

Board Charter *(August 2020)*

Introduction and role of the Board

The Children's Health Queensland Hospital and Health Service (Children's Health Queensland) is established as a statutory body under the *Hospital and Health Boards Act 2011* (the HHBA). The main function of Children's Health Queensland is to deliver the hospital services, other health services, teaching, research and other services set out in the service agreement with the system manager, the Department of Health.

The Children's Health Queensland Hospital and Health Board (the Board) is accountable to the Minister for Health and exists to independently and locally control Children's Health Queensland. In exercising this control the Board must have regard to the need to ensure public sector health system resources are used effectively and efficiently as well as the best interests of patients and other uses of the public sector health services throughout the State.

1. Purpose and structure of this Charter

The purpose of this Charter is to:

- outline the respective roles and responsibilities of the Board, its members, the Chair, the Deputy Chair, the Board Secretary and the Chief Executive
- set out the key functions of the Board and the processes used by the Board to fulfil its role, responsibilities and functions

This Charter has four sections:

- Defining governance roles
- Functions of the Board
- Board processes
- Board effectiveness

Children's Health Queensland Board members strive to personally demonstrate the Children's Health Queensland values of:

- Respect: We listen to others
- Integrity: We do the right thing
- Care: We look after each other
- Imagination: We dream big



Defining governance roles

1. Board composition

The Board consists of five or more members, appointed by the Governor-in-Council, by gazette notice, on the recommendation of the Minister¹. Board members are appointed for a term of not more than four years².

The HHBA states the skills, knowledge and experience the Minister considers when recommending board members as well as the process the Minister must follow before recommending persons for membership³.

2. Role of the Board

The Board controls Children's Health Queensland. While the Board retains this responsibility, it has delegated its power and authority to manage and supervise the management of the day-to-day operations of Children's Health Queensland to the Chief Executive.

The Board performs its responsibilities in accordance with the guiding principles of the HHBA⁴:

- The best interests of users of public sector health services should be the main consideration in all decisions and actions under this Act
- There is a commitment to ensuring quality and safety in the delivery of public sector health services
- There is a commitment to achieving health equity for Aboriginal people and Torres Strait Islander people
- There is a commitment to the delivery of responsive, capable and culturally competent health care to Aboriginal people and Torres Strait Islander people
- 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
- There should be responsiveness to the needs of users of public sector health services about the delivery of public sector health services
- Information about the delivery of public sector health services should be provided to the community in an open and transparent way
- There is a commitment to ensuring that places at which public sector health services are delivered are places at which:
 - employees are free from bullying, harassment and discrimination
 - employees are respected and diversity is embraced
 - there is a positive workplace culture based on mutual trust and respect
- There should be openness to complaints from users of public sector health services and a focus on dealing with the complaints quickly and transparently
- There should be engagement with clinicians, consumers, community members and local primary healthcare organisations in planning, developing and delivering public sector health services
- Opportunities for research and development relevant to the delivery of public sector health services should be promoted
- Opportunities for training and education relevant to the delivery of public sector health services should be promoted

The key responsibilities of the Board include:

- Appoint the Children's Health Queensland Chief Executive
- Contribute to the development of and approve the strategic direction of Children's Health Queensland and monitor the implementation of that strategy
- Review and approve the annual budget and financial plans developed by executive management
- Review and approve systems for operational performance and regularly monitor performance

¹ s. 23 HHBA

² s. 26 HHBA

³ ss. 23 and 24 HHBA

⁴ s. 13 HHBA



- Review and approve human resource management systems and regularly monitor performance
- Review and approve systems to ensure patient quality and safety and monitor outcomes of these systems
- Engage key stakeholders (e.g. consumers, clinicians, Primary Health Networks, partners) in strategic service development and decisions
- Review, ratify and monitor systems of risk management and internal control and legal compliance
- Support the development of research and education opportunities within Children’s Health Queensland through collaboration with a wide range of stakeholders
- Receive advice and consider recommendations from the Committees of the Board
- Provide timely advice to the Minister’s Office and the Director-General, Queensland Health on any issues within Children’s Health Queensland likely to have negative political and or service implications
- Ensure there are processes in place to ensure all Children’s Health Queensland staff work ethically and with a patient/consumer focus

The Board is the employer of Health Service executives, senior medical officer and visiting medical officers. Effective 15 June 2020, all other employees are employed by the Department of Health.

3. Duties and obligations of Board members

All Board members must comply with their legal, statutory and equitable duties and obligations when discharging their responsibilities as Board members. These include fiduciary duties to:

- Act honestly and to exercise powers for their proper purposes
- Avoid conflicts of interests
- Act in good faith
- Exercise diligence, care and skill

The publication *Welcome Aboard: a guide for members of Queensland Government Boards, committees and statutory authorities* describes these duties in more detail.

The HHBA also requires members to act impartially and in the public interest in performing their duties⁵.

Board meeting attendance and preparation

Board members are required to familiarise themselves with Children’s Health Queensland and its diverse operations. Board members are expected to:

- Attend and participate in all scheduled meetings
- Prepare ahead of meetings and take reasonable steps to ensure they make an informed contribution to discussion and decisions
- Undertake tasks assigned to them in a timely manner and report back on completion and outcomes of actions

Members are responsible collectively for Board decisions and should support and adhere to all Board decisions.

As a Children’s Health Queensland Board member, members commit to participate in community and Children’s Health Queensland events and activities that contribute to the organisational culture, generate goodwill for Children’s Health Queensland among staff and the community and promote the positive work of the Hospital and Health Service for the community.

The Board has systems in place to ensure members receive the necessary support they require to perform their role effectively. Induction and orientation programs are in place for newly appointed members and continuing education and training is encouraged.

Board members provide a unique professional perspective on operations and corporate governance. Board members are responsible for bringing matters of note to the Chair or the Chief Executive prior to Board meetings, and if appropriate subsequently at the Board meeting. To promote collegiality, members will ensure that matters are escalated in accordance with the behaviours expected of the Board set out above.

⁵ s. 31 HHBA



Disclosure of interests

The publication *Welcome Aboard: a guide for members of Queensland Government Boards, committees and statutory authorities* states that:

members of government boards should avoid actual or potential conflicts between their duties to the government board and their personal interests or the duties to others. Members of government boards should also be aware of possible perceived conflicts of interest.

Board and Committee members are to declare any direct or indirect interest in an issue under consideration or about to be considered. The HHBA outlines the way in which the Board is to deal with disclosures of interests at meetings⁶. A member must not have access to information of the Board in relation to a matter in which they have a conflict of interest, unless otherwise authorised by the Chair (or Deputy Chair in circumstances where it is the Chair that has the conflict of interest). Children's Health Queensland maintains a Conflicts of Interest Register and updates this on advice from members.

Board members are considered to be a 'designated person' as defined in the *Integrity Act 2009* and may seek advice of the Integrity Commissioner in respect of a conflict of interest issue.

A member of the Board or its Committees may also be bound by the information privacy principles of the *Information Privacy Act 2009*, the *Public Interest Disclosure Act 2010* and where applicable, the *Public Service Act 2008*. Board and Committee members are subject to the *Crime and Corruption Act 2001*.

Gifts and benefits disclosures

It is not appropriate for Board members to be offered, to accept or to give gifts and benefits that affect, may be likely to affect or could reasonably be perceived to affect, the independent and impartial performance of their official duties. The Board's Gift and Benefit Register records gifts and benefits received or given that have a value of greater than \$150; the register is published quarterly on the Children's Health Queensland Internet site.

Confidentiality

Board members must keep all Board discussions and deliberations confidential.

Children's Health Queensland Board members 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.

All Board proceedings, including papers submitted and presentations made, will be kept confidential and will not be disclosed or released to persons other than members of the Board, except as required by law or agreed by the Board. Board members must not improperly use confidential information to gain an advantage for themselves or someone else or to cause detriment to Children's Health Queensland.

Board solidarity

Individual Board members are responsible collectively for, and should support and adhere to, all Board decisions. If however a member votes against the passing of a resolution, the member may ask for their dissent to be recorded, in which case it must be recorded in the minutes of the meeting that the member voted against the resolution⁷.

It is expected Board members act in accordance with the behaviours set out above, particularly when working with conflicts.

⁶ Schedule 1, s 9 HHBA

⁷ Schedule 1, s 7 HHBA



Code of conduct

Board and Committee members will conduct themselves according to the principles outlined in the *Code of Conduct for the Queensland Public Service*. Each member:

- Is required to act with integrity, impartiality and in the public interest when undertaking their duties
- Will act honestly, in good faith and with respect towards colleagues and staff
- Will act with probity when undertaking their governance role
- Will conduct themselves with due diligence in fulfilling their roles and will behave in an ethical manner
- Will not make improper use of information acquired as a result of their role on the Board

Storage of information

Board members must ensure that all confidential or sensitive information is stored securely and otherwise in accordance with the requirements of the *Public Records Act 2002*. Board members must notify the Chair if they believe that confidential or sensitive information has been accessed by anyone other than the Board member.

Media and protocols

All public comment, including that to any media organisation or via social media on behalf of the Board, is to be made by the Chair. The Chair may specifically authorise another person to comment on a particular matter. In the absence of the Chair, the Deputy Chair will address media enquiries on behalf of the Board.

All management and operational comments concerning Children's Health Queensland will be made by the Health Service Chief Executive or in accordance with the Children's Health Queensland Media Policy.

Stakeholder communication post Board meetings

A meeting summary will be prepared after every Board meeting to enable interested stakeholders to be apprised of Children's Health Queensland Board business. The summary will be approved by the Chair prior to publication and will be made available to the public via the Children's Health Queensland website.

4. Role of the Chair and Deputy Chair

Appointment of the Board Chair and Deputy Chair is set out in the HHBA⁸.

Responsibilities of the Chair include:

- Setting the Board agenda
- Facilitating the flow of information and discussion
- Conducting Board meetings and other business
- Ensuring the Board operates effectively
- Liaising with and reporting to the Minister on behalf of the Board
- Leading reviews of the Board and organisational performance
- Inducting and supporting Board members

The Deputy Chair is to act as Chair during a vacancy in the office of the Chair and during all periods when the Chair is absent from duty or for any other reason the Chair cannot perform the duties of the office.

5. Role of the Board Secretariat

The Board is supported by the Board Secretariat which is responsible for ensuring that Board business is conducted in a manner consistent with good governance practice, including:

- Consulting with the Chair and Chief Executive in the preparation of Board agendas, supporting papers and meeting minutes
- Facilitating induction of Board members
- Providing a point of reference for all dealings between the Board and management

⁸ s. 25 HHBA



- Maintaining an electronic register of decisions made by the Board and circulation of relevant Board decisions and discussions to stakeholders
- Communicating with the Office of Health Statutory Agencies
- Arranging workplace inductions and mandatory Board practices

All members have direct access to the Board Secretary and to the Chief Executive. The chair of a Board committee has direct access to the Executive Leadership Team if the matter is procedural in nature; matters of a substantive nature are to proceed to the Executive Leadership Team member via the Chief Executive.

6. Role of the Chief Executive

The Children's Health Queensland Chief Executive is accountable to the Board and fulfils this responsibility through the provision of reports, briefings and presentations on a regular basis. The Chief Executive is responsible for managing and supervising the management of the day-to-day operations of Children's Health Queensland. In performing this role, the Chief Executive is subject to the direction of the Board⁹.

The Children's Health Queensland Chief Executive is responsible for:

- Management, performance and activity outcomes of Children's Health Queensland
- Promoting the effective and efficient use of available resources in the delivery of public sector health services in the Hospital and Health Service
- Developing service plans, workforce plans and capital works plans
- Managing the reporting processes for performance review by the Board
- Liaising with the Executive Leadership Team and receiving reports as the apply to established objectives

Under the HHBA, the Chief Executive may delegate the Health Service Chief Executive's functions to an appropriately qualified health executive or employee¹⁰.

The Board is responsible for the appointment, removal, succession planning and evaluation of the performance of the Chief Executive. The appointment of the Chief Executive is not effective until it is approved by the Minister. The Board will agree performance targets with, and monitor the performance of, the Chief Executive.

⁹ s. 33(4) HHBA

¹⁰ s. 34 HHBA



Functions of the Board

The following model, developed by Professor Robert Tricker, is a useful framework to describe the functions and roles of the Board.



Source: Australian Institute of Company Directors, *Role of the Board – Governance relations*, Director Tools

1. Strategy formulation

The Board is responsible for setting the strategic direction of Children's Health Queensland, establishing goals and objectives for executive management and monitoring the performance in achieving these, including:

- Developing (in conjunction with the Executive), approving and periodically reviewing the strategic plan for Children's Health Queensland
- Approving Children's Health Queensland entering into the service agreement with the Director-General and approving subsequent amendments to the service agreement
- Approving the annual budget
- Setting performance goals for Children's Health Queensland
- Decision-making in relation to matters not otherwise delegated to the Chief Executive
- Assessing and determining whether to accept risks outside of the risk appetite set by the board
- Ensuring Children's Health Queensland has the resources necessary to achieve goals, monitor progress and report outcomes

2. Policy making

The Board is responsible for setting the boundaries, or policies, within which Children's Health Queensland must operate.

The Board is responsible for approving:

- Compliance policy
- Delegations policy
- Risk management policy
- Work health and safety policy
- Prevention and management of corrupt conduct policy
- Other policies of significance to the overarching governance framework of Children's Health Queensland

The Board is also responsible for setting the risk appetite within which the Chief Executive is expected to operate and for determining the procedures and protocols that will apply to the Board's operations.

The Board has a proactive approach to risk management:

- Identifying risks and mitigation strategies with all decisions and recommendations made
- Implementing processes to enable the Board to identify, monitor and manage risks



Delegation of authority

The Board is responsible for determining which of its powers and functions will be delegated to the Chief Executive. This is generally documented by way of an Instrument of Appointment signed by the Chair, although other powers and functions may be delegated on an ad-hoc basis. Any such ad-hoc delegation will occur by resolution as documented in the minutes or by written resolution.

Authority

Children's Health Queensland is a statutory agency established under the HHBA. 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*.

3. Accountability

The Board is accountable for the performance of Children's Health Queensland. In fulfilling this function, the Board will:

- Approve the annual financial statements and the annual report for Children's Health Queensland
- Approve the annual Service Delivery Statement for Children's Health Queensland
- Report to the Minister on the performance of Children's Health Queensland as required
- Ensure a summary of the key issues discussed and decisions made in each Board meeting is made available to Children's Health Queensland staff and to consumers and the community, subject to the Board's privacy and confidentiality obligations

4. Monitoring and supervising

The Board's monitoring and supervising functions include:

- Overseeing the implementation of the Children's Health Queensland strategic plan and other decisions of the Board
- Monitoring the performance of Children's Health Queensland obligations under the service agreement
- Monitoring Children's Health Queensland financial reporting and financial performance
- Monitoring the achievement of performance goals set for Children's Health Queensland
- Monitoring compliance with, and reviewing the effectiveness of, policies approved by the Board and systems put in place to support those policies
- Monitoring the effectiveness of Children's Health Queensland risk management system and internal control framework
- Monitoring compliance with relevant legal and regulatory obligations
- Exercising due diligence to ensure Children's Health Queensland meets its work health and safety obligations
- Monitoring compliance with best practice corporate governance standards



Board processes

1. Board meetings

Schedule 1 of the HHBA applies to the conduct of the Board's business, as outlined below.

Time and place of meetings

Meetings of the Board are to be held at the times and places the Chair decides. The Chair must call a meeting if asked, in writing, to do so by the Minister or at least the number of members forming a quorum for the Board¹¹.

Attendees

Attendees at Board meetings comprise all members plus the Chief Executive and the Board Secretary. In addition, the Chair or a majority of members may request the attendance at any meeting of any person who, in their opinion, may be able to assist the Board in any matter under consideration.

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

Quorum

A quorum for a Board meeting is one-half the number of its members, or if one-half is not a whole number, the next highest whole number¹².

Presiding at meetings

The Chair is to preside at all meetings at which the Chair is present. If the Chair is not present at a meeting, the Deputy Chair is to preside. If neither the Chair nor Deputy Chair is present at a meeting, a member of the Board chosen by the members is to preside¹³.

Voting at meetings

A question at a Board meeting is decided by consensus, or if consensus cannot be achieved, by a majority of the votes of the members present. Each member present at the meeting has a vote on each question to be decided and, if the votes are equal, the member presiding also has a casting vote. A member present at a meeting who abstains from voting is taken to have voted for the negative¹⁴.

Use of technology

The Board may hold meetings, or permit members to take part in meetings, by using technology that reasonably allows the member to hear and take part in discussions as they happen e.g. videoconferencing. A member who takes part in a meeting in such a way is taken to be present at the meeting¹⁵.

Board portal

A portal is available for use by Board members to access agendas, papers, resolutions and minutes. Board members have access to all reports for the Board and Committees in addition to relevant reference material.

Board members are able to create private or shared annotations on portal documents. Private and shared annotations are deleted in the week following the Board or Committee meeting.

The Board portal is also used to record out of session written resolutions (refer Written Resolutions p.10).

¹¹ Schedule 1, s. 3 HHBA

¹² Schedule 1, s. 4 HHBA

¹³ Schedule 1, s. 5 HHBA

¹⁴ Schedule 1, s. 6 HHBA

¹⁵ Schedule 1, s. 6 HHBA



In-camera session

Members may meet informally either before or after the Board meeting or at any other time. The purpose of the in-camera session is to allow the members to raise or explore any issues of concern or clarification prior to or after the meeting. Members may also hold in-camera sessions at other times the Board sees fit.

For the avoidance of doubt, in-camera sessions are not Board meetings, however, the Board Chair may read into the minutes of a meeting, comments arising from an in-camera session.

Written resolutions (out of session or flying minute)

Resolutions are made at Board meetings, however in extraordinary circumstances, a valid resolution may be made outside of a Board meeting via the Board portal as outlined below:

- The proposed resolution and any attachments that form part of the proposed resolution are provided to the Board Secretary
- The proposed resolution is loaded to the Resolution section of the Board portal
- The proposed resolution is disseminated (by the Board portal) to Board members:
 - With a request to vote
 - Advice of the voting deadline (which must be at least five working days unless a shorter time is approved by the Board Chair)
- Voting options include:
 - Approved
 - Not approved
 - Abstain
- Board members can choose to submit their vote on the Board portal. Alternatively, a Board member may send their decision by email to the Board Office, where the member's vote will be manually recorded (including time, date and content of email)
- Prior to the voting deadline a reminder is sent to Board members to cast their vote
- Once the voting deadline has passed, the resolution is closed out and the decision recorded.

Resolutions made outside of a Board meeting are reported for noting in the minutes of the next Board meeting.

Minutes

The Board will keep minutes of its meetings, including each resolution passed at the meeting¹⁶.

The Board Secretary will provide draft minutes, including items arising for action, to the Chair for review prior to distribution to the Board and Executive management for necessary action.

Meeting cycle

Dates are calculated by reference to the day of the Board meeting – day zero.

Item	Working days
Agenda and Board papers are distributed	-5
Board meeting	0
Draft minutes sent to Chair	5
Draft minutes sent to members	15

This is an indicative cycle only. The actual timing of events in the lead up to the and following Board meetings will be dependent upon the circumstances surrounding each meeting.

¹⁶ Schedule 1, s. 7 HHBA



2. Board meeting agenda

The Board meeting agenda assists in focussing discussion. It helps ensure that the Board's discussion progresses through the full list of items to be addressed and that time spent during meetings reflects the Board's priorities.

The Board Secretary, in conjunction with the Chair and the Chief Executive, is responsible for preparing the agenda for each Board meeting.

The Chair is responsible for ensuring that items included in the agenda reflect matters that, according to this Charter, sit within the Board's roles, responsibilities and functions and align with the Board's priorities and forward planning calendars.

Board members may contribute to the agenda by submitting items for the Chair's consideration, either directly to the Chair or via the Board Secretary. The Executive may submit items for the Chair's consideration via the Board Secretary.

3. Board papers

Preparation and distribution of Board papers

The Board Secretary is responsible for the collation and distribution of Board papers.

Children's Health Queensland uses a Board portal (Convene) for the distribution of Board papers. All Board papers are to be uploaded to the portal a minimum of five working days before the Board meeting, unless otherwise approved by the Chair. A resource folder is also maintained and it holds contextual reference material for members' information, but this material does not form part of the Board papers.

Board papers or supplementary papers may only be tabled at the Board meeting if the majority of members present agree. If no objection is raised by any members immediately after the tabling occurs, agreement is deemed to have been given by all members present.

Retention of Board papers and meeting notes

The Board Secretary retains electronic copies of all Board papers including copies of all papers and documents tabled during the relevant meeting.

4. Board calendar and work plan

The Board Secretary is responsible for maintaining a calendar of all scheduled Board and Committee meetings and other major Board activities. The Board Secretary is also responsible for sending electronic meeting invitations to Board members for all calendar events.

The Board Secretary, in consultation with the Chair and the Chief Executive, will maintain an annual work plan for the Board and Committees such as the forward and planning calendars. The annual work plan will identify the key matters for consideration and actions required by the Board during the year and allocate those matters and actions to a relevant meeting(s). The annual work plan enables the Board, the Chief Executive and executive to be aware of and plan for the year.

5. Board committees

The Board may establish committees to provide advice and support for the effective and efficient discharge of its responsibilities¹⁷. The Board is to decide the terms of reference for all committees and may invite persons who are not members of the Board to be a member.

The following committees are established to operate under terms of reference approved by the Board:

- Health Service Executive Committee *
- Audit and Risk Committee *
- Finance and Performance Committee *
- Safety and Quality Committee *

¹⁷ Schedule 1, s. 8 HHBA



— Research Committee

** These committees, or significant aspects of the committee's legislated functions, are prescribed in legislation.*



Board effectiveness

1. Board member protection

Communication

The Board must be provided with accurate, timely and clear information to enable the Board and its members to effectively discharge their responsibilities and duties. Unless otherwise resolved by the Board, this occurs through distribution of the Board papers in accordance with this Charter.

Board members are expected to notify the Board Secretary of queries or concerns in advance of Board or committee meetings for appropriate rectification.

Access in independent professional advice

The Board collectively has the right to seek independent professional advice as it sees fit at Children's Health Queensland cost.

Notwithstanding any other rights or entitlements, each Board member individually, the Chief Executive and the Board Secretary have the right to seek reasonable independent legal advice with regard to their individual rights and obligations arising in connection with their position at Children's Health Queensland's cost (provided the costs are reasonable), subject to prior consultation with the Chair unless the issue at hand may represent a conflict for the Chair.

Indemnity and insurance

Board members are considered to be public officers as defined by the Queensland Government Indemnity Guideline. The Guideline sets out the circumstances in which public officers will be provided with an indemnity in relation to civil proceedings, inquiries and investigations and criminal proceedings.

The Queensland Government Insurance Fund (QGIF) is a Queensland self-insurance fund covering the State's insurable liabilities. Relevantly, insurance cover is provided to Board members in relation to general liability, professional indemnity, medical indemnity and personal accident and illness.

Board members are afforded certain statutory protections from civil liability in the HHBA¹⁸.

In addition, it is the policy of the Board that CHQ enters into a deed of indemnity, insurance and access with each Board member and takes out and maintains the required directors' and officers' liability insurance.

Procedure where a member does not comply with the principles of this Charter

A Board member who considers another member has breached this Charter will consult with the Chair. The Chair is responsible for determining appropriate action including, where necessary, investigation of the concerns raised. Where concerns raised relate to the Chair, the concerns should be raised directly with the Minister.

The Governor-in-Council may remove a Board member from office in circumstances set out in the HHBA¹⁹. Grounds for removal from office include if a member has been absent without permission of the Chair from three consecutive meetings, for which due notice was not given.

2. Board evaluation

The Board will conduct an annual review of the performance of the full Board, Board committees and individual Board and committee members. The Board will determine the method of conducting each review and the extent of the review. An independent external review of the Board's performance will be undertaken every three years and the review findings provided to the Director-General, Queensland Health.

¹⁸ s. 280 HHBA

¹⁹ s. 28 HHBA



3. Board member remuneration and conditions of appointment

A member is entitled to the fees and allowances fixed by the Governor-in-Council and otherwise holds office under the conditions of appointment fixed by the Governor-in-Council. A Board member holds office for the term, of not more than four years, stated in the member's instrument of appointment. The office of a Board member comes vacant if the member resigns office by signed notice of resignation given to the Minister or is removed from office as a member. The HHBA sets out the circumstances in which the Minister may suspend a member from office²⁰.

A member may be removed from office in the circumstances set out in the HHBA²¹. In performing their duties, Board members are to:

- Act impartially and in the public interest
- Exercise care, diligence and skill
- Act in good faith
- Not improperly use their position or misuse information acquired as a member

By virtue of their appointment, Board members are expected to attend a minimum of 75% of the Board and committee meetings.

4. Board member induction

The Chair and Board Secretary will determine an appropriate induction for new Board members, which should include (as appropriate):

- Formal introduction to the full Board
- Formal introduction to the Chief Executive and other members of the Executive as appropriate
- Visit Children's Health Queensland sites; and
- Provision of the Board Induction Manual

5. Board member development

Board members are encouraged to undertake continuing professional development to maintain their high level of performance. Professional development plans will be agreed with each Board member annually or otherwise agreed between the Chair and the Board member. It is a Board preference that professional development sessions are for the benefit of all members, however professional development may be provided to an individual member when required.

²⁰ s. 27A HHBA

²¹ s. 28 HHBA



General

1. Review of the Charter

The Board will review this Charter annually to ensure that it maintains its alignment with excellence in governance standards and compliance with legislation, policy and best practice.

