

Rapid Results Program Delivery Board

Terms of Reference

DOCUMENT INFORMATION

This is a document controlled by Chair, Rapid Results Program Delivery Board.

# VERSION HISTORY

The following outlines the high-level changes that have been made to each version of this document and who made them:

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| --- | --- | --- | --- |
| Version | Notes | Changes made by | Date |
| 0.1 | New Document | Rebekah Stewart | January 2019 |
| 0.2 | Endorsed | RRPDB | 4 March 2019 |
| 0.3 | Revised membership | Charlene Narayan | 24 July 2019 |
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# APPROVAL

These Terms of Reference for the operation of the Rapid Results Program.

**Michael Walsh**

**Director-General**

**Chair Rapid Results Program Delivery Board**

**XX July 2019**

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# Purpose

The purpose of the Rapid Results Program Delivery Board (RRPDB) is to provide strategic leadership of the Rapid Results Program. This includes ensuring individual projects and the overall Program achieve expected results. RRPDB provides a forum to discuss and reach consensus on decisions for Program management, based on recommendations from the Program Lead and Rapid Response Area (RRA) Project Sponsors. RRPDB is responsible for ensuring the consistency and integrity of a rapid results approach across the Program.

# Authority

RRPDB functions under the authority and delegations of the Director-General, Department of Health and the Departmental Leadership Team.

Section 45 of the Hospital and Health Boards Act 2011 outlines the functions of the Chief Executive (Director-General). These functions include:

* provide strategic leadership and direction for delivery of public sector health services
* manage major capital works for proposed public sector health service facilities.

# Decision making

RRPDB decisions are consensus based, with authority resting with the RRPDB Chair. RRPDB members are individually accountable for their delegated responsibility and collectively responsible to contribute to advice provided by RRPDB to the Director-General.

Only RRPDB members are involved in decision making.

# Guiding principles

The principles of the *Public Service Act 2008 and the Hospital and Health Boards Act 2011* guide the deliberations of public servant participation on RRPDB.

In expressing their views, RRPDB members and observers are to be mindful of the Queensland Government responsibility to act in the best interest of users of public health sector services. This includes being consistent with the principles, intent and substance of commitments and policy decisions made by the Queensland Government.

RRPDB is committed to the guiding principles of the rapid results framework:

* **Authentic two-way communication** – our success depends on sharing opportunities, challenges and progress.
* **Coordinating our approach** – creating a single point of contact and coordination of aligned initiatives.
* **Open, genuine collaboration** – we will deliver better results by using the knowledge and expertise of many.
* **Transparency** – we will be visible in how we operate, make decisions and allocate resources.
* **Creating sustainable partnerships** – with consumers, clinicians and decision makers we will create a better system for all.
* **Embracing innovation** – challenging the status quo is key to accelerating positive health outcomes for Queenslanders.
* **Improving data capability** – to build the foundation to inform change and measure success.
* **Focusing energies** – taking good initiatives to the next level, with clear direction and outcomes.
* **Rapid delivery** – we have proven that we can deliver in a short timeframe, so let’s keep the momentum going.

# Rapid decisions

To ensure rapid delivery of program objectives, RRPDB is responsible for ensuring decisions are made in a timely manner. Where possible, preference will be given to brief but informative supportive documentation to assist with this process.

# Functions and ways of working

RRPDB is responsible for the successful implementation of the Rapid Results Program and initiatives, including:

* providing leadership, direction and governance for the Program
* providing oversight of the coordination, communications and engagement strategies to ensure an integrated approach
* endorsing and tracking project and program plans and measurable milestones, and ensuring benefits are documented, tracked and regularly reported
* ensuring the Program delivers on its planned outcomes
* ensuring the current and future phases of initiatives are appropriately planned and delivered
* providing timely decisions on escalated issues, risks and recommendations.

RRPDB is responsible for maintaining the integrity of the rapid results approach, which is based on:

* **individuals and interactions** over processes and tools
* **outcomes** over red tape
* **consumer collaboration** over transactional negotiation
* **collective leadership and collaboration** over vertical approaches
* **responding to change** over following a plan.

# Membership

Membership of RRPDB comprises the System Leadership Team, with the addition of a consumer representative, the Executive Director, Office of the Director‑General (ED ODG) and the Senior Director, Transformation Team.

* Director-General (Chair)
* Deputy Director-General, Strategy, Policy and Planning Division
* Commissioner, Queensland Ambulance Service
* Chief Executive, Health Support Queensland
* Deputy Director-General, Clinical Excellence Queensland
* Deputy Director-General, Healthcare Purchasing and System Performance Division
* Chief Executive, eHealth Queensland
* Deputy Director-General, Corporate Services Division
* Chief Health Officer and Deputy Director-General, Prevention Division
* Chair, Queensland Health Board Chairs Forum
* Chair, Health Service Chief Executive Forum
* Chair, Queensland Clinical Senate
* Chair, Queensland Chairs, Clinical Networks
* CEO, Health Consumer Queensland
* Chief Executive, West Moreton Hospital and Health Service
* Chair, Sunshine Coast Hospital and Health Board
* To be updated with additional consumer representative.

# Proxies

Members are required to attend meetings either in person or via electronic conference. Where a member is unavailable, a proxy with the member’s delegated authority may attend. Members are responsible for ensuring the delegate is appropriately briefed.

# Guests

The Chair may invite other individuals or groups to observe, present to RRPDB, provide expert advice in their respective areas or support a specific agenda item.

A guest’s attendance is limited to the duration of discussion on specific agenda items.

# Chairing of meetings

If the Chair is absent from a meeting or vacates the Chair at a meeting, the ED ODG will assume the Chair role. If neither is available, the Chair must appoint another person to act as the Chair on a temporary basis.

# Quorum

The meeting quorum is established by 50 per cent plus one more Board member. In the absence of a quorum, the meeting may proceed at the Chair’s discretion with any items requiring decision to be deferred and, following the meeting, circulated to members as an out-of-session item.

In instances where proxies form more than half the quorum, the Chair may consider postponing the meeting.

# Out-of-session papers

Items can be managed out-of-session where:

* the item is urgent and must be considered before the next scheduled meeting
* in circumstances where face-to-face meetings are not possible, to enable business to be progressed.

In these circumstances:

* out-of-session papers will be distributed to Board members via email from the Secretariat
* out-of-session papers will be issued with clear instructions as to the response required and the deadline for member responses
* for a resolution to be endorsed, the majoring of members must approve via email by the response date
* if endorsed, the resolution will be entered into the minutes of the next meeting
* it not endorsed, the item will be deferred until the next RRPDB meeting.

# Performance

RRPDB will be evaluated in terms of its performance against the approved Terms of Reference and the successful delivery of the Rapid Results Program.

# Confidentiality

Members of RRPDB may receive information that is regarded as ‘commercial-in-confidence’ or ‘cabinet-in-confidence’, clinically confidential or that may have privacy implications. Members, proxies and observers acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.

Guests can be asked to leave where confidential matters are being discussed. All documents provided to RRPDB are confidential unless otherwise directed by the Chair.

# Conflicts of interest

To meet the ethical obligations under the *Public-Sector Ethics Act 1994*, committee members and guests must declare any conflicts of interest whether actual, potential, apparent, or appear likely to arise, and manage those in consultation with the chair. This may relate to a position a member holds (e.g. chair of an external organisation), or to the content of a specific item for deliberation.

Declaration of conflicts of interest must be listed as a standing item in the RRPDB agenda. The Chair will determine whether the member should absent themselves from the relevant part of the meeting. The Secretariat will record any declaration of conflict of interest applicable to that meeting in the minutes of the meeting.

# Secretariat

Secretariat functions for RRPDB will be provided by the Transformation Team, the Office of the Director-General.

# Meeting schedule

RRPDB will meet every month. A schedule will be provided to RRPDB members by the Secretariat. The duration of the meeting will be one hour.

RRPDB will meet quarterly with Department of the Premier and Cabinet and Queensland Treasury. A schedule will be provided to RRPDB members by the Secretariat. The duration of the meeting will be one hour.