

## Quality Care Advisory Committee Terms of Reference

### Purpose

The Quality Care Advisory Committee (Committee) is an integral component of the Gladstone Community Linking Agency governance arrangements. As the membership includes people with experience and qualifications in providing care, their role is to assist organisational problem solving and continual improvement and provides an additional safeguard to support the delivery of quality care, services and supports to the customers GCLA.

Established under section 63-1D(6)(a) the Aged Care Act, its primary function is to obtain information, to form a view as to the quality of care being provided and to formally report such views and opinions to the Board of Directors, at least 6 monthly.

### Role

The Committee provides:

- objective advice to the Board of Directors on matters affecting the quality of care delivered to customers including, but not limited to, the:
  - effectiveness of systems and processes supporting care quality such as assessment. and care planning, clinical care delivery and risk management.
  - outcome of clinical and other indicators.
  - impact of incident and complaint trends.
  - results from internal monitoring, review and audit programs.
  - progress of continuous improvement activities.
  - workforce effectiveness such as skill levels, turnover so as to ensure the capacity to deliver services.
- a written report, in accordance with the Aged Care Accountability Principles to the Board of Directors at least twice a year about the quality of the aged care delivered.
- ad hoc feedback about the safety and quality of care delivered.

### Authority

In discharging its responsibilities, the Committee has the authority to:

- examine any matter in relation to its role as it sees fit or as requested by the Board of Directors.
- engage with management in accordance with agreed protocols to obtain the information required to carry out its role.

### Relationship with other Bodies

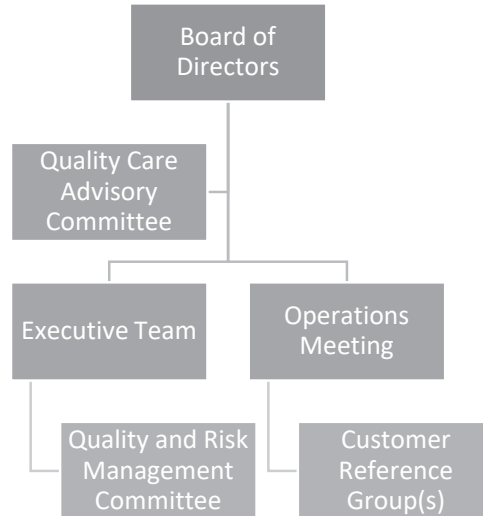
#### Board of Directors

The Committee is independent and not under the direction of the Board of Directors but communicates with and reports directly to it, including providing ad hoc feedback on request. The Board of Directors retains all decision-making authorities.

#### Management

The Committee is independent of Management and does not replace or replicate established responsibilities or delegations, as outlined in the committee chart below. It collaborates with Management to fulfil its role.

## GCLA Quality of Care Governance Forums



### Membership

The Committee will have a minimum of three and maximum of 7 members with aptitude, qualifications, skills and desire to improve the quality of care and services and fulfil the Committee's role. Minimum membership will include at least:

- one or more Key Personnel (i.e. management) with appropriate experience in provision of care and services
- one or more member/s of the care workforce and who delivers clinical care when this is provided (e.g. Registered Nurse, Allied Health Practitioner, Quality Manager, Support Worker)
- one or more member/s who represents the interests of customers (e.g. customer or representative, a member of an organised customer advisory service or customer advocate)

A position for an independent clinician will also be included in the membership of the committee.

Name	Committee Role
<b>Chief Operating Officer (Chairperson)</b>	Management representative, Key Personnel
<b>Corporate Support Manager (Committee Secretary)</b>	Quality & Compliance Representative Provision of quality and risk management information for the committee Develop procedures for the effective operation of the committee.
<b>Independent Clinician</b>	Clinical oversight and advice
<b>Registered Nurse</b>	Clinical Representative
<b>Exercise Physiologist</b>	Allied Health Practitioner
<b>Support Worker</b>	Care Representative
<b>Customer</b>	Customer
<b>Customer Advocate</b>	Customer Representative



## Committee member roles and responsibilities

### Chairperson

- ensure meetings are schedule and committee papers provided to members in accordance with the meeting schedule and agenda.
- Develop the agenda based on feedback and requests from members.
- conduct meetings according to the agenda and the Committee's role.
- provide leadership and guidance to ensure the Committee operates cohesively, efficiently and effectively.
- approve and circulate minutes.
- provide feedback to individual members on their performance and contribution and facilitate professional development as identified.

### Members

- proactively contribute to Committee activities so it fulfils its role.
- declare any conflict of interest.
- respond to directions by the Chairperson.
- consider and respect other members' input and opinions.
- respect the confidentiality of personal or sensitive information.

### Appointment

The Customer representatives and Support Worker representative are appointed following a call for nominations which includes describing their skills and experience that make them suitable for the role. Where more nominations are received than vacancies exist, the Chairperson and Quality and Compliance representative will interview each candidate and make an appointment based on merit.

Members are appointed for a period of 2 years and can renominate for further periods if they choose. The independent clinician will be appointed based upon their clinical competencies, currency, alignment and standing in the community. This initial appointment will be made via invitation by the Chief Executive Officer.

## Committee Administration

### Meetings

Meetings will be held, at least 6 monthly in accordance with the GCLA meeting schedule. The Chairperson will approve the agenda and minutes prior to distribution.

### Quorum

The quorum is three members being at least the mandated minimum membership stated above.



### **Reporting**

The committee will provide a written report to the Board of Directors every 6 months (in accordance with the Board Calendar of Works) based on its own review of:

- customer feedback and complaint trends
- progress of the plan for continuous improvement
- performance reports
- staffing qualifications, skills, availability, and turnover
- incident trends

A report may be prepared more frequently if concerns about the quality of care are identified or if requested by the Board of Directors.

The report will be acknowledged in writing confirming the Board of Directors consideration of the report, any actions arising from it and the reason if no action was taken to recommendations.

### **Record keeping**

The committee papers and records will be administered in the Cat Herder Program.