Research Committee

1. Committee purpose
The purpose of the Research Committee is to:

- Provide strategic direction, oversight and governance for the development, management and sustainability of research.
- Progress the development of research in line with the Research Strategic Plan: 2016-2021.
- Undertake responsibilities according to the following Guiding Principles:
  - NHMRC, National Statement on Ethical Conduct of Human Research
  - Australian Code for Responsible Conduct of Research
  - Department of Health Directive: Research Ethics and Governance
  - SCHHS Procedure ‘Research Application and Approval’
  - ACHS EQuIP Accreditation criteria

2. Scope of the committee
To contribute to the management and delivery of health services, the Research Committee undertakes the following:

- Oversee the implementation of the Research Strategic Plan: 2016-2021
- Provide oversight of research activities to ensure: all research and management practices are conducted in a scientifically robust manner; and all clinical and health research is conducted responsibly, ethically and in the interests of the wider community.
- Facilitate and promote research by providing mentoring and learning opportunities, including a Research Day.
- Oversee the development of SCHHS research procedures and processes to ensure: efficient and effective approval practices; and appropriate governance, funding and reporting processes are in place.
- Monitor recommendations submitted to the SCHHS Chief Executive for approval to conduct research within the SCHHS.
- Monitor and report the progress and outcomes of Research Projects.
- Escalate research issues and risks according to procedures.
- Develop research infrastructure and monitor needs as research interests expand in the SCHHS.
- Provide governance for the Wishlist Research Grant Scheme and support Wishlist in administering the scheme through monitoring of approved research.
- Provide oversight of approved Research Proposals from other Hospital and Health Services, including other facilities outside Queensland Health, for multi-site research conducted in the SCHHS.
- Foster links with University and other research facilities associated with the SCHHS.

3. Membership
Membership eligibility is determined by the Chair.

Current Chair:
- Medical Director, Renal Services
- Term of Chair – 3 years with option to renew
- Appointed by invitation from Executive Leadership Team

Deputy Chair:
- Elected by Research Committee members on a rotating basis
- Term of Deputy Chair – 1 year with option to renew

Secretariat:
- Manager Research Governance

Minute Taker:
- Manager Research Governance
Members:
Membership as at 1 June 2016

Permanent Members:
- Executive Director Medical Services and / or Representative
- Executive Director Nursing and Midwifery Service and / or Representative
- Clinical Director Allied Health and / or Representative
- Nursing Director, Education, Staff Development and Research
- Manager Research Governance
- University Medical Representative
- University Allied Health Representative
- University Nursing and Midwifery Representative

Permanent membership is based on position within the SCHHS and Committee requirements. Permanent members are determined by the ELT and are not nominated/elected positions.

Current Nominated Members:
- Staff Surgeon
- Staff Cardiologist
- Emergency Specialist
- Psychologist
- SCUH Program Principal Project Officer/Pharmacist
- Staff Specialist, Intensive Care
- Epidemiologist
- Dietitian

Proxies:
- A proxy is allowed provided they are suitably briefed prior to the meeting

Term of Membership (Nominated Members):
- Nominated members will be appointed for a period of 2 years, with the option to re-apply.
- Membership may be reviewed and terminated where non-attendance equals 3 or more meetings per year.

4. Quoracy arrangements
The quorum for Research Committee meetings will be 50% of membership plus Chair or delegate.

5. Frequency of meetings
- Frequency: Bi-monthly
- Duration: 90 minutes
- Venue: As available, Nambour General Hospital

6. Reporting responsibilities

Authorisation
Patient Safety and Quality Committee

Reporting
Provide progress reports 6 monthly

Sub- Committees
- Nursing, Midwifery and Allied Health Research Steering Group

Issue Escalation
Issues unable to be resolved by Research Committee are escalated to PSQ Committee or may be escalated by the Chair to the Executive Leadership Team.
7. Standing agenda items

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<th>Agenda Item</th>
<th>Information to be reported</th>
<th>Source of Information</th>
<th>Lead Officer</th>
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<td>Research Applications</td>
<td>New research proposals</td>
<td>Proposal briefs</td>
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<td>Update on current projects/issues</td>
<td>Project Reports</td>
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<td>Escalation of research issues through Chair</td>
<td>AU-RED database</td>
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<td>Quality Improvement and Risk</td>
<td>ACHS/External Audits Compliance with Criteria</td>
<td>ACHS Criteria reports</td>
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<td>Management</td>
<td>Actioning recommendations</td>
<td>Recommendation action plans</td>
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<td>Review of current/new risks and associated management</td>
<td>Review of relevant information/expert opinion</td>
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<td>Escalation of research risks through Chair as appropriate</td>
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<td>Accreditation</td>
<td>Reporting as per EQuIP National Standards for Research</td>
<td>Project proposals, policy/procedures, training and equipment logs, monitoring/audit reports</td>
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<td>Control of change – legislation</td>
<td>Current information</td>
<td>Policy/procedure</td>
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<td>changes, policy/procedure/redevelopment, staff changes</td>
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<td>Legislation changes</td>
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8. Attachments
- SCHHHS Committee Chart
- SCHHHS Organisational and Committee Framework

9. Committee evaluation

The Research Committee will be evaluated in terms of its performance against the approved Terms of Reference, annual Research Committee work plan and key performance indicators through an annual self-assessment. Should the Research Committee and/or its Chair identify the need, the Research Committee may determine a process for additional external evaluation.

The Research Committee is responsible for annually reviewing all Sub committees Terms of References for endorsement by the appropriate Chair and ensuring standards of care continuously improve by monitoring the effective operation of the identified committees.

10. Key Performance Indicators

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<th>Performance Indicator</th>
<th>Assessment / Reporting Timeframe</th>
<th>Audit Arrangements</th>
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<tr>
<td>Committee function</td>
<td>Quorum achieved in 80% of meeting All action items completed within the required time frame</td>
<td>February yearly for the previous year</td>
<td>Monitoring of attendance Monitoring of action log</td>
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<td>Strategic planning</td>
<td>All short-term strategies (aimed at achieving the goals and objectives) as outlined in the Research Strategic Plan 2016-2021 are met.</td>
<td>February yearly for the previous year</td>
<td>Monitoring of strategies achieved and outstanding against the Research Strategic Plan 2016-2021</td>
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<td>Process</td>
<td>All processes are completed within required time frames 1. Research Governance approval 2. Wishlist Grant Scheme/s 3. Annual Report</td>
<td>February yearly for the previous year</td>
<td>Monitoring of outcomes based on pre-determined established timelines</td>
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<td>Research Day</td>
<td>Number of abstracts received Number of attendees Feedback</td>
<td>February yearly for the previous year</td>
<td>Statistics collated and plotted against previous years Review of feedback</td>
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All minutes and documentation from the committee shall be stored as per requirements of Qld Health
All committees are to comply with guidelines as defined in the SCHHS Organisational and Committee Framework
These Terms of reference have been approved by:

Position and signature: Piotr Swierkowski______________________________

Date:

To be reviewed by: July 2017