



Terms of Reference

NSW End of Life and Palliative Care Framework Review Advisory Committee

Acknowledgement

NSW Health acknowledges the Traditional Custodians of Country throughout NSW and their connections to land, water and community. We pay our respect to Aboriginal Elders past and present and extend that respect to all Aboriginal people today.

Version Control

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Contents

Acknowledgement	1
Version Control	2
Background.....	4
Purpose of the Framework Advisory Committee	5
Roles & Responsibilities of the Committee	6
Method of Operation.....	7
Membership.....	8

Background

In 2019, a NSW Health End of Life and Palliative Care Committee was established, noting:

- The NSW Auditor General recommended in the 2017 report '*Planning and evaluating palliative care services in NSW*', that the governance of NSW Health end of life care and palliative care should be integrated to ensure a coordinated approach to the planning, monitoring and evaluation of services.
- End of life and palliative care was identified as a strategic priority of the NSW Government and has since received significant funding enhancements to support care for people with life limiting and terminal conditions.
- Consultation with stakeholders found community members, clinicians and service providers expect end of life and palliative care to be integrated and well-coordinated.
- A robust governance structure was needed to support the NSW Health End of Life and Palliative Care Framework 2019-2024 (the Framework).

Scheduling for this committee was aligned to strategic priorities and realisation of implementation milestones. Following finalisation of the monitoring and evaluation strategy in 2021, committee activities were paused and oversight was embedded into the existing NSW Health governance structure.

The (2019-2024) Framework is now under review and reformation of an Advisory Committee to support this review will support adequate governance and representation of views across the sector.

Purpose of the End of Life and Palliative Care Framework Review Advisory Committee

The primary function of the End of Life and Palliative Care Framework Review Advisory Committee (the Committee) is to provide strategic advice and subject matter expertise to support and guide the review of the Framework.

The Committee will provide strategic advice on statewide priorities, emerging issues and opportunities around end of life and palliative care in NSW. It will bring together key system stakeholders to provide accountability and coordination for the planning and creation of the next iteration of the Framework.

The Committee will provide advice and guidance to identify opportunities and priorities for future palliative and end of life care reform. It will also enable strategic relations between NSW Ministry of Health, NSW Health entities and other non-government end of life and palliative care stakeholders and service providers and ensure that planning is undertaken within a single structured policy framework.

Roles & Responsibilities of the Committee

Committee members will foster an environment of excellence and model a commitment to achieving system wide improvement.

Responsibilities of the committee are to provide oversight and strategic planning advice on:

- the vision for the future strategy and setting whole of system objectives
- planning priorities for the next iteration of the Framework
- the Framework content & its integration into the broader health system
- specific considerations for needs of priority populations
- identification of key stakeholder groups, to provide consultation and subject matter advice on elements of the Framework review
- system priorities, opportunities and emerging issues
- engagement with relevant groups and committees regarding end of life and palliative care, as required
- critical program issues that cannot be resolved elsewhere
- opportunities for alignment with other strategic priorities and/or initiatives
- interdependent issues that have the potential to impact the achievement of proposed Framework objectives
- project compliance requirements with NSW Health policies and procedures
- implementation strategies, along with recommended monitoring and evaluation metrics.

Method of Operation

Secretariat	The secretariat is provided by the End of Life and Palliative Care (EOLPC) team, HSPB, Ministry of Health.
Meeting protocol	<p>Papers required for decision or consideration at the meeting will be submitted to the Secretariat one week prior to the meeting unless otherwise agreed.</p> <p>The Secretariat must be notified as soon as practicable if a member is unavailable.</p> <p>If unable to attend a scheduled Committee meeting, it is encouraged that the Committee member arranges an alternative representative (proxy) to attend on their behalf. Proxies should be pre-briefed by the standing Committee member on the purpose and context of the Committee</p>
Quorum	The presence of at least 50% of members, including those attending remotely, constitutes a quorum. Wherever possible the Committee should reach a consensus decision.
Representation	To promote governance and diverse representation across the EOLPC sector whilst balancing the overall size of the Committee, membership has been selected to represent a range of portfolio and service provider leads with relevant experience in end of life and palliative care or broader health system functions.
Frequency & duration	The Committee will meet bimonthly for a duration of 60-90 minutes, for at least 12 months (until approx. December 2025). Extension of the Committee beyond this period will be at the discretion of the co-chairs.
Confidentiality	Unless otherwise specified, committee documents are to be considered confidential with distribution restricted to committee members.
Conflict of Interest	Members and invitees will declare a conflict of interest whenever they feel that their participation or contribution could be viewed as influenced by another role, they undertake either within or outside the Committee. Details of any conflict will be included in the minutes. Where members or attendees at meetings are deemed to have a real or perceived conflict of interest, they must absent themselves from Committee deliberations on the issue.
Chairperson	<p>The Committee will be co-chaired, with responsibilities rotated between the chairs. The role of the Chair(s) is to act as an independent mediator for Committee proceedings and ensure the topics discussed are within the scope of the Terms of Reference.</p> <p>The co-chair(s) are:</p> <ul style="list-style-type: none"> • Tish Bruce, Executive Director, Health & Social Policy Branch • Prof Katy Clark, Senior End of Life & Palliative Care Clinical Advisor, NSW Ministry of Health
Governance	The Committee will be convened on a time-limited basis, to support the review and development of the Framework. The Committee may be discontinued at the completion of this project. The Committee Terms of Reference and membership will be reviewed as required, or annually, if the Committee activities extend beyond 12 months.
Reporting	Outcomes of Committee activities will be reported to the Deputy Secretary, Health System Strategy and Patient Experience, as required.

Membership

The following information is indicative of suggested representation on the Framework Advisory Committee and may be subject to change, based on availability of members.

Representatives on the Committee have been chosen based on feedback from the previous Framework review, to provide diverse representation and perspectives, whilst containing the overall size of the group and ensuring strong governance and functionality. Some members may bring multiple points of experience or expertise to the Advisory Committee.

Representation will include:

- Executive and strategic oversight of Health and Social Policy Branch and Community Care & Priority Populations Unit within the NSW Ministry of Health, including across aged care, disability, maternity, youth and family, LGBTQI+ health, multicultural and refugee health, carers.
- Senior clinical EoLPC expertise.
- Relevant pillars and NSW Health agencies involved in EoLPC.
- Representation across relevant clinical disciplines, including medical, nursing and allied health, including specialist expertise in EoLPC.
- Representation across rural & regional areas, along with metropolitan areas.
- Representation from ANZSPM, RACP, RACGP and AHMRC, in-line with the parliamentary inquiry: *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales (Report 57)*.
- Representation across both adult and paediatric palliative care specialties.
- Representation from other key stakeholders across the EoLPC sector, including relevant Ministry branches, peak health bodies and academia.
- Aboriginal, Multicultural and consumer perspectives.