South East Regional Palliative Care Network

Steering Committee

Terms of Reference

Purpose
The purpose of the South East Regional Palliative Care Network (South East RPCN) Steering Committee is to provide leadership and structure to facilitate the development of a comprehensive, integrated and coordinated system of palliative care in the South East Local Health Integration Network (South East LHIN), and to oversee implementation of a strategic plan to support the provincial vision for hospice palliative care as outlined in the Province’s Declaration (Advancing High Quality High Value Palliative Care in Ontario: A Declaration of Partnership and Commitment to Action).

Mandate
The South East RPCN Steering Committee (Committee) will provide advice to the South East LHIN and Cancer Care Ontario’s Regional Vice President, South East Regional Cancer Program on the development of an integrated and coordinated system of palliative care, and will provide leadership, oversight and support to organizations within the South East LHIN involved in the implementation of a strategy for achieving a high performing palliative care system using continuous quality improvement methods.

The Strategic RPCN Work Plan (Work Plan) for achieving a high performing integrated and coordinated system of palliative care will align with the Ontario Palliative Care Network (OPCN) direction, the Declaration, the South East LHIN Integrated Health Services Plan and the South East Regional Cancer Program’s Strategic Plan.

Accountability
The Committee will be accountable to the South East LHIN and to Cancer Care Ontario’s South East Regional Cancer Program through the Committee Co-Chairs.

Committee Roles and Responsibilities

- To oversee the development of a focused and streamlined Work Plan to advance the strategic priorities for hospice palliative care in the South East LHIN.
- To approve aims, outcome indicators, indicator targets and timelines for initiatives included in the Work Plan.
- To ensure that the initiatives in the Work Plan are framed and implemented using continuous quality improvement principles and methods.
- To develop and operationalize a process for monitoring and overseeing progress on the Work Plan including both pilot projects and spread of initiatives across sub-LHIN regions, as appropriate.
South East Regional Palliative Care Network

- To support regional teams implementing Work Plan initiatives by convening sessions to share progress, problem solve and remove barriers to progress, as required.
- To create a model for shared accountability among organizations/agencies partnering on Work Plan projects, given their commitments to the Committee for defined deliverables and the implications for progressing those deliverables on the quality of palliative care in the South East LHIN.
- To develop and implement a Communication Plan to share regional and sub-regional updates on an ongoing basis with all hospice palliative care stakeholders at sub-regional, regional and provincial levels.
- To develop a plan for engaging relevant stakeholders at strategic times during the development and implementation of the Work Plan to obtain input and advice, to share information and to facilitate consensus-based decision-making.
- To advise and make recommendations to the South East LHIN and CCO South East Regional Vice President on matters relating to funding, resource allocation, and such other matters as significant changes to models for service delivery. The LHIN will retain the responsibility for planning, funding and integrating the health system as outlined in the LHSIA.

Expectations of Committee Members

- Attend at least 75% of the Committee’s meetings. Any member who misses three consecutive meetings without consulting the Co-Chairs shall be deemed to have resigned. Members may not send a delegate to attend meetings in their absence.
- Review background materials and participate effectively and fully at meetings.
- Work positively, co-operatively and respectfully with other Committee members. Negotiate in good faith to resolve disputes or concerns.
- Consider and represent a systems perspective in preference to any other interests which that member may also have or represent. Where a Committee Member has an interest, either business or personal, in matters before the Committee involving potential monetary or non-monetary issues, s/he must declare that conflict. The Committee will consider the conflict and determine whether the Member may participate in discussion or decision-making on that issue.
- As a hospice palliative care leader, and a member of the Committee, commit to and reflect shared ownership of the decisions of the Committee.
- Champion hospice palliative care quality initiatives in respective organizations, regions, and sub-regions.
- Provide strategic advice by questioning and challenging the status quo and identifying opportunities and challenges.

Collaborative Values and Processes

Core Values/Principles
The following core values/principles, identified by Committee Members, will define how the Committee (collaborative) intends to work together:
Nurture Relationships Based on Mutual Respect and Trust: Members have a voice in the collaboration, are comfortable with conflict and stress because they are the product of active engagement, and are prepared to be open, transparent and honest about emerging issues, expectations or conflicts of interest.

Negotiate Collective Contributions, Benefits and Strengths: Members have something important to contribute to and to gain from the collaboration, recognize each other's strengths and assets, and agree to work to strengthen areas requiring improvement.

Share Responsibility for Leadership, Decision-Making & Accountability: Members are empowered to provide leadership and to reach consensus so that decisions and solutions are focused on the best interests of the region/collective, and are prepared to share in the risks and responsibilities associated with ensuring mutual accountability for clear and measurable goals and outcomes.

Decision-Making Process

The Committee will participate in consensus-based decision-making that is in the best interests of the region/collaborative. Consensus-based decision-making is a group decision-making process that seeks the consent of all participants. Consensus is defined as an acceptable resolution, one that can be supported in the interests of the collaboration, even if not the “favourite” of each member.

If or when consensus cannot be achieved, the following will apply:
- A decision on the issue will be deferred until further information can be provided if it is deemed that clarification is required; or
- The Chair can request that an issue be put to a vote where each member is entitled to one vote and a simple majority will decide the outcome.

Conflict Management Process

Committee members are comfortable with conflict and stress because they recognize they are part of the dynamic and complex nature of collaborations. Where major differences arise, members agree to:

- Attempt to resolve these issues at the collaborative table when they occur;
- Address these differences in an open, honest, and respectful manner;
- Engage an independent facilitator/mediator, if appropriate, to assess the collaboration and/or the situation, either when required or as part of a formal evaluation.

Process for Ensuring Effective Member Transition

Committee members will provide a minimum of 3 month’s written notice to the Steering Committee regarding their intention to withdraw from the collaboration, and will complete any outstanding requirements. The Steering Committee will determine a suitable recruitment process, including skills and experience required.
Committee members will participate in an annual evaluation to assess the performance and effectiveness of the collaboration. Instances where partners are not maintaining their commitments will be brought forward to the Steering Committee for discussion and conflict resolution if required.

Co-Chairs
The Co-Chairs of the Committee will include a representative from the South East LHIN and the Regional Cancer Program’s Regional Vice President.

Term on Committee
Members will serve a minimum of 2 and maximum of 3 years, and will be eligible to serve for two consecutive terms. Duration of initial terms may vary to ensure continuity on the Committee. Members will be recruited based on a defined set of competencies and skills.

Meeting Frequency
Meetings will be scheduled every 1-2 months up to the end of March 2018, generally with a duration of 2 hours. Subsequently, meetings will be held quarterly or more frequently, if necessary, at the call of the Co-Chairs, with a duration of 3-4 hours.

Minutes
Efforts will be made to ensure that meeting agendas and related materials are prepared and distributed one week prior to the scheduled meeting date.

The minutes of each meeting of the Committee, duly approved by the Committee, will be held by the Co-Chairs or designate. Action items arising from a meeting will be circulated to Committee members within 10 business days of the meeting. The draft minutes will be attached to the agenda of the subsequent meeting for approval.

Quorum
A quorum will be 51% of the Committee and must be present to move forward with a motion.