

Terms of Reference

Research Committee *(January 2021)*

The *Hospital and Health Boards Act 2011* (the HHBA) provides that the Children's Health Queensland Hospital and Health Board (the Board) may establish committees of the board for effectively and efficiently performing its functions. In May 2020, the Board determined to establish a Research Committee (the Committee).

In reviewing and applying the Committee's terms of reference consideration must be given to the Board Charter.

1. Terms of Reference Purpose

The purpose of the terms of reference is to clearly outline the respective roles and responsibilities of the Committee, its members, the Committee Chair, the Board Secretary and the Health Service Chief Executive with respect to the Committee. It also sets out the key functions of the Committee and the processes used by the Committee to fulfil its role, responsibilities and functions. In the event that the Committee terms of reference are inconsistent with the HHBA (including schedules to the HHBA or the *Hospital and Health Board Regulation 2012* (the Regulation), the HHBA and/or the Regulation prevails.

In fulfilling its responsibilities, Committee 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

2. Role of the Committee

The Committee is an advisory committee of the Board and has no executive powers unless the Board, by resolution, delegates a certain power to the Committee.

The Committee has the following functions:

- a) Provide oversight and strategies to the CHQHHS on research priorities and the development and implementation of collaborative and strategic research programs, with particular reference to opportunities arising out of the CHQHHS state-wide role.
- b) Provide oversight and strategies on the alignment of the CHQHHS research foci to build a critical mass of expertise in defined areas of research where there is capacity to build a state-wide, national and international reputation.
- c) Seek opportunities for CHQHHS to enhance research programs in conjunction with external agencies, including the private sector and non-government organisations.
- d) Seek opportunities at state, national and international level. to leverage the expertise and capacity to advance the resourcing (including government funding) of health research and development activities.
- e) Provide oversight and strategies to the CHQHHS on the potential to translate and commercialise research outcomes, and for protection of Intellectual Property developed.
- f) Set and monitor key research performance indicators for the CHQHHS
- g) Any other function given to the Committee that is not inconsistent with a function mentioned in paragraphs a) to f).

Standing Agenda Items

The Committee will receive the following reports as standing items:



- Current research portfolio
- Digital Health Cooperative Research Centre

Other reports will be provided as required.

Reporting to the Board

The Committee, via the Committee Chair, will provide prompt and constructive written and oral reports on its findings directly to the Board highlighting issues it considers warrant Board discussion, approval or noting.

The minutes of each Committee meeting will be provided to the subsequent Board meeting or, if the subsequent Board meeting occurs within one week of the Committee meeting, the minutes will be provided to the following Board meeting.

3. Committee composition

The Committee membership is determined by the Board and consists of at least three Board members, one of which is appointed the Committee Chair.

4. Role of the Committee Chair

The role of the Committee Chair includes:

- Setting the Committee agenda
- Facilitating the flow of information and discussion
- Conducting Committee meetings and other business
- Ensuring the Committee operates effectively
- Reporting to the Board on the activities of the Committee.

5. Role of the Committee Members

The duties and obligations of Board members set out in the Board Charter apply to Committee members. These duties and obligations include:

- Meeting attendance and preparation
- Disclosure of interests
- Gifts and benefits disclosures
- Confidentiality
- Board (Committee) solidarity
- Code of Conduct
- Storage of information
- Media and protocols

6. Role of the Board Secretariat

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

The Board Secretariat is accountable for:

- Organising Committee meetings and Committee member attendance
- Coordinating the completion and dispatch of Committee agendas, Committee papers and briefing papers
- Preparing minutes of meetings and resolutions of the Committee
- Providing a point of reference for communications between the Committee and the Executive



- Advising the Committee on good governance practices and adherence to applicable laws and Board and Committee terms of reference and procedures.

All members have direct access to the Board Secretary and to the Health Service Chief Executive. The Chair 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 Health Service Chief Executive.

7. Authority

The Committee may examine any matter in relation to its functions as it sees fit or as requested by the Board.

Where a matter for consideration is beyond the scope of the Committee's functions, the decision is to be referred to another committee of the Board where relevant, or to the Board.

8. Committee Meetings

Time and Place of Meetings

Meetings of the Committee are to be held at the times and places the Chair decides. Unless otherwise agreed, the Committee will meet at least four times each year.

Exceptional circumstances aside, Committee members will be provided with at least 48 hours' notice of meetings.

Quorum

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

Attendees

Attendees at Committee meetings comprise all members plus:

- Health Service Chief Executive
- Executive Director Medical Services
- Chair, Research Council
- CHQ Director of Research
- CHQ Business Manager Research
- Board Secretary.

In addition, the Committee 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 Committee in any matter under consideration.

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

Written Resolutions

In extraordinary circumstances, a valid resolution may be made outside of a Committee meeting via the Board portal as outlined within the Board Charter.

9. Committee Papers

Responsibilities as set out in the Board Charter apply to Committee meetings.

10. Committee Evaluation

The Committee will undertake an annual self-assessment of the Committee's performance, including its performance against the Board Charter to ensure that the Committee remains fit for purpose and identify any areas in which the effectiveness of the Committee could be improved.



11. Review

The Committee will review the terms of reference as the need arises, but at least once every two years. Any amendments must be approved by the Board.

12. Publication

A copy of the Terms of Reference will be made available at www.childrens.health.qld.gov.au.

