

Gold Coast Hospital and Health Board

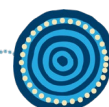
Research Committee Charter

v4.1



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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 Research Committee Charter (the Charter), has been 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 Research Committee's purpose, function, membership, 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 established under the *Hospital and Health Boards Act 2011* (HHB Act).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 Research Committee (the Committee) reports directly to the Board and functions under the authority of the Board in accordance with the *Hospital and Health Boards Act 2011*, Schedule 1, subsection 8(1)(a). The Committee is not a prescribed committee under Part 9 of the Hospital and Health Boards Regulation 2023 but is established in recognition of research being considered a priority of the Gold Coast Hospital and Health Board.

The purpose of the Research Committee is to advise the Board in relation to promoting high-quality and high-impact innovative research within Gold Coast Health through strategic guidance of research activity and policy development across the HHS. Central to this mission is building long-term collaborations in research and enhanced clinical service delivery founded on sustainable and trusting partnerships,

¹ HHB Act, subsection 7(1)

² HHB Act, section 21



facilitated by a shared collective vision with clear benefits to all parties, which help position Gold Coast Health as a world-class health service of national and international significance.

3. Function and Responsibilities

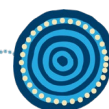
The Research Committee has the following functions and responsibilities:

- (a) Provide advice to the Gold Coast Health Board on trends, developments and opportunities in research, especially relevant priority research streams and projects, including advice on the resourcing and implementation of strategic research programs.
- (b) Strengthen the alignment of research priorities between Gold Coast Health and the University sector to build high-impact collaborations in defined areas of research where there is capacity to build national and international reputation.
- (c) Identify opportunities for Gold Coast Health to enhance research programs in collaboration with external agencies, including research institutes, the private sector, commercial entities and non-government organisations.
- (d) Build the critical links among Gold Coast Health research programs, innovation projects/partners and digital transformation efforts.
- (e) Oversee strategic risks as they relate to research performance and partnerships.
- (f) Promote and monitor the commercialisation of research outcomes within Gold Coast Health through policy and practice development.
- (g) Build research capacity and capability across Gold Coast Health with a focus on embedding research and development into business as usual to improve the rapid translation of research into practice.
- (h) Identify opportunities to advance the resourcing (including Government funding) of the region's health and medical research and development activities.
- (i) Provide assurance (or otherwise) to the Gold Coast Health Board that processes and structures are established and assigned to ensure effective governance of research and research training.
- (j) Monitor key research performance indicators for Gold Coast Health.
- (k) Monitor the performance of Gold Coast Health's obligations under the Service Agreement with the Department of Health as they relate to the functions of this Committee.
- (l) Contribute to the development of and regularly monitor the progress of Gold Coast Health's Research Strategy
- (m) Promote and identify opportunities to embed research into clinical and operational practice, and support knowledge translation of emergent research findings
- (n) Any other function given to the Committee by the Board, if the function is not inconsistent with the above.

4. Authority and Decision-Making

The Committee has an oversight role and does not replace or replicate management's primary responsibilities and delegations and/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.



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 fulfil 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.

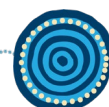
The Chair of the Committee has the authority to create relevant sub-committees or other subordinate bodies deemed necessary to assist the Committee in discharging its responsibilities.

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

Although not a prescribed committee, 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*, the *Public Sector Act 2022* and the *Financial Accountability Act 2009* 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:



6. Relationships

The Committee reports directly to the Board.

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

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 work plan (shown at Appendix 1) 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.

The Committee provides the following reports:

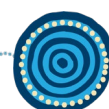
Recipient	Report	Frequency	Responsibility
Board	Research Committee Minutes	After each meeting	Secretariat
Board	Research Committee Chair Summary Report, including matters for the attention of the Board and/or other Committees	After each meeting	Chair
Board	A summary of the results of the Committee's self-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.

8. Membership

The Committee shall have at least three (3), but no more than five (5) members of the Board, as well as the below six (6) external qualified members:

- Representative from Bond University
- Representative from Griffith University
- Representative from Southern Cross University
- Consumer Advisory Group Representative
- Chief Executive, Gold Coast Hospital Foundation
- Executive Director, Office of Research and Innovation, Department of Health.



All Committee members are to be appointed by the Board. The Board Chair is an ex-officio member of the Committee. Current Committee membership is outlined at Appendix 2.

It is preferable to have at least one (1) committee member with 'research expertise'. The Board may appoint an external party that meets this requirement, if necessary, on an as-needed basis.

Member terms and conditions are to be disclosed in the letter of appointment.

Chairperson

- The Chair will be appointed by the Gold Coast Hospital and Health Board
- In the absence of the Chair, an alternate Board member may be nominated by the Chair of the Board until the Board appoints another Committee Chair or the existing Committee Chair returns
- The Chair is responsible for ensuring that an induction process is undertaken for all new members. The Chair may delegate that the induction is performed by another Research Committee member or the Secretariat.

Standing Invitees

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

- Board Directors who are not a member of the Committee
- Chief Executive
- Executive Director, Nursing, Midwifery, and Patient Experience
- Executive Director, Medical Services and Clinical Governance.
- Executive Director, Corporate Affairs
- Executive Director, Strategy, Transformation and Major Capital
- Director, Research, Governance and Development
- Director, Research and Innovation, Transformation Advisory
- Representatives from other groups as agreed by 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 in their absence can and should attend.

Proxies

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

External Members are permitted to appoint a proxy with advanced notice and the Chair's prior approval if a member cannot attend meetings. Proxies will be required to sign and agree to the Terms of Appointment as a nominated delegate (including a confidentiality agreement), and complete a declaration of interests form in advance of the meeting.

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.



Members participating in a meeting by use of technology, such as teleconferencing, are taken to be present at the meeting.³

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 quarterly, 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 Gold Coast Health 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.

Record Keeping

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 opportunities.

- 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.
- The 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 briefing note 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.

³ HHB Act, Schedule 1, subsection 6(5)



- 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. Disclosure 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.⁴

A Register of Interests 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.

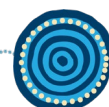
12. Committee Performance and Professional Development of Members

The Committee will review its performance on an annual basis, including compliance (or otherwise) with the Charter, the results of which are 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 against the approved Charter and the annual work plan through an annual self-assessment process (refer 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, as required.

⁴ HHB Act, Schedule 1, section 9



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 every two years or earlier if considered necessary.

This Gold Coast Hospital and Health Board Research Committee Charter was formally approved by the Gold Coast Hospital and Health Board on 20 June 2023.



Signature

Ian Langdon OAM

Board Chair

Gold Coast Hospital and Health Board



14. Document Control

Date	Nature of Amendment	Version
16 February 2021	Revised Charter to align with new branding template approved by the Board – refer HB21-02C2	v2.0
6 September 2021	Revised Charter membership, legislation and workplan	v2.1
21 September 2021	Revised Charter approved by the Board – refer HB21-09C2	v3.0
6 February 2023	Revised Charter for Committee endorsement – refer RC23-03C1	v3.1
8 March 2023	Revised Charter following Committee feedback and endorsed for Board approval – refer RC23-06C1.1	v3.2
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, update to membership (appendix 2) and minor update to the workplan.	v4.1

Contact for enquiries and proposed changes:

Contact	Board and Executive Services
Phone	07 5687 0514 or 07 5687 0516
Email	gchhsboard@health.qld.gov.au



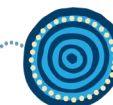
Appendix 1 – Example Committee Work Plan

The example annual 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)	Mar	Jun	Aug	Dec
1.	Review Work Plan and Committee Charter	Biennial Review of the Committee Charter with attached work plan	Secretariat	R		✓ (every second year from 2023)		
2.	Committee Evaluation	Aligned to Board Committee and Board reviews	Secretariat	R		✓		
3.	Forward meeting schedule and work plan	Review the following year's meeting schedule and work plan	Secretariat	F				✓
4.	Research Strategy 2022–2024	Review relevant sections of the Research Strategy deliverables and outcomes and update/ suggest amendments as required	EDMSCG	R				✓
5.	Research Risk Analysis	Review strategic risks and their treatments as they relate to research and associated functions	EDMSCG	N	✓	✓	✓	✓
6.	Research Training and Development	Report on Research Training and Development	EDMSCG	N		✓		



	Deliverable	Description	Owner	Category (R, N, F)	Mar	Jun	Aug	Dec
7.	Office for Research Governance and Development Report	Monitor key research performance indicators for the Gold Coast Hospital and Health Service	EDMSCG	N	✓	✓	✓	✓
8.	Research Case Study	Present a Research Case Study to showcase the impacts research is having on the health service/community	EDMSCG	N	✓	✓	✓	✓
9.	Research Partnerships	Report on the partnership with Health Translation Queensland (HTQ)	EDMSCG	N	✓	✓	✓	✓
10.	Research Partnerships	Gain insight into Gold Coast Hospital Foundation / Partner Universities / Consumer Advisory Group current operating environments in order to maximise partnership opportunities	Research Committee External Members	N	Regular updates from external members as available			



Appendix 2 – Membership as of 1 June 2023

Member	Committee Membership Type	Initial Board Appointment Date	Initial Committee Appointment Date	Current Tenure Cessation Date
Prof Cindy Shannon AM (Chair)	Chair and full member	18 May 2020	October 2019	31 March 2024
Mr Ian Langdon OAM	Full member	18 May 2012	1 July 2019	31 March 2024
Prof Nick Zwar	Full member	18 May 2021	31 January 2019	31 March 2024
Ms Karen Murphy	Full member	1 April 2022	1 June 2022	31 March 2024
Griffith University Representative – Prof Analise O'Donovan	External member	N/A	1 June 2023	31 May 2024
Southern Cross University Representative – Prof Julie Jomeen	External member	N/A	2 December 2020	31 January 2024
Gold Coast Hospital Foundation, Chief Executive – Mr Russell Ousley	External member	N/A	6 September 2023	6 September 2024
Consumer Advisory Group Representative – Dr Joan Carlini	External member	N/A	10 June 2020	31 January 2024
Bond University Representative – Prof Justin Keogh	External member	N/A	3 February 2023	31 January 2024
Executive Director, Office of Research and Innovation, Department of Health Representative – Prof Julie White	External member	N/A	6 September 2023	6 September 2024





Appendix 3 – Research 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. All Committee members have an active interest in research opportunities for Gold Coast Health and partner agencies.					
Meetings					
4. The Committee meets regularly throughout the year and the number of meetings is appropriate for the business and the responsibilities of the Committee.					
5. There is sufficient member attendance at all meetings.					
6. The agenda and meeting papers are provided well in advance of meetings.					
7. Meeting agendas prioritise time spent on strategic and high-risk issues.					
8. Minutes are taken and appropriately circulated to members in a timely manner, and to the Board.					
9. The frequency, day and venue of the meetings are suitable.					



10. All members have opportunities to participate during meetings.					
11. The Committee is run in a manner that allows for objectives to be achieved in a reasonable amount of time.					
Governance					
12. Any potential, actual or perceived conflicts have been appropriately managed in line with agreed policies and processes.					
13. The Committee reports its proceedings and recommendations to the Board after each committee meeting.					
Committee Charter (available here)					
14. Does the Committee Charter adequately describe the responsibilities, purpose and function of the Committee?					
15. The Committee is effective in achieving the stated purpose of the Committee.					
16. Are there additional areas the Committee should focus on in the future? If so, please list them below for consideration.					
17. 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)					

