



Guidelines for the CEO Roundtable on Palliative Care in WA

This set of guidelines has been developed to guide the operations of the CEO Roundtable on Palliative Care in WA.

This document contains guiding statements in relation to:

1. Purpose
2. Limitations
3. Principles
4. Composition
5. Appointment of Chair
6. Appointment of Deputy Chair
7. Process for filling vacancies
8. Meetings
9. Agenda setting
10. Process for referring issues to other jurisdictions/forums
11. Communication of Roundtable outcomes and
12. Executive support for the Roundtable meetings.

1. Purpose and functions of the Roundtable

The Roundtable will:

- 1.1 Provide a forum for the exchange of information between non-Government organisations either directly or in-directly involved in the delivery of palliative care services in WA;
- 1.2 Provide a forum for discussion and debate regarding broad strategic issues of interest to the palliative care sector;
- 1.3 Be a mechanism for maintaining strong and purposeful relationships between the Minister and the non-Government palliative care sector;
- 1.4 Identify and/or clarify specific issues;
- 1.5 Focus on the solution/s to identified issues;
- 1.6 Where required, refer matters to other more appropriate jurisdictions or forums; and
- 1.7 Maintain a list of items for discussion at Roundtable events.

2. Limitations of the Roundtable

The Roundtable is not:

- 2.1 Another arm of Government;
- 2.2 A replacement or duplication of the work of other forums and/or industry bodies which serve the palliative care sector;
- 2.3 A forum for discussion and debate about detailed operational matters of any service within the palliative care sector
- 2.4 A forum for discussion and debate about issues of concern to a single organisation.

3. Principles to guide the Roundtable

The Roundtable operates on the basis of the following principles:

- 3.1 **Inclusiveness:** All CEO members will have the opportunity to nominate agenda items for discussion in Roundtable meetings. All direct or in-direct palliative care service providers will have the opportunity to nominate for a position on the palliative sector Roundtable subject to current organisational membership of PCWA.
- 3.2 **Equality:** The Roundtable is not a hierarchical structure and therefore all members have equal status at the meeting table.
- 3.3 **Respect:** The Roundtable will provide a safe and respectful environment for members to speak freely on topics of interest, with each member encouraged to contribute their point of view about matters raised.
- 3.4 **Transparency:** The working of the Roundtable will be conducted in an open and transparent manner with all aspects of Roundtable processes communicated to the palliative care sector.
- 3.5 **Active participation:** Members of the Roundtable will actively participate in their role and in activities that enhance the work of the Roundtable.
- 3.6 **Reflection:** All members will have a commitment to regular reflection on the business of the Roundtable.
- 3.7 **Positive attitude:** All members will approach the role with a positive attitude and appreciate and accept each other's skills and the diversity brought to the Roundtable.

4. Composition of Roundtable

The Roundtable comprises representatives from the following broad areas:

- Home hospice
- Hospital hospice services
- Aged care
- General practice
- Health consumers
- Carers
- Health insurance
- Chronic disease

All members on the CEO Roundtable will serve a term of two years.

5. Selection of the Chair of the Roundtable

The Roundtable will be chaired by one of the CEO members, appointed for a term of two years.

The process for appointing the Roundtable Chair is as follows:

- 5.1 The current Chair will call for nominations at least three months prior to the second anniversary of their appointment, such nominations to be received in writing within one month of the call for such nominations.
- 5.2 Nominations may be self nominations or a nomination by another Roundtable member;
- 5.3 If only a single nomination is received, the nominee will be appointed as Chair automatically;
- 5.4 Where more than a single nomination is received, a secret ballot of members will be used, with the incoming Chair being the nominee receiving the majority of votes; and
- 5.5 An individual must have completed at least one term as a member prior to becoming Chair (other than the inaugural Chair)

6. Selection of the Deputy Chair of the Roundtable

The Roundtable will nominate a Deputy Chair, to deputise for the Chair when he/she is not able to attend committee meetings or undertake other Chair duties.

The process for appointing the Roundtable Deputy Chair is as follows:

- 6.1 The current Chair will call for nominations at least three months prior to the second anniversary of their appointment, such nominations to be received in writing within one month of the call for such nominations.
- 6.2 Nominations may be self-nominations or a nomination by another Roundtable member;
- 6.3 If only a single nomination is received, the nominee will be appointed as Deputy Chair automatically; and
- 6.4 Where more than a single nomination is received, a secret ballot of Roundtable members will be used, with the incoming Deputy Chair being the nominee receiving the majority of votes.

The Term of the Deputy Chair will be for a period of two years.

7. Filling vacancies on the Roundtable

- 7.1 PCWA, in consultation with the Minister for Health, will invite new members to the Roundtable as vacancies arise.
- 7.2 The criteria used to invite new members to the Roundtable will be cognisant of the need to achieve a committee membership drawn from large, medium and small sized non-government agencies, so that a diversity of views can be represented.

8. Operation of Roundtable meetings

8.1 Guiding Principles

- 8.1.1 Procedures will be fair and contribute to open, transparent and informed decision-making.
- 8.1.2 Procedures will encourage appropriate participation in the affairs of the Roundtable.
- 8.1.3 Procedures will reflect levels of formality appropriate to the nature and scope of responsibilities exercised at the meeting.
- 8.1.4 Procedures will be sufficiently certain to give the palliative care sector confidence in the deliberations undertaken at the meeting.

8.2 Notice of meetings

All notices of meetings will be accompanied by an agenda and associated documents and reports.

8.3 Minutes

The minutes of the proceedings of a meeting will include:

- 8.3.1 Names of the Roundtable members present at the meeting;
- 8.3.2 Any disclosure of interest made by a member; and
- 8.3.3 A summary of discussions held together with any resolutions.

The minutes of the proceedings of a meeting will be submitted for confirmation at the next meeting.

8.4 Meeting quorum

- 8.4.1 A meeting quorum shall be eight (8) members.
- 8.4.2 A meeting may proceed even if a quorum is not reached, if the Chair of the Roundtable considers that there are sufficient members present to represent a diverse range of views.

- 8.4.3 Decisions taken at a meeting without a quorum will require ratification at the next subsequent meeting which has a quorum.

8.5 Reporting

A copy of the minutes will be emailed to all Roundtable members and will be posted on the PCWA website.

8.6 Declaration of Interest

During the course of Roundtable business any potential, perceived or actual conflicts of interest may arise from time to time.

- 8.6.1 If a member considers that they may have a potential, perceived or actual conflict of interest in respect to an agenda item, the member should declare an interest in the agenda item to the Chairperson of the Roundtable.
- 8.6.2 If the Chair considers that the declaration represents a conflict, the member will be asked not to take part in discussion of the item. This may involve the member leaving the meeting room during discussion of the item.

9. Agenda setting for the Roundtable

- 9.1 The agenda for the Roundtable will be managed by PCWA, the Chair of the Roundtable and the Minister for Health.
- 9.2 Nominations for agenda items can be received at any time from CEO members and sector agencies.
- 9.3 Items will only be considered for inclusion on the Roundtable agenda if they are of strategic importance to the palliative care sector.

10. Referral of issues discussed by the Roundtable to other jurisdictions / forums

- 10.1 Some issues identified by the Roundtable may be more appropriately dealt with by another body or referred to alternative forums.
- 10.1.1 PCWA will undertake to refer such items to the most appropriate alternative forum(s) or body(s).
- 10.1.2 When making the referral, PCWA will seek feedback and inform the Roundtable Chair of any outcomes achieved by the referral for discussion at a future meeting.

11. Communication of Roundtable outcomes

- 11.1 Communication strategies will be implemented to ensure that all palliative care sector organisations are kept fully informed regarding:
- Agenda items proposed;
 - Agenda items discussed at Roundtable meetings;
 - Outcomes of discussions at Roundtable meetings;
 - Items referred to other jurisdictions or forums by the Roundtable and any outcomes that arise from referrals
- 11.2 Communication strategies are likely to include:
- Call for agenda items prior to Roundtable meetings;
 - Distribution of a newsletter to the palliative care sector after each Roundtable meeting;
 - A Roundtable section on the PCWA website (<http://palliativecarewa.asn.au>)

12. Executive support for the Roundtable

Executive support to the Roundtable and its Chairperson will be coordinated by the Executive Officer of Palliative Care WA. Executive support will ensure timely notice of meetings and preparation of agreed agendas, note-taking and follow-up actions.