

allcare BOARD

All Care Health Services Group Pty Ltd
ACN 620 350 334



All Care Health Services Group

Client Advisory Committee

Terms of Reference

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Introduction

The Client Advisory Committee guidelines for All Care Health Services Group Pty Ltd (allcare) are provided to assist in providing quality, responsive and innovative in-home care services, which are both person-centered and client driven.

The guidelines will support the development of an effective Client Advisory Committee (the Committee) that can provide feedback and advice to strengthen and inform the planning of our services.

allcare works from the social model of health enablement and wellbeing, we acknowledge the social, environmental and economic factors that affect health, as well as the biological and medical factors. In doing so, we understand the importance of working in ways which assist to address social, environmental and economic inequalities and powerlessness.

Having a Client Advisory Committee is one pivotal way allcare can be responsive and strategic in developing services that are individualized, meeting the goals and wellbeing aspirations while creating the conditions in which the community can become more empowered.

allcare is committed to continuous quality improvement and providing high quality services for its clients. Evidence shows by giving control and a voice to our clients both improves health enablement and wellbeing outcomes and indicates quality in in-home aged care.

It is therefore reasonable that partnering with clients is a foundation to meeting the following Aged Care Standards:

- Aged Care Standard 1 - Consumer Dignity and Choice
- Aged Care Standard 5 - Organisation's Service Environment
- Aged Care Standard 6 - Feedback and Complaints

1. Purpose

The purpose of the Committee is to increase client, carer, and community participation in the strategic direction of allcare's in-home services.

The client advisory committee has two roles:

- a. To provide direction and leadership in relation to the integration of client, carer, and community views into all levels of allcare service operations, planning and policy development; and
- b. To advocate to the Board on behalf of all interested stakeholders.

2. Authority

The authority of the Committee can be described as follows:

- a. The Committee reports to the Board of Directors (the Board);
- b. The terms of reference is approved by the Board;
- c. The Board has authorised the Committee, within the scope of its responsibilities, to:
 - i. examine any matter in relation to its objectives as it sees fit or as requested by the Board;
 - ii. to engage external resources if necessary, to obtain independent advice in relation to Committee matters with the approval of the Board;
 - iii. to have access to all levels of management via the allcare Chief Executive Officer (CEO) in order to seek information from any employee to assist in carrying out the Committee's responsibilities
- d. The Committee has no executive powers. The Committee is an advisory committee of the Board. In discharging its responsibilities, the Committee has the authority to:
 - i. recommend investigations into matters within its scope of responsibility;
 - ii. access information, records and personnel of allcare for this purpose;
 - iii. request attendance of any employee, including executive staff, at committee meetings;
 - iv. conduct meetings with internal and external auditors as necessary;
 - v. seek advice from external parties as necessary.

3. Decision Making

Recommendations of the Committee will be regarded as its collective decision or advice unless there is material dissension.

If consensus cannot be reached, the Chair reserves the right to escalate the matter to the Board. The minority view will be recorded in the minutes of the meeting and placed before the Board. Where the matter for consideration is beyond the scope of the Committee, the decision is to be referred to another committee, where relevant, or the Board.

4. Functions

The Committee has the following functions:

- a. providing a central focus for all strategies and mechanisms for client, carer, and community participation in allcare
- b. providing strategic advice, from a client, carer, and community perspective, in relation to policy and services to the community, including all major initiatives and changes
- c. providing advice to the Board on community issues and in relation to its communication with the communities it serves
- d. advise the Board on client, carer, and community views so they are recognised and reflected in service delivery, planning and policy development
- e. identify and advise the Board on priority areas and issues requiring client and community participation
- f. participate in allcare's strategic planning process
- g. develop a strategic client participation plan for approval by the Board, and monitor the implementation and effectiveness of the approved plan
- h. advocate on behalf of the community, including promotion of greater attention and sensitivity to the needs of disadvantaged, isolated and marginalised clients and communities
- i. facilitate two-way communication between clients, carer and community groups and allcare
- j. participate in the monitoring of key performance indicators for allcare's quality services
- k. participate in the development of allcare service's quality of care report
- l. assist in the identification of development and training needs in relation to client, carer and community participation in the service, and make recommendations to the board on how to meet these needs.

The Board has a responsibility to:

- a. ensure the committee is kept informed and briefed adequately on major strategic issues and developments.
- b. seek timely, informed advice from the committee on such issues and developments
- c. initiate an annual review of the committee
- d. ensure resources are available to implement strategies identified in the client participation plan

- e. promote the value of client, carer, and community participation in all allcare's activities (this can be done through the provision of training to staff and by incorporating participation activities into strategic and business planning and staff performance indicators)
- f. ensure that the board's strategic plan incorporates or links with the client participation plan
- g. Implement effective client participation strategies
- h. Ensure that executive staff members whose roles have a clear link to client participation have KPI's for participation in their performance reviews.

5. Reporting

The Committee is accountable to the Board.

The Committee will prepare prompt and timely reports to the Board outlining relevant matters that have been considered by it, as well as the Committee's opinions and recommendations thereon.

The Chair will report to the Board on a regular basis. The Board will provide the following to the Committee:

- a. Annual meeting schedule; and
- b. Confirmed meeting minutes following each meeting.

The Committee may also receive reports on an 'as needs' basis, where the report is relevant to the Committee's functions. Reports are to be provided to the secretariat no later than eight days prior to the meeting for inclusion in the meeting pack for Committee members.

The Board shall consider regular reporting on the activities of the Committee to the broader community through the allcare newsletter, website, social media, public forums or other means.

The parameters within which Committee members may communicate information about allcare to the community should be agreed and documented. This agreement will need to take into account issues such as:

- a. the expectation that members of the Committee will advise allcare on strategies for communicating with the community

- b. the need to establish long-term working relationships between the Committee, allcare and its clients which is based on mutual trust and confidence
- c. the public interest in access to information
- d. the need to protect individual confidentiality and privacy.

6. Membership

Membership is determined by the Board.

Criteria selection for committee members shall be determined by the Board and shall include the following considerations:

- a. The Committee should have a minimum of two (2) clients and two (2) carers, however it may be made up of all clients
- b. Different demographic and special needs groups should be represented on the Committee
- c. Members should preferably have some connection to established formal or informal community or client networks, although appointment of individual clients with the capacity to develop such links should also be considered
- d. Members will need to have the capacity to reflect on and present both individuals and community issues, rather than personal concerns
- e. Membership of the Committee should emphasise client, carer, and communities, not other providers
- f. Carers appointed to the Committee must not currently or have recently been employed or engaged in the provision of aged care services

Members of the Committee will be supported in their participation. allcare will, at a minimum:

- a. provide access to interpreters and car parking
- b. schedule meetings at times suitable for the members
- c. provide adequate refreshments
- d. promptly reimburse costs incurred by community members in their participation responsibilities, such as travel, accommodation, carer and any other reasonable expenses.

Adequate orientation and training are essential to the success of the client advisory committee. At minimum, this should include:

- a. orientation to the structure and communication systems of allcare
- b. outline of the role of the Board, company manager and introductions to company management
- c. introduction to allcare's codes of ethics and conduct
- d. overview of local aged, health, wellness issues, services and initiatives
- e. a history and overview of allcare

Potential members of the Committee should be provided with sufficient information to ensure they have a clear understanding of the membership roles and responsibilities. allcare will develop an information package incorporating information about the role, responsibility and support available to the client advisory committee and its members. This package should be available for distribution to individuals that have expressed interest in membership.

Where the Committee has been established for some time, potential new members should be provided with the opportunity to observe current committee meetings.

Applicants for Committee membership should be sought through a range of strategies including:

- a. Recommendations from stakeholders
- b. Directly approaching individuals who have appropriate experience as clients, carers or community members
- c. Open advertisements on social media and allcare newsletters

Both the selection criteria and the selection process for appointment to the Committee must be transparent. The process must ensure individuals or groups are informed about the Committee and the selection process, and prospective members are encouraged to apply to the committee.

As allcare provides services to rural and regional communities, allcare will develop specific strategies for engaging with clients, carers, and community members from all communities, particularly from remote communities.

If the Chair is absent from a meeting or vacates the Chair at a meeting, the Chair must appoint another member to act as the Chair on a temporary basis.

7. Standing invites

The following positions will be invited to attend each meeting:

- a. allcare Chief Executive Officer
- b. allcare Chief Experience Officer
- c. allcare Board of Directors Chairperson
- d. allcare Board Secretary
- e. allcare Clinical Care Manager
- f. allcare Client Engagement Managers x 2
- g. allcare Client Representatives x 4
- h. allcare Carer Representative x 1

8. Proxies

Proxies are only able to attend if approved by the Chair. Proxies are to be notified to the Board Secretary prior to the meeting, and be fully orientated by the member. The Board Secretary will ensure all proxies are formally made aware of the confidentiality and privacy obligations of the Client Advisory Committee.

9. Terms of appointment

Appointments for Client and Carer representatives shall be a two (2) year term with the opportunity for a member to serve a maximum of two terms.

Half of the founding committee members will only be able to serve a maximum of one term to ensure continuity and viability of the Committee.

If after serving two consecutive terms, a member would like to be reappointed, they will be required to take a two-year break before being eligible for reappointment.

10. Quorum

A quorum will comprise the number equal to one-half of the number of formal members, including the Chair. There must also be at least one Board Member and two community members.

If one half of the number of its members is not a whole number, the next highest whole number

11. Meeting schedule

Meetings will be held at least four times a year. In addition, the Chair may call additional meetings as necessary to address any matters referred to the Committee or in respect of matters the Committee wishes to pursue within the terms of reference.

12. Out-of-session papers

Urgent matters can be progressed out-of-session with the agreement of the Chair.

13. Performance

The Committee will undertake an annual self-assessment of its performance to ensure that the Committee remains fit for purpose and to identify and action any areas in which the effectiveness of the Committee could be improved. The Committee will provide a report on the annual review of performance and achievements to the Board.

Periodically, the Chair will discuss professional development and training needs for all members of the Committee. When training needs are identified, the Secretariat will make the arrangements for registration and payment.

14. Ethical Practices

To ensure that the Committee maintains the highest ethical standards, Committee members must declare any conflicts of interest whether actual, potential, apparent, or appear likely to arise, and manage those in consultation with the Chair.

Members will at all times in the discharge of their duties and responsibilities, exercise honesty, objectivity, independence and probity and not engage knowingly in acts of activities that have the potential to discredit allcare.

Members will refrain from entering into any activity that may prejudice their ability to carry out their duties and responsibilities objectively and will, at all times, act in a proper and prudent manner in the use of information acquired in the course of their duties.

Members will not use allcare's information for personal gain for themselves or their immediate families or in any manner that would be contrary to law or detrimental to the welfare and goodwill of allcare. Further, members must not publicly comment on matters related to activities of the Committee other than as authorised by the Board.

15. Confidentiality and privacy

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 separate from any other business or responsibilities of the member. Members must not disclose to someone else information acquired by the person as a member of the committee, other than for those purposes of fulfilling their obligations as a Member of the Committee.

The Committee, or Chair of the Committee, may approve the release of information acquired by the Committee for the purposes of:

- a. Exercising their functions of the Committee;
- b. Mandatory statutory reporting;
- c. Providing information to another Committee where the information is relevant to that Committee's functions

Requests for the provision of documents prepared for the Committee should be directed to the Chair in the first instance. The Committee may agree to provide a copy of any document that has been prepared for the Committee, where the Committee believes that doing so is reasonably necessary to facilitate quality improvement in accordance with the functions of the Committee. The decision must be documented in the minutes. The Chair may make a decision to provide the documents without consideration of other Committee members if, in doing so, it is necessary to facilitate and not delay quality improvement. The Chair must advise members of this decision which should be documented in the minutes of the Committee meeting following the decision.



allcare

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