

Health Services Committee Charter

1. The role of the Health Services Committee (Committee) is documented in this Board approved Charter.
2. The primary role of the Committee is to assist the Board in fulfilling its responsibilities in relation to the strategic oversight of and accountability for the health services portfolio as a key component of GMHBA's mission, vision, strategic intents and financial plans.

Scope

3. The scope of the Committee covers GMHBA Limited, including all private health insurance businesses, health related businesses and wholly controlled entities.

Objectives

4. The objectives of the Committee are to oversee the initiatives below:

Material health service initiatives are defined as those initiatives that:

- Impact all or the majority of members; and/or
- Carry material financial benefits and costs (materiality as defined with the Board approved Risk Management Policy); and/or
- Carry material reputational or other risks (materiality as defined with the Board approved Risk Management Policy).

Cost effective Health Service initiatives are actions taken by GMHBA that are designed to improve the health of our members by:

- a) Appropriate use of preventative interventions that contribute to avoiding or minimising the need for secondary or tertiary health interventions;
- b) Encourage appropriate utilisation of primary, secondary and hospital-based health services; and
- c) Appropriate benefits management to reduce utilisation and improve PHI affordability.

Health service initiatives include, but are not limited to:

- Provision of effective and efficient clinical services;
- Preventative interventions and wellness health products;
- Chronic and other disease risk management programs;
- Hospital substitution programs; and
- Applied health research undertaken with health care practitioners and recognised educational bodies.

Composition

5. The Board shall annually confirm the membership of the Committee, which will comprise at least two and not more than three directors, all of whom will be non-executive directors and free from any relationship which might in the opinion of the Board be construed as a conflict of interest.
6. Committee members may elect one of their number as the Committee Chairman.
7. Committee composition may include non-director independent person(s) in accordance with whatever arrangements for such appointments are approved by the Board time to time.
8. The Chief Executive Officer, the General Manager Health Services, Head of Benefits Management and the Company Secretary have standing invitations to attend all Committee meetings.

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Duties and Responsibilities

9. The duties and responsibilities of the Committee are as follows:

9.1. Strategy

- Guide and review the material health service initiative related components of the GMHBA Strategic Plan and annual budget;
- Oversee proposed developments are consistent with the current strategic plan;
- Provide advice to the Board regarding any material health services matters relevant to strategy formulation.
- Oversee the progression of the HS strategy against the annual Business Plan.
- Oversee the progression of the Benefits Management strategy and alignment to Health Services strategy to manage benefits to increase value to members.

9.2. Risk Management

- Oversee GMHBA's legislative and regulatory exposures relevant to Health Services are appropriately managed and reported;
- Oversee monitoring of key performance indicators and financial outcomes for all material health service initiatives;
- Oversee and periodically review the GMHBA Clinical Governance structure;
- Review GMHBA policy and procedures for the identification, analysis, evaluation and treatment of current and potential clinical risks;
- Review clinical risk and incident reports, including the analysis of high and significant risks, and ensure that adequate risk strategies are in place and timely rectification actions are being undertaken where necessary;
- Review policies and procedures for monitoring clinical competence of staff, including credentialing processes;
- Review processes and procedures for Quality Improvement across all clinical areas, including the organisational Quality Plan;
- Evaluate the quality of clinical performance by monitoring and analysing quality and patient safety indicators, trend reports, benchmarked data and other relevant information;
- Receive and consider information from consumer participation activities and processes which provide feedback on the patient experience of services provided by GMHBA health services;
- Meet with the Audit and Compliance Committee annually to determine the annual internal audit program as it relates to the Clinical Governance activities and discuss the results of the any annual audit of CG activities.
- Liaise with other committees of the Board to help align the governance of quality and safety issues with governance of organisational risk.

9.3. Policy Development

- Provide critical feedback to management regarding proposals for material health service initiatives including advising management as to whether or not the Committee can support such recommendations and if not the conditions under which they may do so.
- Support the leadership role of the GM Health Services in relation to issues of quality, safety and clinical risk. This includes:
 - Supporting a positive, fair and patient-centred organisational culture;
 - Supporting a culture that promotes and encourages research and learning through innovation and training;
 - Reviewing organisational capability and support training and education.

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- Working with management to identify priorities for clinical improvement, including reviewing national and international trends to stay abreast of emerging evidence and key developments in clinical governance.

9.4. Governance

- Develop an annual work plan for the Committee.
- Annually review the Committee's Charter in preparation for the Board review of the Board Governance Framework.
- Regularly evaluate the performance of the Committee

9.5. Other

- Act as delegated by the Board from time to time.

Meetings

10. The Committee will hold at least four regular meetings a year, and such additional meetings as the Committee Chairman shall require in order to fulfil its duties.
11. The Committee Chairman is required to call a meeting of the Committee if requested to do so by any Committee member, Chief Executive Officer, or the Board.
12. There will be at least one annual combined meeting of the Audit Committee, the Risk & Compliance Committee and the Health Services Committee to permit oversight of the operation and remit of the three committees, and to identify any areas of overlap.
13. The Company Secretarial function (currently the Assistant Company Secretary) will act as Committee Secretary and will be responsible, in conjunction with the Committee Chairman and other relevant executives for preparing and circulating the agenda and meeting materials to Committee members at least 4 working days prior to the meeting.
14. The Company Secretarial function will prepare minutes of each Committee meeting together with any major reports considered at those meetings, as well as a summary to be submitted to the next Board meeting for information.
15. A quorum shall consist of two members of the Committee.

Access

16. The Committee shall have direct and unfettered access to the executives and executives shall have direct access to the Committee via the Committee Chairman.
17. The Committee may consult or retain independent experts where they consider it necessary to carry out their duties in accordance with whatever arrangements are approved by the Board from time to time.

Other Matters

18. Where able to do so, Committee members will:
 - Assist with connecting GMHBA to local (Home Market) healthcare system through relationships with (but not limited to) Deakin, G21, Grampians and Barwon South Primary Health Network, SJOG, Geelong Private, Kardinia Health and local practitioners and their professional bodies.
 - Assist with connecting GMHBA to the healthcare system more broadly.

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