

## Clinical Governance and Care Committee Charter

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Regis Healthcare Limited (**Company**)

ACN 125 203 054

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# Committee Charter

Clinical governance is an integral component of the Company's corporate governance framework. It ensures that all members of the Company, from frontline care staff and clinicians, to members of the Board, are accountable to residents, clients and their representatives for assuring the delivery of personal, safe, effective and integrated clinical and personal care services.

The Committee provides a leadership role in monitoring Regis' commitment to pursuing consistently high quality care for residents and clients based on their needs, goals and preferences. These high quality care and services that will be pursued across Regis by everyone as daily priorities has been defined by the Regis Healthcare Board in the Regis Strategic quality and Clinical Governance Framework and is referred to as *RegisCare for every resident and client every time*.

*RegisCare* consists of four goals, where care is:

1. **Personal** - Care and services focussed on resident and client needs and preferences
2. **Safe** - Physical, emotionally, culturally and spiritually safe care
3. **Effective** - The right care in the right way with the best possible outcomes
4. **Integrated** - A smooth, integrated care experience

For the purpose of this Charter:

- “**clinical care**” refers to activities relating to medical, nursing, allied health professional services, and does not include matters relating to hotel services or accommodation.
- “**personal care**” refers to non-clinical services relating to a resident or client's health and wellbeing, and does not include matters relating to hotel services or accommodation.

## 1 Membership of the Committee

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- 1.1 The Committee must consist of a minimum of 3 members of the Board, one of whom will be Committee chair.
- 1.2 The Board may appoint additional directors to the Committee or remove and replace members of the Committee by resolution. Members may withdraw from membership by written notification to the Board.
- 1.3 Directors have a standing invitation to attend meetings of the Committee. Management staff that have a standing invitation are the:
  - (a) EGM Strategy, Quality and Improvement;
  - (b) EGM Clinical Care and Practice;
  - (c) Chief People Officer;
  - (d) EGMs Operations; and
  - (e) EGM Support Services.

Other non-committee members, including members of management, may attend all or part of a meeting of the Committee at the invitation of the Committee chair or MD/CEO.

**1.4** It is intended that:

- a) the members of the Committee as a whole should have the clinical governance expertise, the necessary technical knowledge and a sufficient understanding of the industry in which the Company operates, to be able to discharge the Committee's mandate effectively; and
- b) at least one Member will have relevant clinical qualifications and experience (such as being or having been a registered Medical Practitioner or Health Practitioner in Australia or New Zealand).

**1.5** The Committee may co-opt additional expertise from within the Company or through the engagement of external experts.

**1.6** The Company Secretary, or his or her delegate, must attend all Committee meetings as minute secretary.

## **2 Administrative matters**

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### **2.1 Meetings**

The Committee will meet at least four times per annum or as often as the Committee members deem necessary in order to fulfil their role.

### **2.2 Quorum**

The quorum is at least 2 Non-Executive Directors who are appointed members of the Committee.

### **2.3 Convening and notice of meeting**

Any member may, and the Company Secretary must upon request from any member, convene a meeting of the Committee. Notice will be given to every member of the Committee, of every meeting of the Committee. There is no minimum notice period and acknowledgement of receipt of notice by all members is not required before the meeting may be validly held.

### **2.4 Chair**

In the absence of the Committee chair, the Committee members must elect one of their number as chair for that meeting. The chair does not have a casting vote.

### **2.5 Access to resources and authority**

The Committee is to have access to adequate internal and external resources. The Committee may seek the advice of the Company's auditors, solicitors or other independent advisers (including external consultants and specialists) as to any matter pertaining to the powers or duties of the Committee or the responsibilities of the Committee, as the Committee may require.

## 2.6 Minutes

Minutes of meetings of the Committee must be kept by the Company Secretary (or his or her delegate) and, after approval by the Committee chair, be presented at the next Board meeting. All minutes of the Committee must be entered into a minute book maintained for that purpose and be open at all times for inspection by any director.

## 2.7 Reporting

It is intended that a copy of the minutes of the Committee meeting will be included in the next Board meeting papers following a meeting of the Committee.

The Committee chair will provide an oral report as to any material matters arising out of the Committee meeting. All directors may, request information of members of the Committee.

The Committee will also consider whether any material matters arising out of the Committee meeting should be advised to any other Committee and, if so, ensure that this occurs.

## 3 Role & Responsibilities

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3.1 The Committee is responsible for overseeing best practice, evidence based and effective clinical governance, clinical and personal care and practice, quality and improvement frameworks operate within the Company. Specifically, in relation to the four *RegisCare* goals of care, the Committee is responsible for:

### a) *Personal Care*

- Providing leadership to monitor that the resident and client voice, including diverse perspectives, is integrated into all aspects of what we do.
- Providing oversight of the mechanisms Regis has in place to partner with residents and clients, including decision making in their own care, partnerships in clinical governance, quality and improvement, and partnerships in service and operational planning.
- Providing oversight of resident, client and representative feedback systems, including compliments, complaints and experience surveys, and monitoring that improvements identified are translated into action.

### b) *Safe Care*

- Providing leadership for and overseeing that systems and processes are in place to build a just and learning culture which supports open disclosure to residents, clients and their loved ones.
- Defining clinical and care standards and overseeing processes that identify and mitigate clinical risks are in place across the organisation.
- Monitoring that best practice and evidence-based programs are in place to minimise preventable harm to residents and clients and that all legislative and external reporting requirements are met, including the *Aged Care Act 1997 (Cth)* and the *Aged Care Quality Standards 2018 (Cth)*.
- Providing oversight of the Regis clinical incident management framework, including reportable incidents, and overseeing that risks and improvements are identified and translated into action.
- Recommending to the Board any areas of advocacy which affect the quality and safety of care and services being provided to residents and clients.

**c) Effective Care**

- Monitoring that robust governance, strategies and audit and measurement systems are in place to track and support progress towards achieving *RegisCare for every resident and client, every time*.
- Providing oversight of accreditation and other external review processes, including plans required to improve performance.
- Approving and overseeing the progress of strategic quality plans and objectives and their alignment with the four *RegisCare* goals.
- Oversee the development and implementation of the diversity and inclusion strategy as it relates to older people from diverse backgrounds.

**d) Integrated Care**

- Monitoring the overall quality of services being provided with reference to appropriate data including performance, quality and improvement indicators; audit and survey results; clinical risks; and ad hoc reports as required.

**3.2** Pursuant to the governance requirements in the Aged Care Act and Accountability Principles that come into effect on 1 December 2023, the Committee will also:

(a) In relation to the Regis Quality Care Advisory Body (QCAB):

- (1) at least once every six months, receive a written report from the QCAB about the quality of the aged care delivered through Regis' aged care service/s;
- (2) ensure that this report meets the reporting requirements as specified in the Accountability Principles, including:
  - (A) that the report must include any concerns or commentary that the QCAB has about the quality of aged care provided by Regis through service/s in the period covered by the report (i.e. what occurred in the six months preceding the report);
  - (B) any updates as to quality, taking into account all items specified in the Accountability Principles; and
  - (C) that the written report covers each service that Regis operates.
- (3) that the Committee considers this report and feedback when making decisions about the quality of aged care services and advises the Quality Care Advisory Body in writing how it has done so;
- (4) the QCAB is able to give feedback to the Committee about the quality of the aged care delivered at Regis at any time; and
- (5) the Committee is able to request the Quality Care Advisory Body to provide advice on specific topics or conduct investigations and inquires.

(b) In relation to the Regis Consumer Advisory Bodies (CABs):

- (1) ensure that regular reports are provided from the CABs to the Committee; and
- (2) that the Committee considers any feedback given by the CABs when making decisions in relation to the quality of the care provided through our aged care services and advise the CABs in writing how it has considered that feedback.

**3.3** In fulfilling these roles, the Committee is responsible for making recommendations to the Board on relation to:

- (a) clinical and care governance strategy to monitor that there is an effective and appropriate clinical and care governance policy and framework in place;
- (b) priorities and improvements in response to feedback provided by the Quality care Advisory Body and/or Consumer Advisory bodies;
- (c) priorities for clinical and care governance improvement including appropriateness, adequacy and availability of clinical resources across the business;
- (d) development of and engagement with clinical and care leaders and emerging talent; and
- (e) clinical and care risk management having regard to structures and activities which underpin clinical and care governance
- (f) ensuring that the care and services are accessible to, and appropriate for, people from diverse backgrounds.

## 4 Review

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The Board will, at least once in each year, review the membership and Charter of the Committee to determine its adequacy for current circumstances and the Committee may make recommendations to the Board in relation to the Committee's membership, responsibilities, functions or otherwise.