when required.

This document will constantly be updated, and the below table is designed to give an indication only.

Category: Recommendation to the Board (R), Noting (N), Feedback (F)

	Deliverable	Description	Owner	Category (R, N, F)	Jan	Mar	May	Jul	Sep	Nov
1	Review Committee Charter	Biennial review of the Committee Charter with attached work plan.	Secretariat / Chair	R			✓ (Next due: 2025)			
2	Review Board Charter	Biennial review of the Board Charter.	Secretariat / Chair	R			✓ (Next due: 2025)			
3	Committee Evaluation	Annual evaluation aligned to Board Committee and Board reviews.	Secretariat / Chair	R			✓			
4	Forward meeting schedule and work plan	Annual review of the following year’s meeting schedule and work plan.	Secretariat / Chair	F						✓
5	Workforce Strategy and Performance Report	A quarterly update on key workforce performance measures, identified key risks and mitigation strategies, and strategies being implemented to improve the overall capability of the workforce.	EDPO	N		✓	✓		✓	✓



	Deliverable	Description	Owner	Category (R, N, F)	Jan	Mar	May	Jul	Sep	Nov
6	Staff Story	Presentation from a work unit on its culture journey or current culture initiatives.	Chair / EDPO	N	✓	✓	✓	✓	✓	✓
7	Board Committee Membership	An annual review of membership across the Board Committees. Any changes will be recommended to the Board for approval.	Chair	R			✓ (annual)			
8	Workplace Culture	An annual report regarding the strategies used by Gold Coast Health to address workplace cultural issues associated with bullying and/or sexual harassment. The Committee will also receive regular updates on culture initiatives as required (such as Going for Gold).	EDPO	N		✓ (annual)				
9	Work Health and Safety Performance Data and Due Diligence Reports	A monthly update on key activities and legislative updates, including work-related Incidents, worker's compensation claims (statutory and common law), regulator engagement, due diligence and psychosocial risk dashboard.	EDPO	N	✓	✓	✓	✓	✓	✓
10	Consumer Engagement Strategy	An annual review of the Consumer Engagement Strategy and particular initiatives of the Health Service. The Committee will also oversee the development of the new strategy every three years.	EDCA	N				✓		
11	Employee Engagement Strategy	An annual update on progress against the Employee Engagement Strategy (Gold Coast	EDMS	N					✓	



	Deliverable	Description	Owner	Category (R, N, F)	Jan	Mar	May	Jul	Sep	Nov
		Health's version of the legislated Clinician Engagement Strategy). The Committee will also oversee the development of the new strategy every three years.								
15	Review of Executive Leadership Capability and Succession Planning	Review executive leadership capability and succession plans.	Chair / CE	F	✓ (annual)					
16	Legal Services Update	A bi-annual update on key legal matters underway within the Legal Services and Right to Information and Privacy teams.	EDCA	N	✓			✓		
17	Strategic Communication Update	An annual update of Strategic Communication and Engagement initiatives and activities under the Corporate Affairs division.	EDCA	N				✓		
18	Junior Workforce Update	An annual update regarding the issues faced by the junior medical workforce, along with the proposed improvement strategies.	EDMS	N					✓	
19	Deep Dive into Occupational Violence	An annual report on the incidences of occupational violence (OV) and initiatives being undertaken to minimise the occurrence and severity of OV incidents.	EDPO	N						✓
20	Creative Health Hub update	Annual update on the initiatives undertaken during the calendar year within the Creative Health Hub.	EDCA	N						✓



	Deliverable	Description	Owner	Category (R, N, F)	Jan	Mar	May	Jul	Sep	Nov
21	Review of Board Professional Development Policy	Review of policy every three years.	EDCA	R			✓ (Next due: 2026)			
22	Review of Chief Executive Performance Review Procedure	Review of procedure every three years.	EDCA	R			✓ (Next due: 2026)			
23	Review of Corrupt Conduct Complaints Involving the Health Service Chief Executive Policy	Review of policy every three years.	EDPO	R		✓ (Next due: 2025)				
24	Corrupt Conduct Complaints involving a Gold Coast Hospital and Health Board Member or Chairperson Policy	Review of policy every three years.	EDPO	R		✓ (Next due: 2025)				



Appendix 2 – Membership as at 1 June 2023

Member	Committee Membership Type	Initial Board Appointment Date	Current Tenure Cessation Date
Mr Ian Langdon OAM	Chair and member	1 July 2012	31 March 2024
Prof Judy Searle	Member	18 May 2016	31 March 2024
Ms Teresa Dyson	Member	18 May 2016	31 March 2026
Prof Nicholas Zwar	Member	18 May 2021	31 March 2024
Mr Peter Dowling AM	Member	10 June 2021	31 March 2024
Ms Colette McCool PSM	Member	1 June 2022	31 March 2024



Appendix 3 – 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. The Committee has an appropriate balance of skills, knowledge and experience.					
3. The Committee membership consists of at least the Board Chair or Deputy Chair and one clinician.					
4. The Chief Executive attends all meetings unless excused by the Chair.					
Meetings					
5. The Committee meets regularly throughout the year and the number of meetings is appropriate for the business and the responsibilities of the Committee.					
6. Meeting agendas prioritise time spent on strategic and high-risk issues.					
7. There is 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.					
10. The frequency, day and venue of the meetings are suitable.					
11. All members of the Committee have opportunities to participate during meetings.					
12. The Committee is run in a manner that allows for objectives to be achieved in a reasonable amount of time.					
Function					
13. The Committee is effective in working with the Chief Executive to progress strategic issues.					
14. The Committee has monitored the performance against the following priorities: <ul style="list-style-type: none"> • Workforce planning and performance • Workforce culture • Community engagement • Executive leadership. 					
Governance					
15. Any potential, actual or perceived conflicts have been appropriately managed in line with agreed policies and processes.					
16. Senior staff are readily accessible to discuss confidential matters privately as required.					



17. The Committee reports its proceedings and recommendations to the Board after each committee meeting.					
Committee Charter (available here)					
18. Does the Committee Charter adequately describe the responsibilities, purpose and function of the Committee?					
19. The Committee is effective in achieving the stated purpose of the Committee.					
20. Are there additional areas the Committee should focus on in the future? If so, please list them below for consideration.					
21. Should any changes be recommended to the Charter in order to allow the Committee to better meet its intended purpose? Please list any suggested changes to the Charter below.					
Other comments (please include any suggestions to improve the Committee's functioning, performance or processes)					

