

# TERMS OF REFERENCE

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## NSLHD & Royal Rehab Performance Committee

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### 1. TITLE

Northern Sydney Local Health District & Royal Rehab Performance Committee

### 2. PURPOSE

The primary purpose of this committee is to promote the shared model of care and governance framework to support the provision of a seamless and integrated patient journey for all persons requiring specialist and home-based rehabilitation services in Northern Sydney. It does this by facilitating a transparent and collaborative process for monitoring and management of operational and clinical performance against the specifications of the Service Agreement (SA) between Northern Sydney Local Health District (NSLHD) and Royal Rehab (RR).

### 3. RESPONSIBILITIES

- Provide a forum for discussion, information sharing, and operational planning relating to services that are delivered by RR and NSLHD are consistent with the shared model of care for specialist and home based rehabilitation services.
- Ensure commitment to the following partnership principles:
  - Provide safe, high-quality person-centred care through effective communication, collaboration, continuity and coordination.
  - Deliver rehabilitative care in the best possible integrated approach.
  - Recognise the role and responsibility of key parties to maintain consistent service delivery and performance.
  - Achieve transparency through communication, early consultation and information sharing.
  - Be alert of opportunities and challenges to create solutions that will benefit patients, their families, our staff and organisations.
  - Use clinically appropriate care modalities to support the provision of integrated care.
- Monitor performance against the indicators within the Service Agreement (SA) and determine strategies to ensure the requirements of the performance agreement are being met and any areas of concern are addressed. This will include the review of operational and clinical performance against targets, review of service delivery against specifications, and financial reporting and monitoring.
- Endorse changes to service measures and indicators to facilitate effective performance measurement and improvements.
- Identify and work towards the resolution of any operational issues that arise, in particular those relating to access/exit block from NSLHD hospitals to RR facilities.
- Actively work towards the resolution of any data collection and data integrity issues to ensure reliable reporting on the agreed set of measures.

- Escalate any high risk issues or concerns in accordance with the Enterprise Risk Management processes.

#### **4. MEMBERSHIP**

- Chief Executive, NSLHD
- Executive Director Operations, NSLHD
- Director Operations, NSLHD
- Director Finance and Corporate Services, NSLHD
- Director Clinical Governance and Consumer & Patient Experience, NSLHD
- Clinical Network Director Rehabilitation & Aged Care Clinical Network, NSLHD
- Clinical Network Manager Rehabilitation & Aged Care Clinical Network, NSLHD
- Clinical Network Director MIT Clinical Network, NSLHD
- Clinical Network Manager MIT Clinical Network, NSLHD
- Chief Executive Officer, RR
- Chief Financial Officer, RR
- Director of Medical Services, RR
- Director of Clinical Services and Nursing, RR
- Director Community Services Manager & Allied Health, RR

#### **5. QUORUM REQUIREMENTS**

50% plus one member

#### **6. CHAIR**

Chief Executive, NSLHD

#### **7. EXECUTIVE SPONSOR**

Chief Executive, NSLHD

#### **8. COMMITTEE SECRETARIAT**

Executive Officer, Operations Directorate NSLHD.

Agenda and meeting papers are to be provided at minimum, one week prior to the meeting date. Draft minutes and action items are to be distributed within two weeks of the meeting.

#### **9. FREQUENCY OF MEETINGS**

Quarterly

## **10. REPORTING COMMITTEES**

NSLHD-Royal Rehab Operations Meeting

## **11. METHOD OF EVALUATION**

Annual review of the committee's performance against the Terms of Reference (to be coordinated by the Secretariat) including a review of:

- % of meetings held in the year
- # risks identified are escalated as per Enterprise Risk Management
- % of issues raised that had identified strategies
- % of actions closed within the same year.