

Framework to Guide the Co-opting of Members to Council

Background

Council is the group of volunteers which carries legal responsibility for the running of SPPC, for setting strategy, for protecting and ensuring best use of our assets and for maximising our impact. To discharge these responsibilities Council needs a good mixture of knowledge, skills and perspectives.

Under SPPC's constitution 9 members of Council are elected by member organisations. In addition Council may co-opt up to 7 more members. This framework to guide future decisions on co-option was agreed by the Council in March 2018.

Introduction

The members *elected* to Council provide an important link to a broad range of organisations. However, the specific range of skills, knowledge and perspectives of the individuals elected is unpredictable. For example the 4 members elected by local statutory organisations might leave us without a primary care perspective, or a hospital perspective, or a nursing perspective or a palliative medicine perspective or a children's palliative care perspective. It is important also to consider the overall balance of perspectives – for example we would want to a balance of different professions, specialist & generalist roles.

As well as expertise in the subject and content of SPPC's work it is important also to bear in mind skills and knowledge relevant to the role of Council members in overseeing the organisation. This is not about duplicating skills employed in the staff team, but about having skills and knowledge to be able to question, guide, challenge, steer and support the staff in the running of the organisation. Co-options can also be useful to extend the influence of SPPC.

Desirable Skills, Knowledge and Perspectives

Below is a list of dimensions which it would be advantageous to have on SPPC Council. Those in bold are guaranteed via the electoral structures. Different dimensions may be more or less important dependent on the circumstances and focus of SPPC's work at different times, and some prioritisation is likely. Given

SPPC’s mission Council will maintain a strong core of palliative care expertise. Council will also ensure adequate governance and finance skills/knowledge to discharge its legal responsibilities.

Improving People’s Experiences of Declining Health, Death, Dying and Bereavement

| | | |
|---------------------|------------------------|--|
| Social work | Spiritual care | IJB |
| General practice | Care home | eHealth |
| Palliative medicine | Care at home | 3rd Sector |
| Lay/public | Remote & rural | Pharmacy |
| Specialist nursing | Bereavement | Quality improvement |
| Hospice | Research/academia | PEOLC for babies, children, young people |
| Commissioning | Disadvantaged groups | |
| Community services | Local authority | |
| Hospital medicine | NHS | |

Overseeing the Running of SPPC

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|---------------------|--------------------|----------------|
| Finance | Communications | Public affairs |
| Management/Strategy | Charity governance | HR, Law |

Diversity

We should also take into account the personal characteristics of Council members.