Palliative Care Clinical Network Steering Committee

**Date/Venue:** 13 November 2019  
**Chair:** Dr David Holden

**Attendees:** Jane Marshall, Alan Bevan, Mark Waters, Tracy Bryant, Kate Swetenham, Linda Foreman, Stephen Byrne, Elizabeth Fallas, Sara Fleming, Peter Jenkin, Deidre Morgan, Caroline Amato, Helen Stone, Peter Allcroft, Lesley King, Katie Billing (Ex-officio) and Rama Ramanathan (Minutes).

**Apologies:** Charlotte Griffiths and Parry Agius

**Guests:** Helen Chalmers

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<th>Agenda item</th>
<th>Discussion</th>
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| 1. Welcome  | Members introduced themselves. They were officially welcomed to the inaugural meeting of the Steering Committee by David and apologies were noted.  
- Katie thanked the members for applying to be on the Steering Committee and provided an introduction to the newly established Commission on Excellence and Innovation in Health (the Commission).  
- The Commission is a ‘Helper Agency’ which will support the health system (SA Health, NGOs, private and public Specialist Palliative Care Services, Community Service providers, etc) by | | |
providing 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.

- The first iteration of the Commission will have the following four directorates become operational over the next 12 months:
  - Consumer and Clinical Partnerships
  - Clinical Improvement and Innovation
  - Clinical Informatics
  - Human Centred Design.
- The Clinical Networks will sit under the Consumer and Clinical Partnerships Directorate with Katie as the Executive Director.

2. **Minutes from previous meeting / outstanding action items**
   - Nil

3. **Conflict of interest**
   - None declared

4. **Terms of Reference (ToR)**
   - The members discussed possible changes to the ToR
   - Mark mentioned of the need to define ‘End of Life Care’ and ‘Palliative Care’
   - David clarified that:
     - Palliative care is an approach to treatment that improves the quality of life of patients and their families facing life-limiting illness, through the prevention and relief of suffering. It involves early identification and impeccable assessment and treatment of pain and other problems (physical, psychosocial and spiritual).
     - End-of-life care includes physical, spiritual and psychosocial assessment, care and treatment delivered by health professionals and ancillary staff. It also includes the support of families and carers, and care of the
   - Action 1: Make suggested changes to the ToR:
     - Include definitions in ToR
     - Change Steering Committee:2nd dot point to
       - Provide leadership within the health system both clinically and organisationally across all sectors.
     - Conflict of Interest
       - Update that any conflict of interest will be declared and documented in a Conflict of Interest Register.
     - Membership:
       - Change 8-12 people to 18-20 people.
     - Remove ‘representative’ from 5th dot point: Local Health Network representative
     - Add that “The Steering Committee through or at the direction of the Chair can add additional members to
   - Rama to make changes to ToR prior to the next meeting
patient’s body after their death. People are ‘approaching the end of life’ when they are likely to die within the next 12 months.

- Terminal Phase implies that death is likely within days.

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<th>5. Identifying Priorities for the Development of the Clinical Network’s annual workplan</th>
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<td>- Deidre, Kate and David provided an overview on the:</td>
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<td>- Feedback from Statewide Palliative Care Workshop- Key areas highlighted include the interface with primary health, afterhours access, coordination of care across settings, carer support, use of technology, workforce, data and evidence effectively into the future.</td>
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<td>- End of Life Care for South Australians: Strategic Plan- is a targeted and coordinated approach to improving the quality of end of life care services for South Australians.</td>
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<td>- National Palliative Care Strategy 2018- is intended to be used by all Australian governments, as well as organisations and individuals, in guiding the implementation of palliative care across Australia so that people affected by life-limiting conditions receive the care they need to live well.</td>
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<td>- Helen C provided an update from the Department for Health and Wellbeing (DHW) on the service innovation projects being supported through the Palliative Care Election Commitment funding for 2019-20.</td>
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<td>- Metro Specialist Palliative Care Services would pilot moving from a 5 to a 7-day service model from January 2020 and explore partnerships with community service providers under a shared care arrangement to care for mainly unstable and some terminal phase patients at home.</td>
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<td>- Regional LHNs will have a major focus on improving access to rural patients through expanding tele-health services. They also hope to appoint a rural clinical lead for palliative care.</td>
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<td>- Other projects have a focus on improving palliative care committee to achieve the purpose of the committee”.</td>
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<td>- Amend that Members may nominate and appropriately brief a proxy if unable to participate in a meeting on exceptional circumstances.</td>
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<td>- Action 2: Share the Palliative Care Needs in South Australia report undertaken as part of the Election Commitment with the Steering Committee.</td>
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<td>- Action 3: Ensure that DHW has a designated slot within each meeting to brief the Steering Committee on the progress with the election commitment initiatives and seek advice around future election commitment funding allocations and other statewide palliative care related matters.</td>
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<td>DHW when approved by the Minister.</td>
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<td>Rama to include ‘DHW Reporting’ as a standing item on the Agenda.</td>
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access for those with chronic disease and Aboriginal people, reducing medicine harm, developing models of care for people serving a custodial sentence in a SA Prison facility and those who are homeless and working with community paramedics afterhours to provide extended hours of support for clients in Country SA.

- The strategic documents discussed provides an opportunity to identify key priorities in the short to medium term.
- Alan highlighted the need for the Steering Committee to have strategic oversight of the system wide issues while progressing targeted projects.
- David mentioned of the Clinical Network needing to add value to what happens currently in palliative care within South Australia by prioritising key projects to be pursued through a mid-term workplan (1-3 years).

**Action 4:** Request for nomination of priorities from Steering group members.

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**Action 4:** Request for nomination of priorities from Steering group members.

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### 7. Any Other Business

- The Commission is exploring various options for communication (beyond email) among the Steering Committee members and for it to communicate with the broader community.
- Helen S spoke of Greater Choices PHN projects and asked whether there was any insight from those projects to inform the Steering Group.

**Action 5:** Confirm if/ how the Minutes of the meeting or other information regarding discussions at the Steering Committee meetings could be shared to the broader community.

**Action 6:** Follow up on the Interim Evaluation Report on the Greater Choice for At Home Palliative Care measure.

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### 8. Next Meeting

- 11 December 2019, Level 1, Meeting Room 1, Department of Health & Wellbeing, Citi Centre Building, 11 Hindmarsh Square, Adelaide SA 5000.
- Future monthly meeting times for 2020 were discussed.
- Wednesday and Friday afternoons were found to be unsuitable.

**Action 6:** Send a doodle poll to find a suitable time that would work for all members.

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Date endorsed: 11 December 2019
Signed by Chair: [Signature]