



aged care
community & pastoral care
disability care
early edcare
family & relationship care

Centacare Quality Care Advisory Committee

Terms of Reference

11 December 2025



CENTACARE QUALITY CARE ADVISORY COMMITTEE

TERMS OF REFERENCE

1. Purpose

Centacare is committed to providing care that is safe, effective, person-centred and connected. To support this aim, the Centacare Quality Care Advisory Committee ('the Committee') leverages skills and experience from the broader sector to consider and recommend improvement opportunities that may exist in relation to Quality, Risk and Governance processes.

The Committee is established to provide this advice to the Centacare Quality Safety and Client Committee (QSCC). The QSCC is a committee of the Centacare Council, Centacare's primary governing body.

The Committee also operates as Centacare's *Quality Care Advisory Body* for the purposes of the *Aged Care Act 1997 (Cth)* (Aged Care Act) and the Accountability Principles 2014 (Cth), and as an advisory committee in relation to the quality of NDIS supports and services delivered by Centacare. Consequently, the Committee fulfills the statutory Quality Care Advisory Body (QCAB) role under the Aged Care Act and provides broader organisational quality advice across all service streams, including NDIS and community services.

In accordance with the Aged Care legislative framework, the Committee is required to:

- comply with the membership requirements for a Quality Care Advisory Body set out in the Accountability Principles;
- provide the governing body, via the QSCC, with written reports at least once every six months about the quality of aged care services; and
- be able to provide feedback to the governing body, via the QSCC, about the quality of care at any time.

The Committee also supports Centacare's compliance with applicable NDIS Quality and Safeguards requirements relating to governance, clinical governance and participant engagement.

These Terms of Reference set out the principles for the operation and administration of the Committee.

2. Roles and Responsibilities

2.1. The primary responsibility of the Committee is to support and inform the QSCC, and through it, the governing body, in relation to quality, risk, and governance matters relating to the delivery of Centacare's regulated services. The Committee will have an advisory role. Advice received from the Committee will be provided for information to the QSCC for consideration but is not binding. The QSCC may request that this information be further provided to the Centacare Council, Centacare Directors and Centacare Services Leadership Group for consideration as required.

2.2. In fulfilling its role as the Quality Care Advisory Body, the Committee will:

- maintain a distinct Aged Care QCAB function with separate agenda items and reporting to meet legislative requirement, while also advising on organisation-wide quality care matters;
- at least once every six months, provide a written report on the quality of aged care to the QSCC for presentation to the Centacare Council; and
- provide feedback, via the QSCC, to the Centacare Council about the quality of care at any time, including in response to emerging risks or incidents.

2.3. Centacare operational committees and working groups may further choose to seek advice from the Committee via request to the QSCC.

3. Reports and Governing Body Responses

3.1. The Committee will provide written reports about the quality of care provided for each service, to the governing body, at least twice per year, or more frequently if requested. The Committee may provide

CENTACARE QUALITY CARE ADVISORY COMMITTEE

TERMS OF REFERENCE

feedback, via the QSCC, to the governing body about the quality of care at any time, including in response to emerging risks or incidents.

- 3.2. In preparing its reports and advice, the Committee will have regard to:
 - 3.2.1. feedback and reports from the Consumer Advisory Body/ies;
 - 3.2.2. feedback from staff, care recipients and their representatives about the quality of care;
 - 3.2.3. trends in consumer feedback, complaints, and management of complaints;
 - 3.2.4. reportable incidents and action taken by Centacare in response;
 - 3.2.5. regulatory actions and performance reports;
 - 3.2.6. staffing arrangements (e.g. staff turnover, scheduling, etc.);
 - 3.2.7. any concerns that the Committee has about the quality of care provided (for each service) during the reporting period and any updates about quality over time; and
 - 3.2.8. Centacare's plans for continuous improvement and clinical governance activities, and progress made in relation to those plans.
- 3.3. The Committee is not required to give direct feedback or advice on individual issues, complaints, or consumer feedback. Instead, its role is to provide insights on broader themes, emerging issues, and trends relating to the quality of care delivered.
- 3.4. Centacare operational committees and working groups may seek advice from the Committee by submitting a request through the QSCC Chair or Director Quality, Risk and Governance.
- 3.5. The governing body will consider such reports/feedback when making decisions on quality of care and will provide written advice to the Committee about how the feedback was considered.

4. Membership

- 4.1. Committee members are required to have relevant sector experience in the provision of care in health and/or social service fields, as well as a genuine interest in the provision of high-quality and safe care. They are also required to uphold the Centacare values and to collectively possess a mix of clinical, quality, governance, consumer, and lived experience perspective, to discharge their responsibilities as defined by these Terms of Reference.
- 4.2. Members must meet the standards of a fit and proper person, demonstrating integrity, honesty and ethical conduct. To uphold best-practice governance, Centacare will conduct background checks on prospective members. These checks may include a National Police Check, insolvency and bankruptcy screening, reference verification and confirmation of identity and eligibility.
- 4.3. The membership of the Committee will at all times comply with the requirements for a Quality Care Advisory Body set out in the Accountability Principles 2014 (Cth). In particular, the Committee will include:
 - 4.3.1. a QSCC member, who acts as the Committee Chair;
 - 4.3.2. at least one member who is one of the key personnel of Centacare with appropriate experience in the provision of aged care;
 - 4.3.3. at least one member who is directly involved in the delivery of aged care services within Centacare (e.g. a senior clinician or service manager employed by Centacare);
 - 4.3.4. at least one member who is directly involved in the delivery of aged care services who is employed by a provider other than within Centacare; and

CENTACARE QUALITY CARE ADVISORY COMMITTEE

TERMS OF REFERENCE

- 4.3.5. at least one member who represents the interests of aged care recipients (e.g. a care recipient, a member of a Consumer Advisory Body, a member of an organised consumer advisory service, or a care recipient advocate).
- 4.3.6. at least one member who represents the interests of disability and mental health care recipients (e.g. a care recipient, a member of a Consumer Advisory Body, a member of an organised consumer advisory service, or a care recipient advocate).
- 4.3.7. at least one member who represents the interests of domestic violence care recipients (e.g. a care recipient, a member of a Consumer Advisory Body, a member of an organised consumer advisory service, or a care recipient advocate).

4.3 Membership of the Committee may also include:

- 4.3.1 additional representatives for other service streams to support the broader remit of the Committee; and
- 4.3.2 any additional members (internal or external) required to ensure an appropriate mix of skills and experience.

4.4 The Committee will ordinarily comprise a minimum of seven and a maximum of 10 members, including the Chair.

5 Appointment

- 5.1 Centacare may invite expressions of interest (EOIs) from potential members from time to time, including when vacancies arise or as part of a planned recruitment process.
- 5.2 Centacare may also identify and approach suitable candidates directly where this is necessary to ensure compliance with the membership requirements for a Quality Care Advisory Body or to address identified skills gaps.
- 5.3 Centacare management will assess applications against the selection criteria, and the current skills and diversity needs of the Committee, and provide recommendations to the Chair of the QSCC for approval.
- 5.4 Members are appointed for a term of up to two years and may be reappointed for up to two consecutive terms, with flexibility to support continuity and representation.
- 5.5 Members may retire at any time.
- 5.6 The Chair may remove a member at their discretion, including (but not limited to) where required for operational, conduct, or governance reasons.
- 5.7 A member may, with the approval of the Chair, continue to hold office for a period of up to six months after the expiry of their term to allow time for a replacement to be appointed or for the member's reappointment to be finalised.
- 5.8 From time to time, and with the approval of the Chair, additional members may be appointed for a fixed term to address a specific skills gap or to support succession planning, provided that the overall membership of the Committee continues to meet the requirements for a Quality Care Advisory Body.

6 Member responsibility

- 6.1 Members will be required to:

CENTACARE QUALITY CARE ADVISORY COMMITTEE

TERMS OF REFERENCE

- 6.1.1 attend and actively participate in Committee meetings, with an expectation that members attend at least two meetings per year, unless otherwise agreed with the Chair;
- 6.1.2 read and consider meeting papers and other relevant material provided between meetings;
- 6.1.3 act honestly, with integrity, and in the best interests of care recipients and Centacare when performing their role;
- 6.1.4 maintain confidentiality and privacy in accordance with Centacare policies and any confidentiality agreement they sign; and
- 6.1.5 comply with Centacare's Code of Conduct and declare and appropriately manage any conflicts of interest.

7 Meetings

- 7.1 The Committee will meet at least twice per year or as required.
- 7.2 Meeting dates will be set at the commencement of each year.
- 7.3 Meetings will be conducted face-to-face or by Microsoft Teams.
- 7.4 Agendas of Meetings will include a clearly marked section for Aged Care QCAB business to ensure compliance, alongside the broader quality topics.
- 7.5 Centacare will provide reasonable adjustments, remote access options, interpreters, or communication supports as required to enable participation.

8 Confidentiality and Privacy

- 8.1 Before being appointed, members will be required to sign a confidentiality undertaking in a form approved by Centacare.
- 8.2 Members of the Committee who come into contact with, or have access to, confidential information have a responsibility to maintain the privacy, confidentiality and security of that information. In particular, members must not disclose confidential information obtained in the course of Committee business except where required or permitted by law or where expressly authorised by Centacare.
- 8.3 The proceedings of the Committee are deemed to be confidential and all members will comply with the confidentiality policies of Centacare.
- 8.4 Members and observers acknowledge their responsibility to adhere to legal and ethical confidentiality frameworks and maintain confidentiality of all information that is not in the public domain.
- 8.5 Members must not disclose identifiable information about other care recipients or participants. Members should draw only on their personal experiences or general observations.

9 Conflict of interest

- 9.1 To meet ethical obligations, the Committee members must declare at each meeting 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 external to the organisation or to the content of a specific item for deliberation.
- 9.2 Members must take reasonable steps to avoid actual, potential or perceived conflicts of interest and to comply with any directions of the Chair regarding the management of such conflicts.
- 9.3 Declaration of conflicts of interest must be listed as a standing item in the agenda.

CENTACARE QUALITY CARE ADVISORY COMMITTEE

TERMS OF REFERENCE

- 9.4 The Chair may request a member to absent themselves from the relevant part of the meeting or the entirety of the meeting in the event of a potential or actual conflict of interest.
- 9.5 The Secretariat will record any declaration of conflicts of interest applicable to that meeting in the minutes of the meeting.
- 9.6 When appointed, members must complete a Conflict of Interest Declaration and must update it straight away if anything changes that could create a conflict.

10 Meeting procedures

- 10.1 Meetings will be conducted in accordance with the annual schedule approved by the Chair and any additional meetings convened as required.
- 10.2 The Chair may designate another QSCC member as interim Chair, in case of their absence.
- 10.3 The Secretariat shall distribute the agenda and minutes from the previous meeting in advance of a scheduled meeting.
- 10.4 The Committee may invite stakeholders including internal executives, clinical leaders, consumer representatives, or external experts, to provide advice on specific matters.
- 10.5 Invitees are not members of the Committee and do not have voting rights.
- 10.6 The Chair may also invite representatives of the Consumer Advisory Body/ies or other consumer groups to attend meetings or specific agenda items where their input would assist the Committee.
- 10.7 The Committee will be supported by Centacare as Secretariat.

11 Quorum

- 11.1 The quorum shall be a majority of appointed members (not including staff invitees).

12 Invitees

- 12.1 The Centacare Executive Director and Director Quality Risk and Governance will attend meetings. Other relevant members of the Centacare or AOB leadership teams may attend meetings as requested by the Committee or the Chair.

13 Chair responsibilities

- 13.1 Scheduling meetings and notifying members;
- 13.2 Inviting external stakeholders to attend meetings when required by the Committee;
- 13.3 Guide the meeting in accordance with the agenda and time available;
- 13.4 Ensure discussion items end with a decision, action or defined outcome, a person accountable for the action and a completion timeframe;
- 13.5 Review and approve the draft minutes before distribution; and
- 13.6 Report to the QSCC at the next scheduled QSCC meeting.

14 Secretariat responsibilities

- 14.1 Prepare agendas and issue notices for meetings, attaching all necessary documents requiring discussion or comment to the agenda;
- 14.2 Distribute the agenda and papers a minimum of 3 business days prior to the meeting;

CENTACARE QUALITY CARE ADVISORY COMMITTEE

TERMS OF REFERENCE

- 14.3 Take notes of proceedings and prepare minutes of the meeting;
- 14.4 Ensure discussion items have a decision, action or defined outcome, a person accountable for the action and a completion timeframe recorded;
- 14.5 In consultation with the Chair, distribute draft minutes to Committee members in the week after the meeting to enable members to complete any tasks assigned to them, prior to the next meeting; and
- 14.6 Maintain appropriate records of membership, meetings, reports, and correspondence between the Committee, the QSCC, and the Centacare Council in accordance with Centacare's record-keeping policies and the legislative requirements for Quality Care Advisory Bodies.

15 Remuneration

- 15.1 This is a voluntary appointment. All reasonable expenses incurred in travelling to the meeting will be met or reimbursed by Centacare.