

Palliative Care - Workforce Working Group

Terms of Reference

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Background

The Commission on Excellence and Innovation in Health (CEIH) has been created to provide leadership and advice within SA Health and the Government on clinical excellence and innovation. The CEIH provides leadership and advice on clinical best practice with a focus on maximising health outcomes for patients, improving care and safety, championing evidence-based practice and clinical innovation, and supporting clinical collaboration.

Statewide Palliative Care Clinical Network

The Statewide Palliative Care Clinical Network (SPCCN) was established in 2019 with the intention to connect all stakeholders involved in Palliative Care in South Australia and collaborate to improve palliative care given to South Australians. The aim of the SPCCN is to reduce the siloed approach and bring a passionate community together that exists of health care professionals, consumers, non-government organisations (NGO), researchers and other stakeholders. The SPCCN has a unique collaborative model of leadership with co-leadership of a medical professional and a consumer.

Statewide Palliative Care Clinical Network – Workforce Working Group

Purpose

This document describes the terms of reference for the Workforce Working Group which is a project-specific expert working group reporting to the Co-Leads of the Statewide Palliative Care Clinical Network.

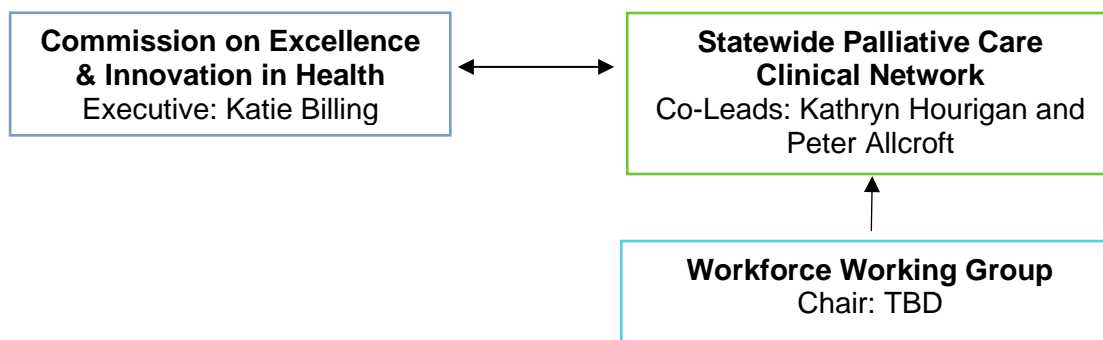
The terms of reference reflect the key role and function of the Working Group in progressing the Commission on Excellence and Innovation in Health (CEIH) approved project to work towards a more sustainable workforce within the Palliative Care services in South Australia.

*Let's put
imagination to work*

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The diagram below depicts the governance hierarchy for the Working Group:



Aim of the Working Group

The Working Group is a project-specific team, established to improve sustainability of palliative care workforce in South Australia. The steering committee of the SPCCN has identified that one of the big obstacles in accessing and providing palliative care in South Australia is the sustainability, access and succession of trained palliative care health professionals. The working group will be established to drive ideas that lead to improvement of sustainability and trained professionals. Following the completion of the project, the Working Group will be disbanded.

Roles and responsibilities

- The principal role and function of the Working Group is to provide clinical expertise and experience to develop and drive improvements palliative care workforce sustainability.
- All members are expected to attend meetings and undertake tasks/actions between meetings to ensure the timely completion of the project deliverables.
- A Chair is appointed and acts as the Project Lead and is responsible for coordinating project resources and ensuring there are effective and efficient meetings.

Principles and conduct

Members are not to only to represent their views, but are to represent the best interests of consumers, carers and health professionals within palliative care and the health service as a whole.

Members' behaviour is to be based on the principles of the South Australian Public Sector Code of Conduct and relevant SA Health policies.

Conflict of Interest

Pursuant to the *CEIH Conflict of Interest Procedure – CEIH Committees*:

- members must declare any perceived, potential, or actual pecuniary interest (or interest of an associate) prior to commencing their term on the Palliative Care – Workforce Working Group
- members must also declare any new interest as soon as practical after such an interest is identified
- if a conflict of interest arising in the deliberation of the Working Group, the member will – at the direction of / on advice from the Chair – refrain from voting or participating in discussions, or absent themselves from the meeting

Accountability

The Working Group reports through the Chair/Project Lead to the Co-Leads of the SPCCN who are accountable to the Executive Director, Consumer & Clinical Partnerships and the Commissioner, CEIH.

The Chair must report quarterly – and on an ad hoc basis as required – to the Commissioner, CEIH regarding the activities and progress of the Working Group.

Membership

Members

The Working Group will consist of approximately 6-8 people, with a core membership comprising of:

- a Chair
- clinicians/healthcare professionals with skills and experience in palliative care
- professionals with healthcare human resource expertise

Members are expected to discharge their responsibilities with due care and diligence.

Appointments

Membership of the Working Group will be determined by the Co-Leads of the SPCCN. Selection will be informed by a merit-based expression of interest process.

Membership is individual and not organisational. Membership will be constructed to reflect the necessary mix of knowledge, experience and skills to support the CEIH to fulfil its responsibilities. A balance of experience across metropolitan and rural settings and from within and out of hospital sectors will be sought.

Members who resign mid-tenure will be replaced through an expression of interest process or direct appointment by the Co-Leads of the SPCCN.

Chair

The Chair can delegate their duties to another member of the Working Group on a temporary basis.

Tenure

Members are appointed for the duration of the project (expected to be completed mid-late 2023). The project will be considered completed when the CEIH formally endorses the deliverables of the project and the Project Closure Report is approved.

Members may resign in writing to the Chair upon which the Chair may appoint an appropriate replacement member. Members that are unable to consistently attend meetings and participate in the work of the Working Group may be asked to resign to allow a replacement member to be appointed. Additional members may be appointed as required.

Subgroups

To enable the development of specific aspects of the project, the Working Group may establish smaller project teams. These teams will cease when sub-projects are completed and presented to the Working Group for endorsement.

Operating procedures

Meeting frequency

Meeting frequency is at the discretion of the Working Group, but initially monthly, with bi-monthly reporting to the Steering Committee of the SPCCN.

Attendance

Members are expected to attend at least 75% of meetings.

Meeting format

Meetings will be a combination of teleconference, videoconference and/or face to face to support participation of members living in regional and rural areas and to comply with COVID-19 social distancing recommendations. It is the responsibility of members using these arrangements to ensure they are in a private location where information / discussions can remain confidential.

Apologies must be provided prior to each meeting. The Working Group will vote on the replacement of members who have not attended 3 consecutive meetings without providing apologies.

A leave of absence must be sought from the Working Group when a member is unable to attend 2 or more consecutive meetings.

Proxies

Members may not substitute a proxy for their attendance.

Quorum

The quorum necessary for decision-making will be greater than 50% of members.

A meeting may proceed if a quorum is not present. However, voting will be held over either until the next meeting when a quorum is present, or via an out-of-session vote (at the Chair’s discretion).

Voting

Decisions will be sought on a consensus basis. If a vote is necessary, a majority vote is sufficient. If the vote is tied, then the matter will remain undecided and either considered at the next meeting and / or escalated to the Co-Leads of the SPCCN.

Secretariat

The secretariat function for the Working Group will be provided by the CEIH. The secretariat will:

- prepare and circulate agendas and supporting material for meetings at least 3 working days in advance
- prepare accurate minutes and action logs from each meeting and circulate within 5 working days
- ensure all records are stored in accordance with relevant legislation
- arrange teleconference / videoconference facilities for meetings
- ensure confidentiality and Conflict of Interest forms have been completed by members prior to their initial meeting

Approvals and review

These Terms of Reference shall be reviewed annually by Working Group. Any changes to the Terms of Reference are subject to the endorsement of the Co-Leads, Statewide Palliative Care Clinical Network.

Endorsement

Chair	
Signature	
Date	
Executive Director	
Directorate	

Signature

Date
