

Terms of Reference for National Renal Transplant Leadership Team

Purpose

1. The National Renal Transplant Leadership Team (NRTLTL) will provide expert advice to the Ministry of Health on:
 - Specific areas related to renal transplantation e.g. existing clinical effectiveness, service improvement, service development, treatment guidelines and service standards, evidence based practice and transplantation research
 - Improving clinical outcomes for patients with End Stage Renal Disease; where this is linked to transplantation.
 - Reducing inequity of access to kidney transplantation for Maaori and Pacifica, and for any other populations who experience disparity of access to transplant
 - Consider services/initiatives for prioritisation as part of a strategic planning and prioritisation process that links to a longer term view on national renal transplantation services.
2. NRTLTL will provide direction, advice, support and oversight of the implementation of the National Plan for Renal Transplantation¹.

Role

3. The role of NRTLTL is to provide strategic direction and drive the implementation and ongoing review and refinement of the National Plan for Renal Transplantation.
4. NRTLTL will develop a work programme to implement the National Plan for Renal Transplantation by:
 - Providing prioritisation and review of the NRTS work plan;
 - Providing direction and monitoring the implementation of a nationally consistent service delivery model for renal transplantation;
 - Developing, implementing and monitoring of the KPIs established for this service, including the timely workup of recipients and live donors in collaboration with other relevant agencies for example, DHBs, the Ministry of Health and New Zealand Blood Service, and;
 - Implementing, monitoring and supporting the required increased rates of renal transplantation in line with agreed activity volumes and reduce the significant variability in the rate of renal transplantation among New Zealand DHBs for patients with End Stage Renal Disease.

¹The National Plan for Renal Transplantation 2013 outlines the actions to be taken in relation to the implementation of the National Renal Transplant Service

5. NRTLTL will have a Strategic Group which is responsible for the overall strategic direction and an Operational Group which is a subset of the Strategic Group and who are responsible for implementing the work plan.
6. The NRTLTL has a functional relationship with the National Renal Advisory Board (NRAB).

Membership

7. NRTLTL members are recognised as experts in their field and are nominated by their organisation, sector or specialty group or recruited by the NRTLTL directly.

NRTLTL comprises the following members:

Strategic Group

Number	Position
1	National Renal Transplant Clinical Director (Chair)
3	Clinical Leaders Renal Centres (or delegate)
3	Transplant Surgeons from each transplant centre
3	Renal transplant coordinators (transplant and non-transplant centre)
	At least one working with live donors
	At least one working with recipients
	At least one from transplant centre
	At least one from referring centre
3	Transplant Centres managers
3	Nephrologist from non-transplanting centres
1	Representative of DHB Senior Management
1	Paediatric nephrologist
1	Representative from NZ Blood Service (Ex officio)
1	Representative Organ donation New Zealand (Ex officio)
2	Consumer Representative (Ex officio)
1	Representative from the Ministry of Health

Operational Group

Number	Position
1	National Renal Transplant Clinical Director (Chair)
3	Clinical Leaders Renal Centres (or delegate)
3	Transplant Centres managers
3	Transplant Surgeons
1	Transplant Coordinators
	At least one from transplant centre
	At least one working with live donors
1	Nephrologist from non-transplanting centre
1	Representative from the Ministry of Health

Appointment process

8. The Clinical Director of the National Renal Transplant Service is the Chair of both NRTLTL.
9. Clinicians and DHB Management representatives will be approached after discussions with existing members of the leadership group.
10. If nominations for a position are required these will be sought through approaching representative bodies.
11. Nominations for Consumer Representation will be sought through Kidney Health New Zealand, DHB, DHB consumer forums and the renal centres through an agreed process.
12. Representatives will be appointed for three years and may be reconfirmed by their nominating bodies for a further period of three years.
13. Experts can be co-opted on the NRTLTL to support the implementation process.

Support for NRTLTL

14. The Ministry of Health will contract for administrative support through the DHB which appoints the Clinical Director Renal. This position will be responsible for the distribution of the agenda and the recording of minutes and the production of documents related to the implementation and business as usual of the service
15. The agenda will be circulated at least five days prior to the meeting. Minutes will be circulated no later than a fortnight following the meeting date.
16. Attendance fees and travel costs will be met in accordance with Ministry of Health policy for consumer representatives². DHBs and other health organisations will fund staff to attend.
17. NRTLTL will use other technology to support meeting requirements, such as teleconferencing and video conferencing.

Meeting arrangements

18. The Strategic Group will meet 6 monthly.

² Reimbursement of consumer representatives will be in line with State Services Commission guidelines.

19. The Operational Group will meet bi monthly, with the provision of ad hoc meetings to cover of any urgent issues

Quorum

20. Ten members will constitute a quorum for the Strategic group
21. Six members will constitute a quorum for the operational group (with at least one representative from each of the transplanting centres).

Group process

22. The Chair of NRTLTL will be responsible for:
 - Managing the meeting process; and
 - Acting as a spokesperson for NRTLTL in conjunction with the Ministry of Health.
23. NRTLTL members will be responsible for keeping their respective organisations/groups updated on the NRTLTL work.
24. Continuity of membership is preferable and generally, substitutes will not be nominated to attend in the absence of another member, unless it is considered helpful to co-opt colleagues with particular expertise to provide advice on specific agenda items. In these circumstances, it is the responsibility of the NRTLTL member to ensure the substitute is fully briefed and understands their responsibilities.

Decision making

25. Decision-making at the NRTLTL will be by consensus, with Members ensuring that they have a mandate from their relevant organisation/sector.

Reporting

26. NRTLTL will report quarterly to the Ministry of Health through the Chair. These reports will include:
 - KPI data
 - Progress against work plan and recommendations resulting from this
 - Risk and the associated mitigations
 - Issues that require NHB input and/or resolution
27. NRTLTL will provide quarterly reports to NRAB through the Chair, minutes of the NRTLTL meeting will be provided to NRAB for information.

28. Escalation of issues will occur through the Chair to the Manager, Electives & National Services, and Ministry of Health.

Communication

29. All media communication in relation to the work of the NRTLTL will be via the Chair/Clinical Director NRTS in conjunction with the Manager Electives & National Services, Ministry of Health. Correspondence generated by the Chair in response to requests for information from NRTLTL will be circulated prior to the next NRTLTL meeting.

Confidentiality

30. NRTLTL members are expected to maintain confidentiality of agenda material, documents and other matters forwarded to them, unless otherwise specified or where it is clear that the document is for wider distribution.

Declarations of conflict of interest

31. NRTLTL members must declare if they believe they have a conflict of interest on a subject, which will prevent them from reaching an impartial decision or undertaking an activity consistent with the NRTLTL functions. At this point the member should withdraw themselves from the discussion and/or activity
32. To ensure the Ministry of Health can act with integrity and transparency, all members/candidates for committees, boards or advisory groups are required to identify and declare any actual, potential or perceived conflicts of interest that may impact on their role. Members will be required to complete the Ministry of Health Declaration Form prior to the inaugural meeting

Review of Terms of Reference

33. The Terms of Reference (ToR) and membership of both NRTLTL groups (strategic and operational) will be initially reviewed six months following the first meeting and every two years thereafter.
34. It is recognised that circumstances may arise that require an amendment to the ToR at other times; these changes will need to be agreed at a meeting of the full NRTLTL