

# Continuous Quality Improvement Committee Terms of Reference

## Thrive Care Group Subsidiaries



This document is part of Thrive Care Group's (Thrive) comprehensive policy suite, designed to guide and govern operations across all subsidiaries. It establishes a unified framework that ensures consistent standards, accountability, and alignment with Thrive core values and strategic objectives. The document applies to all employees, contractors, and stakeholders within Thrive and its subsidiaries, supporting seamless governance and compliance throughout the organisation.

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## 1. Introduction

The Continuous Quality Improvement Committee (“the Committee”) provides independent assurance and strategic advice to the Thrive Care Group Board (“the Board”) on the oversight and coordination of quality improvement activities across Thrive’s services. The Committee’s focus is to ensure services are safe, effective, person-centred, and responsive to client and community needs, while fostering a culture of learning, accountability, and continuous improvement.

## 2. Purpose

The purpose of the Committee is to:

- a. Provide independent assurance and advice to the Board on quality improvement activities across all aged care and disability services.
- b. Ensure services are safe, effective, person-centred, and responsive to client and community needs.
- c. Promote compliance with the Aged Care Quality Standards and NDIS Practice Standards.
- d. Oversee Thrive’s Plan for Continuous Improvement (PCI).
- e. Facilitate identification and implementation of service improvements.
- f. Ensure feedback, complaints, incidents, and audit findings inform quality initiatives.
- g. Encourage active participation from clients, carers, staff, and stakeholders in shaping service quality.
- h. Foster a culture of learning, accountability, and innovation.

## 3. Authority

The Committee:

- a. Reports to the Board.
- b. Operates under Terms of Reference approved by the Board.
- c. May examine any matter within its scope or as requested by the Board.
- d. May engage external resources for independent advice, with Board approval.

- e. Has access to management and team members via the CEO to seek information as needed.
- f. Is advisory only and holds no executive powers.
- g. May recommend investigations, access records and personnel, request team member attendance, and consult internal or external auditors.

## 4. Decision Making

Committee recommendations reflect collective advice unless there is significant disagreement. If consensus is not reached, the Chair may escalate the matter to the Board, recording minority views in the meeting minutes.

Matters outside the Committee's scope are referred to the relevant committee or the Board, with CEO approval.

## 5. Functions

The Committee is responsible for the following functions:

- a. Advise the Board: Provide independent advice on matters relating to quality improvement, compliance, and risk management across all Thrive services.
- b. Review and Monitor Quality Data: Analyse trends in complaints, incidents, audits, feedback, and service outcomes to identify risks and opportunities for improvement.
- c. Coordinate Improvement Activities: Oversee the development, implementation, and evaluation of quality improvement projects, ensuring initiatives are evidence-informed and aligned with organisational priorities.
- d. Support Compliance and Accreditation: Ensure Thrive meets its obligations under relevant standards and legislation including Workplace Health and Safety Act 2011 (NSW); Aged Care Quality Standards, NDIS Practice Standards, and prepare for and respond to external audits and reviews.
- e. Engage Stakeholders: Facilitate input from clients, families, carers, team members, and community partners, and promote transparency and shared ownership of quality outcomes.
- f. Report and Advise: Provide regular reports to executive leadership and the Board and advise on emerging quality issues and recommended actions.

- g. Build Capability: Support team member education and training in quality improvement principles and foster a workplace culture that values continuous learning and service excellence.

## 6. Risk Management

The Committee will:

- a. Adopt a proactive approach to risk management.
- b. For all decisions, identify risks and mitigating strategies.
- c. Record risks identified in the register. The register will be revised bi-annually.
- d. Make recommendations for process improvements that will support risk identification and management.

## 7. Reporting

- a. The Committee will prepare timely reports for the Board, outlining relevant matters considered and recommendations.
- b. The Chair will report to the Board on a regular basis.
- c. The Committee will provide:
  - i. Annual meeting schedule
  - ii. Confirmed minutes after each meeting.
- d. Standing reports received include:
  - i. CQI Register
  - ii. Individual CQI Initiative Reports (Appendix 1)
  - iii. Feedback Register
  - iv. Legal Claims Report
  - v. Conflict of Interest Register
- e. Ad hoc reports may be received as needed. Reports must be submitted to the Committee Secretary at least eight days before meetings.

## 8. Membership

- a. Membership is determined by the Board. If required skills are absent, the Board may appoint an external member.
- b. The Board is the sole authority for dismissal of a committee member, with at least seven days' written notice.
- c. If the Chair is absent or vacates the role, another member is appointed as temporary Chair.

## 9. Standing Invites

At a minimum, the following positions will be invited to attend each meeting:

- a. Thrive Chief Executive Officer
- b. Thrive Committee Secretary
- c. Thrive Manager – Services, Quality & Compliance

In addition:

- a. The Chair may request the attendance of a Key Responsible Individual (KRI) for any open initiatives.
- b. KRIs linked to open initiatives who have not been specifically invited by the Chair may attend at their discretion; their attendance is optional.

## 10. Proxies

- a. Proxies may attend only with the Chair's approval.
- b. Members must notify the Committee Secretary before the meeting and brief proxies fully.
- c. The Secretary ensures proxies understand confidentiality and privacy obligations.

## 11. Quorum

A quorum is half the formal members, rounded up to the next whole number, including the Chair.

## 12. Out-of-session Papers

- a. Matters may be addressed outside scheduled sessions with the Chair's agreement.
- b. Out-of-session papers are provided to members before meetings.

## 13. Ethical Practices

Committee members must:

- a. Declare and manage conflicts of interest whether actual, potential, apparent, in consultation with the Chair.
- b. Exercise honesty, objectivity, independence and probity and not engage knowingly in acts of activities that have the potential to discredit Thrive or bring Thrive into disrepute.
- c. Avoid activities that could discredit Thrive.
- d. Refrain from actions that prejudice objective decision-making.
- e. Use information only for Committee purposes, not personal gain.
- f. Not publicly comment on Committee matters unless authorised by the Board.

## 14. Confidentiality and Privacy

- a. Members must maintain the confidentiality of all non-public information obtained through committee activities.
- b. Committee papers and records must be stored securely and kept separate from other business documents.
- c. Information may only be disclosed for purposes directly related to Committee functions, statutory reporting obligations, or to other internal committees responsible for quality and safety (such as Clinical Governance Committees), and only with the Chair's approval.
- d. All requests for documents must be directed to the Chair. Any decisions to release documents are documented in meeting minutes.

## 15. Meeting Schedule

- a. Meetings will be held at least three times a year.
- b. The Chair may call additional meetings as needed.

## Version Control

Version 1      1 October 2025      Terms of Reference created

## Appendix One: TCG CQI Initiative Report Template

|                                  |  |
|----------------------------------|--|
| Initiative Number                |  |
| Initiative Name                  |  |
| Key Responsible Individual (KRI) |  |
| Problem statement                |  |
| Aims of initiative               |  |
| Success measures                 |  |
| Description of initiative        |  |
| Proposed actions                 |  |
| Progress made to date            |  |
| Outcome delivered to date        |  |
| Next steps                       |  |
| Client consultation and liaison  |  |



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