

# Advancing Kidney Care 2026

## Collaborative

## Terms of Reference

### 1. Purpose

The purpose of the Advancing Kidney Care 2026 Collaborative (the Collaborative) is to lead implementation of strategic directions for kidney health and care in Queensland and ongoing, to oversight the delivery of publicly funded renal care services.

Specifically, it is accountable to ensure that care is consistent within Queensland, and for finding solutions to significant issues involving: (1) Access to care (2) Quality of care (3) Appropriate resources.

It will act in partnership with other system and Hospital and Health Service planning and governance arrangements to enhance communication, planning, strategic decision-making and the effectiveness and efficiency of renal services.

### 2. Authority and decision making

The Collaborative is sponsored by the Health Service Chief Executives within the Queensland public health system and is responsible to report on implementation of the strategic directions for kidney health and kidney health services in Queensland annually.

The Collaborative can endorse recommendations to other executive committees of the Queensland Department of Health and to the boards and executive of Queensland Hospital and Health Services (HHS).

### 3. Guiding principles

The Executive Collaborative is committed to establishing, maintaining and promoting good governance by adhering to the following governance principles:

- leadership – achieving good governance through leadership from the top
- accountability – being answerable for decisions and having meaningful mechanisms in place to ensure adherence to all applicable standards
- transparency / clarity – having clear roles and responsibilities and clear procedures for making decisions, exercising power and communicating decisions
- integrity – acting impartially, ethically and in the best interests of the public and the health system
- efficiency – ensuring the best use of resources to further the aims of the department and public health system.



## 4. Functions

Responsibilities of the Collaborative include:

- Implement the strategic directions and priority actions in Advancing Kidney Care 2026.
- Develop a workplan and review progress against the workplan at each meeting.
- Advocate for timely access to quality renal care with the Minister for Health and Ambulance and Boards and Executive of HHS, aligned with consumer views of what matters.
- Ensure that initiatives and decisions to be implemented within HHSs are sensitive to the local context based on recommendations from sub-Collaboratives and/or structured engagement that includes representation from the executive and clinical leadership (multidisciplinary) within each HHS.
- Champion initiatives that promote the effective and optimal use of available resources.

## 5. Sub-Committees

The Chair of the Executive Collaborative has the authority to create relevant sub-Collaboratives or other subordinate bodies deemed necessary to assist the Collaborative in discharging its responsibilities. Terms of reference, membership, reporting arrangements and sunset arrangements must be specified at the time of establishment.

Sub-Committees must be chaired by a Collaborative member and report to the Collaborative through their respective Chairs.

## 6. Reporting and communication

Minutes are to be provided to the System Leadership Team following each meeting.

The secretariat will develop a communique following each meeting summarising key discussion points for distribution to agreed stakeholders.

## 7. Membership

Members are appointed to 30 June 2019.

### Chair:

Stephen Ayre, HSCE Metro South HHS

### Members:

Jo Whitehead, HSCE, Mackay HHS

Lisa Davies-Jones, HSCE, North West HHS

Dr Murty Mantha, Cairns and Hinterland HHS

Dr Krishan Madhan, Wide Bay HHS

Professor David Johnson, Metro South HHS

Associate Professor Helen Healy, Metro North HHS

Associate Professor Nicholas Gray, Sunshine Coast HHS

Jenny Anderson, Nurse Unit Manager, Central Queensland HHS

Annamarie McElain, Dietician (Allied Health), South West HHS

Merrilyn Strohfeldt, Chief Executive, Darling Downs and West Moreton Primary Health Network

Professor Keshwar Baboolal/Dr Sree Krishna Venuthurupalli, Co-Chairs Statewide Renal Clinical Network

Martin Chambers, Consumer representative

Genette Simpson, Consumer representative

Nick Steele, Deputy Director-General, Healthcare Purchasing and System Performance Division

Keith McNeil, Assistant Deputy Director-General and Chief Clinical Information Officer

Michael Zanco, Executive Director, Healthcare Improvement Unit, Clinical Excellence Division

Joanne Greenfield, Transformation Team, Office of the Director-General

### Observers:

System Planning Branch

Healthcare Improvement Unit



### Proxies:

- persons officially acting in a member's position and approved proxies are expected to participate in deliberations and contribute to the Executive Collaborative's recommendations according to the principles outlined in these terms of reference;
- proxies must be suitably briefed prior to the meeting; and
- if the Chair is absent from a meeting or vacates the chair at a meeting, the Chair must appoint another person to act as the Chair on a temporary basis. If that person is not officially acting in the Chair's position, decisions made at the meeting must be endorsed by the Chair.

## 8. Other participants

The Chair may from time to time invite other individuals or groups to present to, or observe, meetings of the Collaborative. Where agreed by the Chair, members may invite guests to attend meetings to provide expert advice and support to a specific topic raised. A guest's attendance is limited to the duration of discussion on that specific topic.

Observers and guests do not have authority to make determinations in respect of Collaborative deliberations.

## 9. Behaviours

Minimum governance behaviours of the Collaborative include:

- All members exercise **due diligence** and **act in good faith**
- Members are provided with timely access to information, and information is shared amongst members
- Appropriate **confidentiality** is respected
- Members **review all papers in advance** of meetings and **attend** meetings
- Full and **active participation** in discussions by all members is promoted
- Constructive questioning and **vigorous debate** is encouraged, with expressions of dissent undertaken in a harmonious and collegiate fashion
- Members deal with each other with **courtesy and respect**
- The **right issues** are considered, **decisions documented** and **follow up** conducted.

## 10. Quorum

The quorum for Collaborative meetings will be 50 per cent plus 1. In the absence of a quorum the meeting may continue at the Chair's discretion with any items requiring decision to be



deferred and circulated, following the meeting, to members as an out-of-session item. Proxies are included in the determination of a quorum.

## 11. Out-of-session papers

Items can be managed out-of-session where:

- the item is urgent and must be considered before the next scheduled meeting; or
- in circumstances when face-to-face meetings are not possible, to enable business to be progressed.

## 12. Performance

Members are to attend a minimum of 75 per cent of meetings.

The Collaborative will develop a work plan for 2018-19 linked to its functions. Prior to June 2019 it will make a recommendation to the System Leadership Team regarding its ongoing purpose, membership and functions.

The Collaborative will be evaluated in terms of its performance against the approved terms of reference and the work plan.

## 13. Confidentiality

Members of the Collaborative may receive information that is regarded as 'commercial-in-confidence', clinically confidential or has privacy implications. Members and proxies acknowledge their responsibility to maintain confidentiality of all information that is not in the public domain.

## 14. Conflicts of interest

To meet the ethical obligations under the *Public Sector Ethics Act 1994*, Collaborative members and proxies must declare any conflicts of interest and manage those in consultation with the Chair consistent with the Department of Health's [Conflicts of Interest Guideline](#). This may relate to a position a member holds (for example, chair of an external organisation) or to the content of a specific item for deliberation.

## 15. Secretariat

Secretariat support will be provided by Healthcare Improvement Unit, Clinical Excellence Division

Responsibilities of the Secretariat include:

- Confirm and review membership as required
- Prepare a work plan and meeting schedule for the financial year



- Prepare agendas in consultation with the Chair
- Distribute agenda and meeting papers
- Record and maintain meeting proceedings (minutes)
- Record and maintain a register of declared potential or actual conflicts of interest
- Communicate details on deliberations and decisions as appropriate to other stakeholders (other peak bodies, the department, the System Leadership Team).

## 16. Meeting schedule

The Collaborative will meet monthly. Meeting papers will be distributed at least five working days prior to the meeting.

## 17. Business Rules

The Collaborative will operate in accordance with the approved Business Rules for the Collaborative (see Appendix 1).

## 18. Document history

Version	Date	Nature of amendment
V0.1	13/08/18	First Draft
V0.2	24/8/2018	Amended Draft noted by Statewide Renal Planning Project Steering Committee on 24/8/2018
V0.3	3/9/2018	Draft Terms of Reference for consideration of Collaborative – include names of members and some amendments suggested by the Project Steering Committee.
V0.4	7/9/2018	Amendments proposed by the Collaborative
V0.5	11/10/2018	Added PHN and consumer representatives, Nicholas Gray
V0.6	2/11/2018	Final, endorsed by Collaborative



## Appendix 1 – Business rules

### 1. Governance pathway

Items will only be considered and accepted if the content of the paper meets the following criteria:

#### **A. Papers initiated at a Collaborative / divisional / commercial business unit level:**

The item:

- relates to the purpose and functions of the Collaborative as stated in the terms of reference
- has high-level strategic implications
- requires the collective strategic input / consideration of relevant Collaborative members

#### **B. Papers requested by a Collaborative member:**

In addition to requirements above, the item:

- is a regular report as identified in the relevant terms of reference
- is in response to an action requesting consideration (e.g. business arising from previous meetings).

#### **C. All papers must:**

- contain sufficient evidence-based information to enable informed decision-making
- if initiated in the Department of Health have sign-off by the relevant Deputy Director-General.

#### *Process for progression or referral:*

The above criteria will be used by the Secretariat to assess the most appropriate pathway and guide referrals to other executive committees or agencies where relevant.

#### *Papers for noting:*

Update papers or papers that ask the members to note the content must still meet the above content criteria. These papers will be included in meeting packs where relevant.

### 2. Agenda

- Agenda and relevant (supporting) papers will be sent directly to all Collaborative members by COB three business days prior to meeting (as much as business processes will allow).
- Members of the Collaborative may receive information that is regarded as 'commercial in confidence', clinically confidential, or having privacy implications, and at their discretion, may elect to further distribute these papers through appropriate internal processes.



- Late agenda items or tabled papers will only be accepted at the discretion of the Secretariat.

### 3. Papers, submissions and reports

- Agenda papers, submissions and reports must be submitted through the Secretariat.
- Papers are to be provided to the Secretariat no later than COB five business days prior to the scheduled meeting via the relevant generic email account [AKC2026Collaborative@health.qld.gov.au](mailto:AKC2026Collaborative@health.qld.gov.au).
- Papers must be submitted on the correct agenda paper template, available from the Secretariat at [AKC2026Collaborative@health.qld.gov.au](mailto:AKC2026Collaborative@health.qld.gov.au)
- All briefs must be submitted in Word format (as per original template).
- All standing reports are to be submitted with a precis of the key issues.
- The numbers and names of electronic attachments must mirror the numbers and names used in the agenda paper.

### 4. Roles of Chair and Collaborative Members

#### Chair:

- conduct meetings in an efficient manner
- maintain and focus on meeting priorities
- lead and encourage relevant discussion on items
- support members to engage in discussions and decisions of the Collaborative
- summarise agreed actions, outcomes and any qualifications.

#### Collaborative members:

- advise of apologies and proxies in writing / email to the Secretariat in advance of meetings (Refer to Section 7)
- seek the Secretariat's agreement for project leads or other guests to attend to present specific items in advance of the meetings
- ensure that project leads or other guests are prepared for the meetings (Refer Section 6)
- ensure that meetings are conducted in a professional and respectful manner (Refer Section 5)
- maximise participation in meetings so that matters can be dealt with expeditiously with the minimum of interruption.
- are to refrain from the use of mobile phones except in urgent circumstances
- advise the Secretariat of any specific meeting requirements including additional seating for guests and equipment, including video / teleconferencing, presentation requirements (i.e. laptop and screen)





- ensure their staff are aware of the roles of the Chair and Members
- distribute meeting outcomes and action reports to relevant teams as appropriate.

## 5. Invited guests / observers

The Secretariat is to be advised **three** business days prior to the circulation of the agenda with embedded papers, of guests and observers to be invited to attend the meeting:

- the invited guest or observer will then be advised by the Secretariat electronically, the appropriate time for their attendance.
- the Secretariat will advise Reception / Security where required, of the invited guest / observer's attendance.

## 6. Apologies / proxies

- Members unable to attend a meeting due to other commitments are requested to send an apology to the Secretariat no later than **three** business days prior to the meeting, advising of the details of the proxy, (as per the Collaborative's terms of reference), to attend the meeting.
- Members who find they are unable to attend on the day of the meeting are requested to send an apology to the Secretariat no later than one hour prior to the meeting.
- Proxies attend on the authority of the Member, and for the duration of the meeting they assume the responsibilities of that Member.
- Proxies are required to be sufficiently briefed by the Member prior to the meeting to enable them to fully participate in the discussions and decision-making processes of that meeting.
- Following the conclusion of the meeting, proxies are expected to provide the Member with a succinct overview of the meeting and decisions made.

## 7. Minutes

- Minutes will be distributed to all Members within **seven** business days after the meeting.
- Minutes are taken as draft until they are ratified at the next meeting.

## 8. Out-of-session papers

- Items may be managed out-of-session where:
  - the item is urgent and must be considered before the next scheduled meeting; or
  - in circumstances when face-to-face meetings are not possible, to enable business to be progressed.
- The out-of-session paper must clearly detail why the matter requires urgent attention and will only be sent at the discretion of the Chair.

- The out-of-session paper/s will be sent to Members via email with a requested response date.
- The Secretariat will collate Members' responses and prepare for the Chair's approval.
- The Chair approved outcomes will be minuted for ratification at the next available meeting.

## 9. Communicating decisions

Minutes are circulated to the Members of the Collaborative. The Secretariat notifies the author and approving member of a 'brief for decision' of the outcome/decision.

Department of Health staff or others requiring confirmation of meeting decisions and access to previously submitted papers, can request these via the Secretariat.

## 10. Record keeping

- The Secretariat will prepare and maintain a corporate record of Collaborative activities, including records establishing the Collaborative, nomination and appointment of members, agendas, minutes and related papers and recommendations of all meetings.
- Files are kept securely and confidentially in accordance with the requirements of the *Public Records Act 2002*.
- Records are retained in accordance with the Department of Health [Recordkeeping Policy](#) and the Queensland Government's General Retention and Disposal Schedule for Administrative Records: <http://www.archives.qld.gov.au/Recordkeeping/RetentionDisposal/Pages/default.aspx>. In general, papers considered by high-level Collaboratives are retained permanently.

