

allcare BOARD

All Care Health Services Group Pty Ltd
ACN 620 350 334



All Care Health Services Group

Quality Improvement Committee

Terms of Reference

1300 377 074

allcare.org.au

info@allcare.org.au

Table of Contents

1. Purpose	3
2. Authority	3
3. Decision Making	4
4. Functions	4
5. Risk Management	5
6. Reporting	5
7. Membership	6
8. Standing invites	6
9. Proxies	6
10. Quorum	7
11. Out-of-session papers	7
12. Performance	7
13. Ethical Practices	7
14. Confidentiality and privacy	8
15. Meeting schedule	8

Version	Two	Date of Approval	July 2021	Date of Review	July 2023
---------	-----	------------------	-----------	----------------	-----------

1. Purpose

The purpose of the All Care Health Services Group Pty Ltd (allcare) Quality Improvement Committee (the Committee) is to provide independent assurance and assistance to the allcare Board on:

- a. the policies and procedures that govern the manner in which allcare provides services to clients;
- b. the implementation of the policies and procedures that govern the manner in which allcare provides services to clients; and
- c. suggested changes to the policies and procedures that govern the manner in which allcare provides services to clients.

The Committee has an oversight role and does not replace management's primary responsibilities for the management of safety and quality, or governance of the service generally. 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. The minutes of the Committee's meetings will be promptly provided to the Board.

The Quality Improvement Committee is one way in which allcare demonstrates compliance with the new Aged Care Quality standards that came into effect on the 1st of July 2019. In particular, the Quality Committee is aligned to the following standards:

- Aged Care Standard 2 – Ongoing assessment and planning with consumers
- Aged Care Standard 5 – Organisation's service environment
- Aged Care Standard 6 – Feedback and Complaints
- Aged Care Standard 7 – Human Resources
- Aged Care Standard 8 – Organisational Governance

2. Authority

The authority of the Committee can be described as follows:

- a. The Committee reports to 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. advising the Board on matters relating to the safety and quality of services provided by allcare, including allcare's strategies for the following:
 - i. minimising preventable client harm;
 - ii. reducing unjustified variation in client services;
 - iii. improving the experience of clients carers of the service provided by allcare;
 - iv. compliance with relevant State and Commonwealth legislation;
- b. monitoring allcare's governance arrangements relating to the safety and quality of services, including by monitoring compliance with allcare's policies and plans about safety and quality;
- c. promoting improvements in the safety and quality of health services provided by allcare;
- d. monitoring the safety and quality of health services being provided by allcare using appropriate indicators developed by allcare;

- e. overseeing the assessment and evaluation of the quality of allcare services, the reporting and making of recommendations concerning those services and monitoring the implementation of its recommendations;
- f. any other function given to the committee by the service's board, if the function is not inconsistent with a function mentioned in paragraphs (a) to (f).

5. Risk Management

A proactive approach to risk management will underpin the business of the Committee.

The Committee will:

- a. Identify risks and mitigating strategies associated with all decisions made;
- b. Record the risks identified within a Risk Register (the Register). The Register will be reviewed at each Committee Meeting;
- c. Make recommendations for processes improvements and changes that will enable the committee to identify, monitor and manage critical risks as they relate to the functions of the Committee.

6. Reporting

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 Committee will provide the following to the Board:

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

The Committee will receive the following reports as standing items:

- a. Feedback Register
- b. Legal Claims report
- c. Conflict of Interest register

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 Board Secretary no later than eight days prior to the meeting for inclusion in the meeting pack for Committee members.

7. Membership

Membership is determined by the Board. Members, including the Chair, will include at least two members of the Board, or, where the necessary skills do not exist on the Board, the Board may appoint an external member of the Committee. The Board shall also be the sole authority for dismissal of a Committee Member. Committee members may be dismissed with not less than seven days written notice.

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.

8. Standing invites

The following positions will be invited to attend each meeting:

- a. allcare Group Strategy Team Member
- b. allcare Chief Experience Officer
- c. allcare Client Engagement Manager
- d. allcare Clinical Care Manager
- e. allcare Board Secretary
- f. allcare Care Service Worker 1
- g. allcare Care Service Worker 2
- h. allcare Client Representative 1

9. 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 Quality Improvement committee.

10. Quorum

A quorum will comprise the number equal to one-half of the number of formal members, including the Chair. If one half of the number of its members is not a whole number, the next highest whole number

11. Out-of-session papers

Urgent matters can be progressed out-of-session with the agreement of the Chair. Out-of-session papers will be distributed to the Committee members ahead of any scheduled Committee meeting.

12. 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 Board Secretary will make the arrangements for registration and payment.

13. 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.

14. 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 Quality Improvement 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.

15. 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.



allcare

iAccelerate, Building 239
Innovation Campus
University of Wollongong
Squires Way
North Wollongong NSW 2500