

Executive Steering Committee

1. Background/Context

Territory Kidney Care is an integrated Clinical Information System designed for the early identification and management of people with chronic kidney disease through improved integrated care. Funding for the development of this initiative is provided by a philanthropic organisation to Menzies School of Health Research (Menzies) according to successful completion of each stage. Phase 1 and 2 of the initiative focussed on the design and development of the system which was informed by extensive research and user requirement gathering undertaken by Menzies. Consultation with health service providers, policy makers and stakeholders has been broad and wide-ranging and includes government Ministers and Aboriginal Health Service Executives. The system is hosted by the Department of Health.

Phase 3 and 4 will focus on implementation and evaluation of Territory Kidney Care. Implementation will occur in a staged roll out across the Northern Territory over a six-month period. Monitoring and evaluation will commence from time of implementation to the end of 2020 to coincide with the end of philanthropic funding.

Involvement in Territory Kidney Care (TKC) is not compulsory, and the membership of the Executive Steering Committee should reflect participant health services and interested stakeholders. These Terms of Reference outline the roles and input from the members of the Executive Steering Committee.

2. Function of the Executive Steering Committee

The function of the Executive Steering Committee is to provide advice and support the project team during the implementation and evaluation phase to meet Funder deliverables. The Steering Committee represents participant and stakeholder interests and during the Implementation phase provides feedback and advice from their representative organisations and communities on issues related to management strategies, consumer engagement mechanisms and implementation issues. The Steering Committee endorses key documentation such as the Data Participation Agreement, Terms of Reference and the Evaluation Framework. The Steering Committee may also approve the public release of information relating to the development and evaluation of TKC. Decision taking will be via consensus.

3. Role of the Steering Committee

The role of the Executive Steering Committee is to:

- Support and advocate for the broad deployment of TKC as the benefits of the initiative can only be realised with comprehensive health service participation.
- Facilitate knowledge transfer and information sharing through other relevant meetings/groups.
- Represent the interests of participant health services and stakeholders, disseminating information to their organisations and providing advice to the Executive Steering Committee.
- Provide advice and input into the development of the evaluation metrics.
- Endorse and approve the release of documentation for broader dissemination and public consumption such as progress reports, the Evaluation Plan and Evaluation Reports.

4. Membership

The Steering Committee will be comprised of key representatives from Menzies and partner organisations with a vested interest in a systems approach to quality improvement for CKD patient care. Members will include government and non-government organisations across central, top end and remote areas. Membership will be capped at 14 members and may be amended as required by the Executive Steering Committee.

Where members are unable to attend they may nominate a suitable proxy to attend on their behalf. Members are to ensure that their proxy is appropriately briefed, before attending the meeting.

Suggested membership of the Steering Committee:

Stakeholder*	Member	Representing interests of:
Menzies	Alan Cass	Menzies and Funder
TKC	Gillian Gorham	TKC Project Lead and Menzies
TKC	Asanga Abeyaratne	TKC Clinical Lead and NT Renal Services
Aboriginal Medical Services Alliance NT	Liz Moore	AMSANT
Aboriginal Community Controlled Health Organisation	Wendy Page Sam Heard Leiana Hewett	Clinicians (Medical officers or Chronic/kidney disease managers) in ACCHO
Top End Health Service	Louise Maple Brown	Diabetes Network
ACACIA	Andrew Bell	TKC & ACACIA Integration
Senior Rural GP CAHS	Donald Reed	Integrating care and quality processes
Chief Clinical Information Officer, DOH	Paul Burgess	Integrating care, policy and systems
Data Warehouse Data Warehouse Services	Jeremy Howley	NT DoH Data warehouse and TKC security
Chief Information Officer NTG	Satpinder Daroch	TKC Integration & Security
Northern Territory PHN	Gill Yearsley Julie Franzon Heather Keighley	Future inclusion of NT GP's
Menzies Deputy Director Indigenous Leadership & Engagement	Sean Taylor	Indigenous Engagement
CAHS	Pratish George	CAHS Renal Service

*TEHS – Top End Health Service, CAHS – Central Australia Health Service

5. Quorum

A quorum of five members (excluding TKC members) must be present before a Steering Committee meeting can proceed.

6. Agenda Items, Minutes, Meeting Papers and Chairperson

Secretariat support for the meetings will be organised by Menzies. Venue and teleconference details will be provided by Menzies who will also coordinate agenda items, circulate papers before each meeting and provide minute taking.

Agenda items should be forwarded to the Menzies Project Manager within five working days prior to the next scheduled meeting so that the agenda and accompanying papers may be circulated at least three days prior to the meeting. Minutes including attachments from each meeting will be circulated within five working days of the meeting. Standard Agenda items will include reports and/or minutes of Reference Group meetings / activities.

For the Implementation and Evaluation phase the current Chair will continue in the position.

7. Frequency of Meetings

The Executive Steering Committee shall meet bi-monthly or as determined by the Steering Committee until the end of Phase four. The Steering Committee may extend this by agreement if the project period extends beyond this date. Meetings may be face to face or via teleconference.

8. Conflict of Interest

All members of the Steering Committee will declare all existing or potential conflicts of interest and stand aside when conflict of interest arises or may be perceived.

9. Terms of Reference Review

Terms of Reference will be reviewed at six monthly intervals

Next Review Date: July 2021