

## Palliative Care Clinical Network Steering Committee – Terms of Reference

### Background

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

### Statewide Clinical Networks

Statewide Clinical Networks are all the health professionals, health service organisations, consumers and carers who work collaboratively with the goal of high quality care in a particular area. Statewide Clinical Networks operate across the continuum of care, across private and public sectors and across all Local Health Networks — both country and metropolitan.

Statewide Clinical Networks are an important statewide engagement structure to connect together clinicians, consumers and other stakeholders on agreed priorities to improve the South Australian health system.

Statewide Clinical Networks are supported by a clinical lead, steering committee and other subcommittees or work groups that are identified as being required to undertake network priority projects.

### Statewide Palliative Care Clinical Network

High quality care at the end of life is fundamentally important to all South Australians. All of us want end of life care that is safe, dignified, comfortable and without anxiety for our own or our carers' wellbeing.

These terms of reference are specifically for the Steering Committee that will support the effective functioning of the Statewide Palliative Care Clinical Network.

## Statewide Palliative Care Clinical Network Steering Committee

### Purpose

The overarching purpose of the Steering Committee is to:

- > provide oversight to, and support of, the Clinical Network in both identifying and addressing key system priorities related to the Clinical Network
- > act as a conduit for information sharing and decision making between the Clinical Network and the Commission.

### Responsibilities

#### Steering Committee

- > Develop the Clinical Network's annual work plan.
- > Provide leadership within the health system both clinically and organisationally within their LHNs.

- > Provide advice to the Statewide Clinical Network Clinical Lead on service issues and priorities.
- > Assist in the analysis of current and projected service demand across all aspects of service delivery.
- > Assist in defining future service profile, service distribution and methods of clinical practice in both metropolitan and country areas.
- > Assist in addressing clinical variation and improving service performance and consumer health outcomes across the continuum of care.
- > Establish partnerships with key departments and agencies to promote a lifelong holistic view of health.
- > Assist in defining workforce models inclusive of workforce redesign.

### **Chair**

- > Ensures the effective conduct of each meeting.
- > Encourages broad participation from all members including consumer and carer advocates in discussion.
- > Keeps the meeting moving by putting time limits on each agenda items and ensure meetings run on time.
- > Ends each meeting with a summary of decisions and actions.
- > Follows up with absent members to determine if they wish to continue membership as per the terms of reference.
- > Approves the agenda and other meeting papers for each meeting.
- > Indicates which meeting discussions or decisions are to remain confidential.

## **Principles and conduct**

The Steering Committee will adhere to the following:

- > appointment to the Steering Committee assumes a position of trust and members are expected to act ethically and in the best interests of the Clinical Network at all times. Members will conduct themselves in a manner which promotes confidence in the integrity of the work being undertaken in the Clinical Network
- > members of the Steering Committee are appointed for their personal skills and knowledge and are required to exercise these for the benefit of the Clinical Network as a whole
- > the Steering Committee will ensure work activities being conducted under the auspice of the Clinical Network, including subcommittee and work groups, are in line with the Clinical Network's overall aim, identified priority areas and will monitor progress against agreed timeframes
- > where particular discussions are deemed to be confidential, members will not disclose such information to any persons outside of the Steering Committee without the support of the Steering Committee
- > it is each member's responsibility to canvas views and provide feedback to their colleagues and appropriate others except for confidential matters as described above
- > members are expected to complete agreed action items from each meeting in the agreed timeframe
- > feedback and/or review of documentation responses are to be provided within requested timeframes
- > decisions made by the Steering Committee (see [Voting](#)) are binding. Members will comply with the decisions of the Steering Committee and will not participate in dissent outside of the Steering Committee meetings
- > the Steering Committee reserves the right to review the membership of any member who acts contrary to the above.

## Conflict of Interest

- > Members will declare any conflict of interest prior to commencing on the Steering Committee.
- > Members will also declare any new conflict of interest related to Steering Committee duties as soon as practical after such conflict arises.
- > If there is a declaration of conflict of interest the member will, on advice of the Chair, either refrain from voting or participating in discussions or absent themselves from the room at that point.

## Accountability

The Steering Committee reports through the Chair to the Executive Director, Clinical Partnerships, who is accountable to the Commissioner.

The Chair will be required to report quarterly and on an ad hoc basis as required to the Commissioner regarding the activities and progress of the network.

## Membership

### Members

The Steering Committee will consist of approximately eight to 12 people with a core membership comprising of:

- > Statewide Clinical Network Clinical Lead
- > medical, nursing and midwifery, allied and scientific health representatives from across the care spectrum (including the private sector) who can lead change
- > consumers (and/or carers as appropriate)
- > relevant non-government organisations and/or population group representatives
- > Local Health Network representative
- > other relevant technical, scientific, epidemiology or research staff as required.

The Steering Committee, through or at the direction of the Chair, is able to co-opt/seek expert advice or input on an as-needed, time limited basis to progress work against specific priorities.

The Commission will appoint a Project Manager for the Clinical Network. The Project Manager will attend meetings as an impartial participant.

The Executive Director, Clinical Partnerships, will have a standing invitation to attend all meetings as an impartial participant.

If a Steering Committee wants to have more than 12 members, then this needs to be negotiated with the Executive Director, Clinical Partnerships.

### Appointments

Membership of the Steering Committee will be determined by the Clinical Lead in conjunction with the Executive Director, Clinical Partnerships. 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 Statewide Clinical Network 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.

## Chair

The chair will be the Statewide Clinical Network Clinical Lead.

## Tenure

Membership tenure will in the first instance be for a period of two or three years at the discretion of the Clinical Lead in order for membership turnover to be staggered. Subsequently membership is for a two year period with extension for one two year period beyond this time possible at the discretion of the Clinical Lead in conjunction with the Executive Director, Clinical Partnerships.

## Subcommittees and work groups

The Steering Committee may convene subcommittees or work groups.

A subcommittee can be established to achieve multiple objectives. A work group can be convened by the Steering Committee to undertake a specific, time limited project or other activity to assist the Clinical Network and Steering Committee fulfil its responsibilities.

Preferably, the chair of a subcommittee or work group will be a member of the Steering Committee (or the group will have representation from the Steering Committee) and is responsible for reporting on the progress of agreed objectives at Steering Committee meetings.

Not all members of the Steering Committee will be required to sit on a subcommittee or work group but may contribute in an advisory capacity.

Terms of reference for any subcommittee or work group will need to be developed by the Steering Committee, and endorsed by the Executive Director, Clinical Partnerships.

## Operating procedures

### Meeting frequency

Meeting frequency is at the discretion of the Steering Committee, but initially monthly. It is expected that at least four meetings are held each year.

### Attendance

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

It is preferred that members attend face-to-face where possible. Teleconference will be made available to support participation of members living in regional and rural areas if requested by prior arrangement. It is the responsibility of members using teleconference to ensure they are in a private location where information/discussions can remain confidential.

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

A leave of absence must be sought from the Steering Committee when a member is unable to attend two 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. In this instance, voting will either be held over 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 an equality of votes applies then the matter will remain undecided and either considered at the next meeting and/or escalated to the Executive Director Clinical Partnerships.

A quorum must be present to enable voting. Votes by proxy will not be accepted.

## Secretariat

The secretariat function for the Steering Committee will be provided by the Commission. The secretariat will:

- > prepare and circulate agendas and supporting material for meetings at least three working days in advance
- > prepare accurate minutes and action log from each meeting and circulate within three working days
- > ensure all files are stored in accordance with the SA Health Care Act
- > arrange teleconference/video conference facilities for meetings
- > ensure confidentiality and conflict of interest forms have been completed by each member prior to the member's initial meeting.

## Approvals and review

These Terms of Reference shall be reviewed annually by the Steering Committee. Any changes to the Terms of Reference are subject to the endorsement of the Executive Director, Clinical Partnerships.

Date endorsed: \_\_\_\_\_ Signed by Chair: \_\_\_\_\_

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## For more information

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