

Palliative care decision making groups

Palliative care consortium individual members - voting

Function in implementing *Strengthening palliative care: Policy and strategic directions 2011–2015 (policy)*

Ensure all palliative care services engage with the policy and are involved with its implementation

Role

As per consortium role participate in

- regional planning
- coordinating care
- determining priorities for future service development and funding
- implementing the Service Delivery Framework
- communication and capacity building
- governance issues
- maintaining the relationship with the department

Responsibilities

- Champion palliative care in own agency and advocate for palliative care to be included in the agency's plan
- Support the vision and underpinning principles of the consortium's memorandum of understanding (MOU)
- Support decisions made by the consortium
- Actively participate in the development, implementation and monitoring of the regional plan
- Actively participate in consortium consultations with staff, people with life-threatening illnesses, their families and carers, and the community about the policy's implementation in the region
- Report to agency's CEO, where applicable, in relation to consortium business
- Consult with own agency regarding relevant issues on behalf of the consortium
- Chair the consortium clinical/practitioners group (as delegated by the consortium)
- Chair the consortium advisory/reference group (as delegated by the consortium)
- Make and support decisions at consortium meetings on behalf of own agency
- Participate in decisions about funding and resource allocation
- Declare any conflict, potential conflict or apparent conflict that may arise as part of consortium business, and abstain from any related decision should any conflict appear to compromise the member and/or the decision-making process
- Ensure any information acquired or created through participating in the consortium is only used for performing their duties as a consortium member (members will not use their knowledge of confidential consortium issues for the benefit, gain or advantage of any individual, private or public organisation or group)

Structure

- Representatives must either be the CEO of the agency or have written delegated authority granted by the CEO

- Representatives should hold a management and/or senior clinical role in their agency
- Representatives report (at a minimum of six-monthly) to their CEO in relation to consortium business
- There is one vote per department-funded palliative care organisation (recommended). Not all signatories of the consortium MOU have voting rights
- Representatives will ensure continuity of membership and attendance at 75 per cent of relevant meetings (for example, executive committee meetings and working group meetings) excluding annual leave, or absence due to other paid or planned leave

Communication / relationship with other groups

- Receive and disseminate the departmental update as appropriate
- Receive updates on statewide meetings via the consortium manager/chair
- Report to the CEO or senior manager, where applicable, on the consortium's progress and other relevant business
- Consult with other staff in own agency in relation to relevant issues