

# Terms of reference

## CQHH Board Investment, Research and Planning Committee

Date:	Developed	Reviewed	Next Review Date
	2021	March 2023	By end 2023

### Purpose

The purpose of the Hospital and Health Board Investment, Research and Planning Committee ("The Committee") is to support the Central Queensland Hospital and Health Board (CQHBB) in its role of overseeing the Central Queensland Hospital and Health Service (CQHHS) and the development and subsequent delivery of the CQHHS' Strategic Plan.

The Committee will provide prompt and constructive reports on its findings directly to the CQHBB.

Each member of the Committee shall abide by the terms of the CQHHS Code of Conduct in all dealings with and on behalf of CQHHS.

The Committee is an advisory group of the CQHHS Board and has no executive powers.

The Committee will act as a forum to work with the Health Service Chief Executive to progress strategic issues identified by the CQHBB and to strengthening the relationship between the CQHBB and the Health Service Chief Executive to ensure accountability in the delivery of services by the CQHHS.

The Committee refers recommendations to the Board.

This Committee operates in accordance with the CQHHS Clinical Governance Framework and CQHHS Consumer and Community Engagement Strategy and incorporates the intent of NSQHS Standard One: Clinical Governance and Standard Two: Partnering with Consumers with acknowledgement of linkages between all National Standards in business decision making.

### Objectives

The objectives responsibilities of the Committee shall include oversight, reporting and making recommendations to the Board with emphasis on providing advice to the Board regarding matters of strategic importance relating to investment, research and strategic planning.

### Duties and Responsibilities

To provide advice to the Board on opportunities to develop new strategic initiatives relating to investment, research and strategic planning targeting improved health and wellbeing for Central Queenslanders including but not limited to:

- The development and monitoring of Board's strategic plans as required under the Hospital and Health Boards Act 2011 and other planning documents including but not limited to the Local Area Needs

Assessment, Health Equity Statement and Clinical Services Plan that may contribute to the considerations of the Committee.

- Providing advice to the Board on the changing and emerging nature of the community, region and state in which it operates, and specifically the public policy objectives of Regional, State and Commonwealth governments.
- Providing advice to the Board on the extent or levels of service and models of care, including the management of human resources, required to achieve its long-term objectives.
- Providing advice and recommendations to the Board regarding a long-term strategic infrastructure and investment plan, including information and communication technology, asset utilisation and aligning strategic management of HHS assets to its long-term strategic objectives.
- Monitoring of major HHS Projects that are in excess of \$5 million and / or are of a nature which pose significant risk or high community impact
- Making recommendations to the Board as to infrastructure, investment, research and planning priorities.
- The development and monitoring of the HHS's Campus Master Plans across its footprint
- The development and monitoring of critical research programs and partnerships
- Providing advice to the Board on the development of strategic research priorities and objectives, and monitor research performance
- Providing a mechanism by which stakeholders may have input into HHS research activities, especially the consumer voice
- To undertake such other responsibilities as the Board may determine

## Membership

### Membership

The membership of the Committee will include at least 3 Board Members as determined by the Board. The membership will include the Chair of the Central Queensland Hospital Foundation in an ex-officio capacity.

### Attendance

The Health Service Chief Executive is to attend all meetings of the Committee, unless excused by the Chair of the Committee. Other members of the Executive Management Team may be called upon to attend meetings as determined by the business before the Committee.

### Proxies

Proxies are not permitted if the member is unable to attend meetings.

### Quorum

A quorum for Committee meetings will consist of two members.

### Ethical Practices

Members are required to declare any interests that could constitute a real, potential or apparent conflict with respect to participation on the Committee

The declaration must be made on appointment to the Committee and in relation to specific agenda item at the outset of each Committee meeting and be updated as necessary.

Members of the Committee may from time to time be in receipt of 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. Members will maintain the Committee papers in a confidential manner from another business or responsibilities of the member.

## Principles of Operation

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The Committee may co-opt other members from appropriate Departments/Services/Facilities or professional groups, to attend for specific items relating to their particular expertise

The Committee may access external professional specialist advice on specific items relating to the work of the Committee

The Committee will meet at least 4 times per year.

The Committee Chairperson may call such additional meetings as may be necessary to address any matters referred to the Committee or in respect of matters the Committee wishes to pursue

The Committee meetings will abide by normal meeting procedure, will be minuted and an agenda will be distributed before each meeting. Secretariat support will be provided to the Committee.

Reporting Committees will obtain feedback from this committee by receiving a copy of the relevant minutes of the meeting at which their business is discussed.

## Reporting Relationships

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The Committee will develop two-way communications through formal and ad hoc reporting to the CQHQB.

## Escalation Methodology

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### From Committee to Board:

Issues, recommendations or escalations are to be sent to the secretariat of to the Board

## Evaluation /Communication

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Terms of Reference are to be reviewed and evaluated on an annual basis to ensure that it remains consistent with the Committee's authority, objectives and responsibilities.

The Committee will undertake an annual self- assessment of its performance, for the previous twelve months.

The Terms of Reference is endorsed by the Chair of the Committee and approved by the CQHQB.

## Distribution of Minutes

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The Draft Minutes will be provided to the Chair for review within 48 hours of the meeting.

Feedback will be sought from the members within 7 days after distribution to them after which point they will be regarded as confirmed.

The minutes of the Committee will be included with the meeting papers for the CQHQB.

## Endorsement

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Next Review date: By end 2023

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## Document Control

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Version	Date	Prepared by	Comments
v0.1	03.08.2021	Secretariat	First Draft
v0.2	11.08.2021	Committee	Feedback incorporated - subject to revision of Board Charter and incorporation of relevant matters associated with implementation of the Health Equity Framework prescribed by the <i>Hospital and Health Boards Regulation 2011</i>
v1	17.12.2021	Board	Approved
v.1.1	8.3.2023	Committee	Minor changes - inclusion of planning documents
v2	31.3.2023	Board	Approved

\*Drafts should use format vX.1 (eg. start at v0.1). Final versions should use format vX.0 (eg. v1.0).