



# Annual Report

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2023 / 2024



Rhwydwaith Arennau Cymru  
**Welsh Kidney Network**

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## 1. BACKGROUND / INTRODUCTION

In accordance with best practice and good governance, as a formal Sub-Committee of the previous Welsh Health Specialised Services Joint Committee the Welsh Kidney Network (WKN), referred to throughout as the 'sub-committee', was required under section 4.2.2 of the Standing Orders to produce an Annual Report to the Joint Committee setting out how the WKN has met its Terms of Reference (ToR) during the financial year, setting out its activities during the year and detailing the results of a review of its performance. The Terms of Reference were reviewed and approved by the Joint Committee in May 2023 and are attached in Appendix A.

The purpose of the WKN is to plan and commission services on an all Wales basis in an efficient, economical and integrated manner and to provide, through the former Joint Committee (now Joint Commissioning Committee / JCC), a single decision-making framework with a clear remit, responsibilities and accountability. The aim is that national prioritisation and implementation will generate economies of scale and increased synergy between the network and its stakeholders.

The Network is clinically led, with an Independent Chair and Executive Lead, and has an allocated budget of circa £82m on behalf of the JCC (formerly Welsh Health Specialised Services Committee / WHSSC).

The services that the WKN has commissioning responsibility for are:

- Home Haemodialysis
- Peritoneal Dialysis
- In Centre Haemodialysis/Unit Haemodialysis
- Kidney Transplant/Transplantation services
- Vascular Access for dialysis

The sub-committee, through its National Quality and Patient Safety and Performance Assurance (QPSC) Committee and via the former WHSSC QPSC works closely with LHB Quality and Safety Committees to ensure that LHB are informed of any issues relating to their population recognising that concerns of specialised services may impact on primary and secondary services and vice versa (i.e. the whole pathway).

### **The role of the WKN is to:**

- Lead the development and implementation of renal service strategy;
- Provide evidence based and timely advice to the Welsh Government and Joint Committee to assist the LHBs in discharging their functions and meeting their responsibilities with regard to the delivery of renal policy and services across Wales;

- Undertake planning for the development and delivery of an integrated renal service on an all Wales basis on behalf of, and with the agreement of the JCC;
- Determine in conjunction with the JCC the renal services that should be procured in Wales;
- In conjunction with JCC, manage the centrally held, ring-fenced and allocated renal budgets required for delivery of services;
- Performance manage, on behalf of JCC, the Health Boards renal centres for the services the Network has responsibility for commissioning against national standards and agreed service level agreements for delivery of renal services;
- Provide regular reports to Joint Committee to include quality, performance and financial information. Reports should also include activities which the Joint Committee should be aware of and where decisions are required;
- Monitor clinical performance in relation to renal services; and escalate where appropriate through the JCC Governance Structure;
- Lead and assist in the creation, implementation and monitoring of service specifications / care pathways / care bundles for renal services; In accordance with Welsh Government Quality Statement for Kidney Disease;
- Fulfil a national remit ensuring equitable services in terms of quality and access, with a sub-structure that (i) is fit for purpose and (ii) enables local interface;
- Maintain a once for Wales approach on the quality and delivery of the services the Network has responsibility for commissioning;
- Ensure a full-time, central support function that supports the delivery of agreed outcomes and the approved WKN work programme as part of the Integrated Commissioning Plan, so that it can successfully undertake its delegated responsibilities;
- Support on the strategic development and implementation of renal related Information Technology systems.
- Ensure the needs and view of patients are fully considered when prioritising plans and making decisions on service provision and support in accordance with the Duty of Quality legislation.
- Working with Kidney Third Sector partners and directly engage with public and patients on current and future renal service and policy developments.

## 2. MEMBERSHIP

The membership of the sub-committee in 2023/24 was:

Member	Designation	Membership
Ian Phillips	Independent Chair	1 April 2023-31 March 2024
Karen Preece	Executive Director	1 April 2023-31 March 2024
Dr Gareth Roberts	Network Lead Clinician	1 April 2023-31 March 2024
Dr Rhodri Pyart	Network Clinical Lead for Quality and Patient Safety	1 <sup>st</sup> January 2024-31 March 2024
Sarah McMillan	Lead Nurse	1 April 2023-31 March 2024
Bethan Pettifer	Joint Chair of Health and Wellbeing Professionals group	1 April 2023-31 March 2024
Clare Weekes	Joint Chair of Health and Wellbeing Professionals group	1 April 2023-31 March 2024
Dr Helen Jefferies	Clinical Lead for Home Dialysis	1 April 2023-31 March 2024
Dr James Chess	Network Clinical Lead for IM and T	1 April 2023-31 March 2024
Mr Michael Stephens	Network Clinical Lead for Transplant and Vascular Access	1 April 2023-31 March 2024
Mr Owain Brooks	Clinical Lead for Innovation	1 February 2024-March 2024
Rob Bradley	Network Clinical Lead for Pharmacy	7 November 2023-31 March 2024
Jo Popham	Popham Kidney Support Reg No: 1160114 Patient Advocacy Groups representative	1 April 2023-31 March 2024
Linzi Isaac	Kidney Care UK Reg No: 270288 Patient Advocacy Groups representative	1 April 2023-31 March 2024
Ross Evans	Kidney Wales Charity Reg No:700396 Patient Advocacy Groups representative	1 April 2023-31 March 2024
Dr Abdulfattah Alejmi	Clinical Director, North West	1 April 2023-31 March 2024
Dr Aled Lewis	Clinical Director, South East	1 December 2023-31 March 2024
Dr Clare Parker	Clinical Director SW Representative	1 April 2023-31 March 2024
Dr Mick Kumwenda	Clinical Director, Central North Wales	1 April 2023-31 March 2024
Dr Stuart Robertson	Clinical Director, North East	1 April 2023-31 March 2024

Member	Designation	Membership
Iwan Bonds	Directorate Manager, North	1 April 2023-31 March 2024
Rachel Long	Directorate Manager, South East	1 April 2023-31 March 2024
Sarah Siddell	Directorate Manager, South West	1 April 2023-31 March 2024
Lisa Higginson	Lead Nurse, South East	1 April 2023-31 March 2024
Lisa Morris	Matron, South West	1 April 2023-31 March 2024
Sarah Hirst Williams	Matron, South West	1 February 2024-31 March 2024
Caroline Lewis	Welsh Government Representative	1 April 2023-4 April 2023
Claire Harding	Management Support	23 October 2023-31 March 2024
Helen Harris	WKN Finance Lead	1 April 2023-31 March 2024
Vacancy	WKN Manager	

The substantive Chair of the WKN was appointed with effect from the 1 April 2022 for a period of three years in accordance with the Terms of Reference. The post is remunerated at Band 3 of the Welsh Government salary scale for public appointments.

The Programme Director, WHSSC assumed the role of Executive Lead of the WKN as of 19<sup>th</sup> January 2023. The Network Manager role became vacant from the 1<sup>st</sup> April 2023; the Executive Lead provided additional leadership and management support to the WKN team for the period 1<sup>st</sup> April 2023 - 23<sup>rd</sup> October 2023, after which the Deputy Director of Planning, JCC provided leadership and management support for the remainder of the year. The WKN Manager post was released for recruitment in April 2024 and arrangements to fill it are underway.

The following officers may also attend the meetings:

- WHSSC Committee Secretary
- Deputy Network Manager
- Network Audit and Information Analyst
- Network Projects/Development Manager
- Network Coordinator
- Welsh Government – Policy Lead for Renal Services

The following only where an agenda item requires their presence:

- Welsh Ambulance Service Trust (WAST) Renal Hub Manager

- Welsh Kidney Research Unit representative
- WHSSC Medical Director
- Welsh Government – Medical Director
- Welsh Government – Chief Nursing Officer
- Welsh Association of Renal Physicians & Surgeons representative
- Members of Welsh Kidney Network Project Boards

The sub-committee Chair may extend invitations to other persons to attend sub-committee meetings, as appropriate.

### 3. MEETINGS & ATTENDANCE

During 2023-2024, the WKN met virtually. To ensure business was conducted in as open and transparent manner as possible, papers were published at least 5 working days prior to the Sub-Committee meeting dates. The Sub-Committee met five times during 2023-2024 as outlined in the table below. This was in accordance with the ToR, which specifies that the Sub-Committee should meet at least five times per year.

At least eight members must be present to ensure the quorum of the sub-committee, one of whom should be the sub-committee Chair or Lead Clinician, and at least one representative from each of the Regions, and at least two clinical professions.

4 April 2023	31 May 2023	3 October 2023
6 December 2023	1 February 2024	-

#### 3.1. Members Attendance at Board Meetings

The WKN achieved an attendance rate of 76.7% during the period 1 April 2023 to 31 March 2024 as outlined in Table 1 below. Each meeting was quorate.

The attendance table below shows members' availability to attend set meetings and is not indicative of the additional wealth of work and commitment to the strategic aims of the WKN that occurs outside of the meetings.

**Table 1 – Member Attendance at the Welsh Kidney Network (WKN) Board April 2023-March 2024.**

Member	4 April '23	31 May '23	3 Oct '23	6 Dec '23	1 Feb '24	Attendance
Ian Phillips	Y	Y	Y	Y	Y	5/5
Karen Preece						
Executive Lead / Claire Harding – Management Support	Y	Y	Y	Y	Y	5/5
Dr Gareth Roberts	Y	Y	Y	Y	Y	5/5
Dr Ash Mikhail	X	Y	Y	Y	-	3/4
Dr Rhodri Pyart	-	-	-	-	Y	1/1
Sarah McMillan	Y	X	Y	Y	Y	4/5
Bethan Pettifer / Clare Weekes	Y	Y	Y	Y	Y	5/5
Dr Helen Jefferies	Y	X	X	X	Y	2/5
Dr James Chess	X	Y	Y	X	Y	3/5
Mr Michael Stephens	Y	Y	Y	X	Y	4/5
Owain Brooks	-	-	-	-	Y	1/1
Rob Bradley	-	-	-	Y	Y	2/5
Joanne Popham	Y	X	Y	Y	Y	4/5
Linzi Isaac	Y	Y	Y	Y	Y	5/5
Ross Evans	Y	Y	Y	Y	Y	5/5
Dr Abdulfattah Alejmi	X	X	Y	X	X	1/5
Dr Aled Lewis	-	-	-	X	Y	1/2
Dr Clare Parker	Y	X	Y	Y	Y	4/5
Dr Mick Kumwenda	X	X	X	X	X	0/5
Dr Stuart Robertson	Y	X	Y	X	Y	3/5
Iwan Bonds	Y	Y	Y	Y	Y	5/5
Rachel Long	Y	Y	Y	Y	Y	5/5



Sarah Hirst-Williams	-	-	-	-	X	0/1
Sarah Siddell / David West	Y	Y	Y	Y	Y	5/5
Lisa Higginson	Y	Y	Y	Y	Y	5/5
Lisa Morris	Y	Y	Y	Y	X	4/5
Helen Harris	X	X	Y	Y	X	2/5
	17/22	14/22	20/22	17/24	21/26	<b>76.7%</b>
	77.3%	63.6%	90.9%	70.8%	80.8%	<b>average</b>

#### 4. MAIN AREAS OF COMMITTEE ACTIVITY:

The agenda for each meeting follows a standard format, broken down into four main parts:

- **Preliminary Matters**

This section of the meeting includes standard items such as apologies, welcome, declarations of interest, minutes of the last meeting, action log and matters arising.

- **Items for Discussion**

This section would include reports that require consideration and feedback from the Board members, the outcome of which may determine a new national approach to a particular matter; or possibly a decision/advice that is escalated to the Joint Committee (JC) for further consideration.

- **Items for Information and Support**

This section includes reports which will be of interest to the Sub-Committee, matters of quality, assurance and risk, along with the financial and performance position.

- **Routine Reports**

Standing Agenda Items discussed at every Sub-Committee meeting, in line with the Terms of Reference; and

- **Concluding Business**

This section of the meeting includes standard items such as any other business, date of the next meeting and dates for future meetings.

The WKN also considered the following key items at its meetings during the year:

- Progress and closure of the recommendations made by the Independent Governance review of the WKN 2022.

- NHS Wales Shared Services Partnership (NWSSP) Procurement updates in relation to the procurement pipeline for the re-procurement of Renal Contracts in Wales and changes of the Home Therapies All Wales Framework.
- ICP briefing paper on WKN’s Goals, Methods and Outcomes for 2024/2025.
- Final Internal Audit report - the review was to consider the governance arrangements in place for the Welsh Kidney Network following the independent governance review undertaken in 2022 and substantial assurance was achieved.
- Briefing documents submitted into Welsh Government covering:
  - A collaborative approach to ensuring appropriate home treatment options for patients with Kidney disease in Wales. Collaborative project between Betsi Cadwaladr UHB and Local Authorities in North Wales.
  - Summary of the actions of the Welsh Kidney Network (WKN) with regard its intentions to increase home dialysis and offer a position on the reimbursement of patients who dialyse at home, including considerations of housing policy. The information should enable the Minister for Health to respond to the specific question raised by The National Kidney Federation in its fourth report: “What is Wales doing to increase home dialysis over the coming year and what reimbursement arrangements are in place to reimburse patients who already dialyse at home”.

#### 4.1. Financial management

The WKN holds the responsibility for an annual budget of £82m which is specifically identified for renal dialysis and transplant services across Wales.

In total, the £82m available funding has been allocated in the following areas:

Dialysis Services North and Mid Wales	£18.5m
Dialysis Services West Wales	£21.6m
Dialysis and Nephrology Services South East Wales	£30.5m
Transplant Services	£9.1m
Dialysis Transport Services	£1.3m
Value in Health WG funded schemes	£0.4m
Network Support	£0.6m

In line with other NHS services, the financial outlook for 2023-2024 was dominated by budgetary pressures following the UK economic down turn and the effect of system-wide price increases. Dialysis services faced significant cost increases for consumables and equipment throughout the year of up to 11%.

While the WKN had planned for such cost increases, the underlying high demand for dialysis services resulted in requests for funding support that were much higher than anticipated. The impact of this financial environment, which was UK wide, meant that the WKN was called on to provide £1.175m of financial support to dialysis services in Wales to mitigate the impact of planned inflation.

During 2023-2024 the WKN was successful in securing £0.44m Value in Health funding from WG to support initiatives aimed at prevention, pre-habilitation and also measures to improve the uptake of transplantation and home dialysis.

The Wales Kidney Network was pleased to provide funding support for the following planned service developments during 2023-2024.

Additional staffing to support dialysis services	£0.798m
Additional staffing to support new staff posts	£0.131m
Additional funding to mitigate the effects of price inflation	£1.175m
Additional funding to support the procurement of two new Dialysis units East of Swansea	£0.498m

#### 4.2. UK Context on Kidney Replacement Therapy

As in Table 3.2 below, the latest published UK Renal Registry report shows that of the four home nations, Wales has the third highest incidence rate of kidney replacement therapy (KRT), as defined as the number of new patients starting KRT expressed as per million of population (pmp). It also shows that Wales has the second highest prevalence rate, as defined as the number of patients on a KRT treatment at the end of the latest audit year expressed as per million of population (pmp).

Of the total number of patients in Wales receiving KRT, while the proportion with a transplant may be below the UK average, the proportion on home haemodialysis (HHD) is reported to be higher than in all other UK nations, with the proportion on peritoneal dialysis (PD) second only to England. This data demonstrates that Wales is leading in the UK on offering home haemodialysis. In line with the national strategies aimed at promoting transplantation and home dialysis as the preferred treatment options for patients with end-stage kidney disease, the WKN’s developing strategy also focusses on the vision of ‘Transplant First, Home Dialysis Second’ with unit dialysis as the final option.

Renewed emphasis on Transplantation following the publication of the Welsh Transplant and Organ Donation Plan (2022) will provide a lever to ensure all opportunities for transplantation are maximized.

Adult patients incident and prevalent to kidney replacement therapy on 31/12/2021.

Source: Table 3.2, Chapter 3 of UK Renal Registry Annual Report (2023). Available at: <https://ukkidney.org/audit-research/annual-report/25th-annual-report-data-31122021>

	<b>Wales</b>	<b>England</b>	<b>Scotland</b>	<b>Northern Ireland</b>	<b>UK</b>
KRT incidence (PMP*)	142	156	131	163	154
KRT prevalence (PMP*)	1,315	1,314	1,207	1,381	1,307
Total on KRT	3,274	58,817	5,376	2,030	69,497
% on ICHD	36.7%	36.4%	34.2%	26.5%	36.0%
% on PD	4.5%	5.9%	3.6%	3.3%	5.6%
% on HHD	3.5%	2.1%	0.9%	0.8%	2.0%
% with Tx	55.3%	55.6%	61.3%	69.5%	56.4%

\*PMP, per million population

### 4.3. Sustainability of Commissioned Services

There are currently 19 dialysis units across Wales. The demand for unit dialysis is continuing to increase year on year at a national rate of 3%, however there are regional variations in Wales with some areas predicting a growth rate of 5% which is above the national average. As a result of the increasing demand additional investment has been made across Wales in 2023-2024. Specific investments by region are outlined below.

#### 4.3.1. Betsi Cadwaladr UHB (BCUHB)

- Investment agreed to support the planning for additional dialysis sessions within Welshpool Dialysis Unit, extending operating to include Tuesday / Thursday / Saturday AM sessions.

#### 4.3.2. Swansea Bay UHB (SBUHB)

- Revised contract awarded to an Independent Service Provider for the provision of Renal Dialysis Services in East and West Swansea; which has seen the contract run in the following strands:
  - Operation and running of three West Wales satellite units at Carmarthen, Withybush and Aberystwyth, with new dialysis machines and new water treatment plants at two of the units.

- New dialysis equipment for Morriston units and the development of two new Dialysis units in the Bridgend and Neath Port Talbot areas (which are expected to open during 2024 and 2025 respectively).

### 4.3.3. Cardiff & Vale UHB (CVUHB)

- Increasing the capacity of unit dialysis within the South East Wales region through the expansion of dialysis stations within Merthyr Tydfil, Pontypool and Cardiff South.

## 4.4. Renal Transplantation

2023-2024 has been a strong year for transplant activity exceeding pre-Covid baselines in some instances by 20%. This has been attributed to processes fully recovering from the pandemic and an emphasis on live donor transplantation as well as improving patient experience within North Wales by reducing the time of repatriation of transplanted patients back into the care of Betsi Cadwaladr University Health Board's clinical team.

The Normothermic Regional Perfusion (NRP) (a procedure used in organ transplantation) programme for deceased donors is well established in Cardiff, with the centre being the third largest NRP centre in the UK in terms of activity, providing a 4-5 day per week service, with an ambition of providing a full-time service with the appropriate level of funding. The Hepatitis C positive donor programme in Cardiff continues to be by far the largest in the UK, and has produced several successful transplants this year.

Work continues to deliver on the key strategies of The Organ Donation and Transplant Plan for Wales (2022-2026) which was published in June 2022, with focus on all areas of organ donation, organ recovery and transplantation. This work is supplemented by the activity of the Organ Utilisation project implementation group, derived following the creation of a UK national level Organ Utilisation group, established by the Secretary of State for Health and Social Care in England (chaired by Professor Stephen Powell). On behalf of the Department of Health and Social Care this national group recently published a report on 'Honouring the Gift of Donation: Utilising Organs for Transplant' (2023) and the WKN Clinical Lead for Transplant and Vascular Access is integral to the Group's work.

## 4.5. Vascular Access

In order to receive Haemodialysis a patient requires either a fistula, graft or line to give access to their blood stream and the form of access with least risk is a fistula. In order to create a fistula access to theatre is required. Recovery from the reduced access to operating lists which arose as a consequence of Covid is still presenting a challenge for the Vascular Access services in Wales creating difficulty in increasing the numbers of

patients with native access (fistula or graft). This continues to be addressed through the WHSSC and Provider Service Level Agreement (SLA) meetings.

To address this issue the National Vascular Access Group has been reinvigorated with a key focus on revising the WKN's Commissioning Policy for Vascular Access, underpinned with the revision to the service specification. Both documents have taken into account the updated UK Kidney Association (UKKA) Guidelines published in April 2023, which provide National Standards for patient care. To complement this work, the group has also developed Audit Measures for Vascular Access, digitising through the national renal clinical and patient information system VitalData. The Vascular Access Nursing (VAN's) group has also been reinvigorated, reinstating biannual meetings, collaborative work and support networks. This will continue to be an autonomous group with the Chair's position being held by the rotational Vascular Access Lead (currently being held by BCUHB).

#### **4.6. Home Dialysis**

Work continues to increase the number of patients starting and converting to Home Therapy options. As outlined within section 4.1 of this report the proportion of patients on home dialysis (HD) is higher in Wales than in all other UK Nations and the proportion on peritoneal dialysis (PD) is second only to England. This is very positive and results from the strategies in Wales of promoting and delivering transplantation and home dialysis as preferred treatment option.

As part of the work to promote home dialysis the WKN has a strong collaborative relationship with the Kidney Charities and has co-produced newsletters containing home dialysis content. The WKN champions the Charities' initiatives throughout Wales, advertising and supporting local kidney cafés for home dialysis providing specific information on home dialysis treatment options and peer support for current home dialysis patients and those choosing renal replacement options.

In July 2023 the Kidney Support and Welfare Wales project was launched through the collaboration of the WKN, Kidney Care UK and Wales & West Utilities offering support for over 1,500 people in Wales who receive dialysis. Providing access to free, impartial guidance and support focusing on welfare with the aim of helping to maximise income, reduce utility-related expenditure and provide signposting to other charities who can offer financial support. Given that financial concerns have been identified as a key barrier to home dialysis, the Network believes that projects such as this should increase the number of patients who are able to choose a home based therapy (see section 6.7 for further information).

The WKN continues to review, and where appropriate, make adjustments to the national scheme for patient reimbursement of Home Dialysis water and electricity.

There have been some significant increases in Wales on the number of patients listed on home therapies, with innovative approaches;

- Development of proactive Kidney Care Team supporting existing Home Therapies staff, enabling patients to transition directly from pre dialysis care into Self Care and Home Therapies.
- Collaborative approach between Housing Health and Social Care. Betsi Cadwaladr University Health Board recently collaborated with the housing officers within Anglesey Council and developed a 'Social Housing, Home Dialysis pathway' focusing on providing adult patients living in social housing a pathway to home dialysis, with a suitably adapted home environment. This project is also shortlisted for the St David Awards run by Welsh Government.

#### **4.7. Quality and Patient Safety**

The WKN undertakes a peer review programme within the commissioned services which is a collaborative process aimed to drive continuous quality improvement between the renal teams across Wales, improving outcomes for patients and a mechanism of assurance on the performance of services, reflective of the Welsh Government's NHS Wales Peer Review Framework (2017). The programme runs over a 3-year cycle and 2023 was the first time that a peer review of unit dialysis had been undertaken. The programme was ambitious covering all 19 dialysis units across Wales including a mix of NHS and Independent Service Providers. The findings demonstrated a number of areas of good practice; excellent leadership, good Medical and Multi-Disciplinary Team (MDT) support, good patient information and engagement and good service developments specifically tailored to the patients' needs within the regions. The Review also identified a range of improvement actions which regions have developed action plans to address.

#### **4.8. Patient Reported Experience Measures PREMs:**

Wales performed well in the 2023 'Kidney PREM' (patient reported experience measure), a national annual survey of kidney patients undertaken by the UK Kidney Association. The latest survey report shows all but one Welsh renal centre scored above the national mean Kidney PREM score, with all Welsh centres achieving a score above the national mean score for theme 14 of the survey, which asked patients "How well would you grade your overall experience of the service provided by your kidney unit on a scale from 1 (worst it can be) to 7 (best it can be)?".

Patient reported experience of kidney care in the UK in 2023 is shown below:

Source: UK Kidney Association (2023). Available at: <https://ukkidney.org/kidney-patient-reported-experience-measure>



	Mean Kidney PREM score	Mean score (Theme 14 - Overall experience)
<b>All UK</b>	<b>6.02</b>	<b>6.24</b>
England	5.97	6.20
Northern Ireland	6.30	6.61
Scotland	6.08	6.34
<b>Wales</b>	<b>6.19</b>	<b>6.38</b>
<b>Bangor</b>	<b>6.14</b>	<b>6.39</b>
<b>Cardiff</b>	<b>6.00</b>	<b>6.26</b>
<b>Glan Clwyd</b>	<b>6.27</b>	<b>6.35</b>
<b>Swansea</b>	<b>6.20</b>	<b>6.38</b>
<b>Wrexham</b>	<b>6.31</b>	<b>6.52</b>

#### 4.9. Renal Pharmacy, Medicines Management

A new All Wales Contract (AWC) for Erythropoiesis-stimulating agents (ESAs) commenced 1st October 2023. ESAs are commonly used to treat anaemia associated with chronic kidney disease (CKD). Unlike previous contracts which have secured significant cost savings across Wales, prices for pharmaceuticals have now increased significantly. The Renal Pharmacy teams across Wales are looking to mitigate the financial increases by reviewing dispensing practices, supplier rebate and home delivery schemes and Wales has a strong representation in the national UKKA guideline development for Anaemia of CKD.

2023/2024 has also seen a number of NICE technology appraisal approved drugs for Nephrology and Transplant patients which are in the process of implementation.

#### 4.10. Transformation programme

Following the success of the two Renal Transformation programmes which ran from 2019 to 2022; 'Collaborative Kidney Care for a Healthier Wales' and 'Dialysis – home first; a digital tool for health literacy' the following products are now operational and embedded as 'business as usual'.

- **EPMA Digital service delivery:** Renal units across Wales now provide outpatient and dialysis services digitally using the electronic prescribing and medicines administration (EPMA) system. This improves the quality, safety, efficiency and resilience of service delivery.
- **Renal Care Summaries:** A care summary is created within 1 hour of a record being updated in the renal system and delivered to the Welsh Clinical Portal. This care summary provides contact advice and medical information for clinical staff



outside of the renal unit, such as emergency departments, admission units and primary care.

- **CKD-Assist:** Allowing secondary care clinicians to send alerts to primary care in patients with declining kidney function with the intention of reducing the rate of late referrals, improving patient outcomes.
- **DMS-Lite:** This will allow clinical documents to be created directly in the renal patient record, and sent to the Welsh Clinical Portal, to primary care and to the patient portal, Patient Knows Best. This will reduce admin time to create documents and most importantly lead to a reduction in the lag time between care event and communication with both the GP and patient.
- **The patient portal Patient Knows Best (PKB):** Patients are able to view their data previously viewed in the legacy PatientView portal, such as blood results. Patients can now contribute to their record by recording symptoms and observations, such as blood pressure. This data when entered into the patient portal get sent direct to the renal electronic patient record to allow clinical review. Further work is planned for the NHS Wales app to access PKB.
- **A dynamic and innovative “Missed Doses Dashboard”:** designed in house was implemented in dialysis units across Wales. This dashboard highlights at a glance any patients due medication during that dialysis shift but not received it, allowing a final check prior to the patient leaving their dialysis session and reducing the risk of missed medication doses.

## 5. KEY EVENTS OF 2023/2024

### 5.1. UK Kidney Week 2023 in Wales

UK Kidney week is the UK’s largest annual conference for the professional kidney community. During June 2023, the event was staged in Wales for the first time. The Welsh Kidney Network was a key part of this prestigious event where the Minister for Health and Social Services, Welsh Government provided an overview at the opening plenary session. This focused on Value in Health in Wales, and in particular the work that the Welsh Kidney Network is delivering. Sessions were dedicated to shared learning from Wales which provided our Kidney Community with an opportunity to showcase the fantastic work that is in practice and in development throughout Wales.

### 5.2. WKN National Audit event

This is an annual event which brings together all of the renal professionals across Wales, along with Third Sector partners. It provides a platform for sharing initiatives, areas of good practice and a chance to identify areas of focus for the Welsh Kidney Network.

Following the Audit event in September 2023 the following areas of work have been initiated:

- Demand and Capacity Modelling – aim to develop a model of future activity/demand, and responding capacity, in order to inform future growth predictions. With a key objective of developing a 3 / 5 / 10 and 20 year model of predicted demand including exploration of the impact of increasing population age, diabetes and potential impact of kidney-protective interventions. This resulted from a presentation on Renal Replacement Therapy, now and the future.
- Home Dialysis Social Housing Pathway – following on from a successful collaborative project between Betsi Cadwaladr University Health Board and Isle of Anglesey County Council, further discussions are ongoing with the team and other Local Authorities on adopting a similar model throughout North Wales with an aim of extending on an All Wales basis.
- Appointment of a Clinical Lead for Prevention – this was a direct result of a number of presentations focusing on different collaborative Chronic Kidney Disease pilots within Secondary and Primary Care. It was also prompted by ongoing work with Acute Kidney Injury.

The Liz Baker Award for excellence in renal nursing was also presented at the event.

## **6. KEY DEVELOPMENTS OF 2023/2024**

### **6.1. Nursing forums**

Following the appointment of the WKN Lead Nurse in June 2023 a number of national groups were re-established within the Network; Lead Nurse Forum, Home Dialysis and Chronic Kidney Disease Specialist Nurses. These provide a forum for collaborative working, sharing of good practices and themes, empowering Nursing teams to improve their services, patient experience and outcomes. The intention is for the nursing forums to become robust and autonomous as they mature. These are biannual meetings and work is currently ongoing to explore appropriate digital platforms for sharing and innovation throughout the year.

### **6.2. Nurse Education**

The WKN has a strong relationship with the further education sector with the delivery of a Degree/Master level Renal Nursing Module through Swansea and Bangor Universities. Due to low numbers the course did not progress in 2023/24. However, a collaboration between the WKN Lead Nurse, Renal Matrons and University lecturers has seen a revamp of the Renal Nursing Module. It is anticipated that the course for 2024/25 will be

fully subscribed. Work has also been undertaken to look at digitising feedback from the sessions so that students from the modified module can provide feedback on the module thereby enabling intelligent development of the module for next year, with particular reference to the changed mode of assessment.

### **6.3. Data dashboard development**

Work has continued during 2023/24 on the development and implementation of a number of automated data sets, audit tools and reports, to enable better monitoring of WKN's commissioned services, and to provide more transparency on the quality indicators defined within the service specifications of these services. By utilising data recorded in the VitalData system (the national renal information management system) and by collecting similar data to the UK Renal Registry (UKRR) in almost 'real-time', these new reports therefore overcome the 1-2 year time delay for publication of UKRR Annual Reports. Some key developments during 2023/24 have included:

- Development and implementation of a new national data set and audit report for peritoneal dialysis (PD), which is based on audit measures recommended by the UK Kidney Association in the latest clinical practice guideline for PD access (2019; 2022).
- Development and implementation of a new national data set and audit report for vascular access, which is based on audit measures recommended in the latest UK Kidney Association clinical practice guideline for vascular access for haemodialysis (2023).
- Review and refinement of the national dialysis nursing workforce audit report and data set, including refining and redefining the data that is currently collected and exploring the potential of also including data on acuity of patients, as measured using the Rockwood et al. (2005) clinical frailty scale.

### **6.4. Appointments**

2023/24 has seen a number of key appointments into the WKN, due to retirement and end of tenure; WKN Lead Nurse, Clinical Lead for QPS, Clinical Lead for Pharmacy. Also the creation of new posts to help drive the strategic intentions of the Network; Clinical Lead for Innovation and Clinical Lead for Prevention. The appointment of the WKN Manager and the resolution of the JCC structures to confirm the Executive Lead postholder are priorities for 2024-25.

### **6.5. Acute Kidney Injury (AKI)**

A new national Welsh Advisory Group for Acute Kidney Injury (AKI) was established and held its third bi-annual meeting in February 2024. AKI is when the kidneys suddenly stop working properly and normally happens as a complication of another serious illness.

This 'All Wales AKI Group' has led to the development of a new 'All Wales AKI Guideline', to provide clinicians and healthcare professionals across Wales with "A Quick Reference Guide for the Assessment and Management of AKI in Hospitalised Adult Patients". These new digital guidelines are to be added to the Welsh Clinical Portal following the approval of a final version by the WKN Board. The WKN continue to provide support and governance to this new group and also has the potential to produce information on the incidence of hospital and community-acquired AKI across all areas of Wales via the data set developed as part of the WKN's previous 'All-Wales AKI project' which ended in 2019. This automated data set is hosted by Digital Health and Care Wales (DHCW), is accessible to WKN, and updates regularly.

### **6.6. Nocturnal dialysis, Nightlife Study**

The Renal team in Bangor have participated in a six month study which will compare 6-months of night-time dialysis, performed 3 times a week in a hospital or satellite centre with the standard shorter dialysis sessions during the day. It will assess quality of life of patients after 6-months of treatment. The study will be published during 2024.

### **6.7. Kidney Support and Welfare Wales**

As referenced in section 4.3, this ground breaking collaborative model of Third Sector, Welfare and Benefits organisations, and the renal services across Wales funded by Wales and West Utilities is well into the first year of its 2 year pilot. Delivering a new service model of support for Kidney Patients in Wales, enabling them to access the right support at the right time in relation to welfare and benefits entitlement. Since the project become fully operational (June 2023), the feedback from patients and Renal staff across Wales has been extremely positive. As of March 2024 the project has resulted in engagement with 623 renal unit dialysis patients, 259 patients were identified as having welfare needs, 104 patients were identified as having financial needs, resulting in £178.8K financial gains identified with £115.8K financial needs realised.

### **6.8. Value-Based Health and Care**

The WKN was successful in securing £895k Value Based Health and Care monies which was awarded by Welsh Government over a two year period from January 2023 to January 2025. The fundamental aim of the projects are to increase the number of patients choosing kidney transplant or a home therapy which are proven to improve patient outcomes compared to hospital unit dialysis, and which are in line with the vision of the WKN.

These Kidney Replacement Therapies also ensure a financially sustainable service for kidney patients in Wales. Studies conducted in Wales have identified multiple barriers that limit patient access to home therapies and transplantation. These include inadequate patient education programmes, delays in the treatment process/pathways as

well as clinical and socio-demographic barriers such as obesity, frailty, and financial concerns. The following projects are underway, led by the WKN, with progress reported via the Network Board:

	<b>Project</b>
<b>All Wales</b>	All Wales project led by the Swansea Regional Team, aimed at identifying patients who would benefit from early intervention & pre-emptive listing on a transplant waiting list. The project was to include patients who were both known and unknown to renal units.
<b>South West Wales</b>	Increasing the number of patients who are pre-emptively listed for transplant and increasing the number of patients choosing home dialysis.
<b>North Wales</b>	Increasing access to home therapies; improving Living Kidney Donation and Pre-emptive transplant uptake.
<b>South East Wales</b>	Prehabilitation service for chronic kidney disease patients. Targeted interventions for patients determined through a process of patient assessment by risk stratification and clinical screening.

## 7. ASSESSMENT OF GOVERNANCE AND RISK ISSUES

The Welsh Kidney Network Sub-Committee is part of the overall governance framework of the Joint Commissioning Committee. The Terms of Reference for the WKN were revised and approved by Joint Committee in May 2023 following the Independent Governance Review of 2022. As laid out in the ToR, for assurance to the Joint Commissioning Committee the WKN Chair:

- Reports formally to the JCC (and throughout 2023/24, to the Integrated Governance Committee) on the activities of the WKN Board. This includes updates on activity, the submission of WKN Board minutes and written reports as well as the presentation of an annual report.
- Brings to JC’s attention any significant matters under consideration by the WKN Board.

The WKN QPS Lead also reported regularly to the WHSSC QPS Committee and ensured the escalation of any critical matters that may impact on patient care and service sustainability.

Due to the formation of the JCC these arrangements will be reviewed as part of the establishment of the new Committee and its governance arrangements.

## 7.1. Internal Audit

An internal audit was undertaken in September 2023 by NHS Wales Shared Services Partnership; Audit and Assurance Services. The aim of the review was to consider the governance arrangements in place for the Welsh Kidney Network following the independent governance review undertaken in 2022. The audit also aimed to provide assurance that there are robust and effective risk management arrangements in place that strengthen and contribute to the overall governance framework. The audit received an overall rating of Substantial Assurance with substantial assurance on the following specific areas of review:

1. Governance arrangements
2. Risk management
3. Risk registers and risk escalation

One medium priority item was identified requiring management attention; this has been actioned and closed and this has been reported to the Joint Committee.

## 7.2. Risk Management

As outlined above the WKN received substantial assurance on its risk management systems and processes. The risk management processes are managed as laid out in the WHSSC Risk Management Strategy, with visibility on risks scoring over 15 through to the JCC via the Corporate Risk Assurance Framework (CRAF). The WKN risk register is maintained by the Network team and reviewed at each Network Board meeting. Risks are actively managed and mitigated and regularly reviewed through the meeting structures within the Network.

Work is underway to review the risk processes following the formation of the new JCC to standardise the approach across the new body.

## 8. CONCLUSION AND FORWARD LOOK

There have been significant challenges within the WKN during 2023/2024, notably changes in Executive leadership and the longstanding vacancy of the Network Manager. Despite these leadership challenges the report demonstrates the Welsh Kidney Network's continued success in improving in the services provided for adults in Wales requiring kidney replacement therapy.

The WKN is fulfilling its role as set out within the ToR and there are no matters that the Sub-Committee is aware of at this time that have not been disclosed appropriately. The Sub-Committee received Substantial Assurance on its governance processes through an Internal Audit in 2023/24 and remains committed to continuing to develop its function and effectiveness.

The WKN's priorities for 2024/2025 form part of the WHSSC Integrated Commissioning Plan (ICP) submitted into Welsh Government. They focus on 9 goals and will form the basis for developing a cohesive and collaborative work plan.

- Meet the demand for Unit Dialysis growth across Wales
- Increase Transplantation
- Increase Home Dialysis
- Refresh Vascular Access Strategy
- Build upon current Patient and Third sector participation
- Strengthen the national approach on Information Technology
- Deliver on the Value In Healthcare programme
- Provide educational resources for healthcare professionals, patients & carers
- Support the development of a sustainable Renal workforce

Prevention is a central tenet in the Welsh Kidney Network's strategic direction and will be a growing focus in the years to come. The intention within this area to ensure a programme of both primary and secondary prevention that spans general prevention, prevention for those at higher risk of developing Chronic Kidney Disease (CKD) and a programme of secondary prevention for those who have CKD to prevent avoidable deterioration. This is further strengthened through the publication of the Welsh Government's Quality Statement for Kidney Disease, and the inclusion of prevention within the revised Terms of Reference of the Welsh Kidney Network. Through the appointment of the WKN Clinical Lead for Prevention the intention is to support national upscale of current CKD prevention initiatives, cross working with other chronic conditions that have a direct correlation with Kidney Disease i.e. diabetes. There will also be closer working with Primary Care and industry partners to gain traction and support on the WKN Prevention agenda.

Moving into 2024/2025 and becoming part of the NHS Wales New Joint Commissioning Committee (JCC) will provide many opportunities for the Welsh Kidney Network, including strengthening of the relationship with other Commissioning Teams which also form part of the new JCC; in particular the Ambulance and 111 team which commissions patient transport services for dialysis patients.

I am grateful for all the hard work and commitment shown by colleagues across the WKN which has enabled our ongoing success. I am also grateful to WKN Board members for the high level of engagement and ownership of our shared priorities for kidney patients across Wales. Finally, my thanks to our charity partners for their hard work and ongoing contributions which help us maintain focus on those we seek to serve.



**Ian Phillips**  
**Independent Chair of the Welsh Kidney Network**



## Glossary

<b>A</b>	AKI - Acute Kidney Injury	AWC - All Wales Contract
<b>C</b>	CKD - Chronic Kidney Disease	
<b>D</b>	DHCW - Digital Health and Care Wales	
<b>E</b>	EASC - Emergency Ambulance Services Committee ESA - Erythropoiesis-Stimulating Agents	EPMA - electronic prescribing and medicines administration
<b>H</b>	HHD - home haemodialysis	
<b>I</b>	IGC – Information Governance Committee	
<b>J</b>	JC - Joint Committee	JCC - Joint Commissioning Committee
<b>K</b>	KRT - kidney replacement therapy	
<b>M</b>	MDT - Multi-Disciplinary Team	
<b>N</b>	NRP - Normothermic Regional Perfusion	NWSSP - NHS Wales Shared Services Partnership

<b>P</b>	PD - peritoneal dialysis pmp - per million of population	PKB - Patient Knows Best PREM - patient reported experience measure
<b>Q</b>	QPS - Quality and Patient Safety and Performance Assurance	
<b>S</b>	SLA - Service Level Agreement	
<b>T</b>	ToR - Terms of Reference	Tx - Transplant
<b>U</b>	UKKA - UK Kidney Association	UKRR - UK Renal Registry
<b>V</b>	VA - Vascular Access	VAN Vascular Access Nurses
<b>W</b>	WAST - Welsh Ambulance Service Trust WKN - Welsh Kidney Network	WHSSC - Welsh Health Specialised Services Committee

# APPENDIX A



GIG  
CYMRU  
NHS  
WALES

Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)



Rhwydwaith Arennau Cymru  
Welsh Kidney Network

## WELSH KIDNEY NETWORK CLINICAL STRATEGY BOARD TERMS OF REFERENCE

Document Author: WKN Network Manager  
Executive Lead: Programme Director  
Approved By: Joint Committee

Issue Date:

Review Date:

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## **1. CONSTITUTION AND PURPOSE**

### **1.1 Constitution**

In accordance with WHSSC Standing Order 3, the Joint Committee may and, where directed by the LHBs jointly or the Welsh Government must, appoint joint sub-committees

of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee, or on behalf of the Joint Committee to each LHB Board and/or its other committees).

These may consist wholly or partly of Joint Committee members or LHB Board members or of persons who are not LHB Board members or Board members of other health service bodies.

The Joint Committee shall establish a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the LHBs jointly.

On 13<sup>th</sup> August 2009, the Minister for Health and Social Services formally agreed the establishment of a single Welsh Kidney Network (WKN) to be managed by the WHSSC and to be hosted by Cwm Taf Morgannwg UHB (CTMUHB) and be a sub-committee of the Joint Committee. The WKN is not a legally constituted body, but has been set up under general powers conferred on the Welsh Ministers under the National Health Service (Wales) Act 2006 (the 2006 Act). Section 1 of the of the National Health Service (Wales) Act 2006 requires the Welsh Ministers to continue the promotion of a comprehensive health service for the people of Wales. In turn, section 3 requires the Welsh Ministers to provide, to such extent as they consider necessary, "medical...and ambulance services" and such other services or facilities or facilities as are required for the diagnosis and treatment of illness. In turn, section 2 of that Act confers on the Welsh Ministers the power to do anything which is calculated to facilitate, or is conducive or incidental to their duties under the Act. In addition, under section 16 of that Act each LHB is required to make arrangements with a view to securing they receive appropriate professional advice from health experts in order to enable them to exercise their functions effectively.

The Welsh Government published in April 2007, a National Service Framework and Policy Statement "Designed to Tackle Renal Disease in Wales". Improving the quality of the care of those people with or at risk from renal disease is the cornerstone of that policy statement and National Service Framework (NSF) which defines evidence based standards for the planning, organisation and delivery of care for those with or at risk from renal disease. Whilst the principle requirements of the NSF remain, it has been superseded by the Renal Delivery Plan and its service specifications (2016) and now the extant document is the Quality Statement published by Welsh Government in November 2022 which outlines a cradle to grave approach.

## **1.2 Purpose**

The purpose of the WKN is to plan and commission services on an all Wales basis in an efficient, economical and integrated manner and to provide, through the Joint Committee, a single decision-making framework with a clear remit, responsibilities and accountability. National prioritisation and implementation will generate economies of scale and increased synergy between the network and its stakeholders.

The current services that the WKN have commissioning responsibility for are;

- Home Haemodialysis
- Peritoneal Dialysis
- In Centre Haemodialysis/Unit Haemodialysis
- Kidney Transplant/Transplantation services
- Vascular Access for dialysis

### **1.3 Relationships and accountabilities**

Although the Joint Committee has delegated authority to the sub-committee for the exercise of certain functions as set out within these terms of reference, in accordance with legislation, the LHBs retain overall responsibility and accountability for ensuring the quality and safety of care to their citizens.

The sub-committee is directly accountable to the Joint Committee for its performance in exercising the functions set out in these terms of reference.

The sub-committee through its Chair and Members shall work closely with the Joint Committee's other joint sub-committees and groups to provide advice and assurance to the Joint Committee through the:

- Joint planning and co-ordination of the Joint Committee and sub-committee business; and
- Sharing of information.

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Joint Committee's overall risk and assurance framework.

The sub-committee through its National Quality and Patient Safety and Performance Assurance (QPS) Committee and via the WHSSC QPS shall work closely with LHB Quality and Safety Committees to ensure that LHB Boards are informed of any issues relating to their population recognising that concerns of specialised services may impact on primary and secondary services and vice versa (i.e. the whole pathway).

The sub-committee shall embed the Joint Committee's standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.

## **2. DELEGATED POWERS AND AUTHORITY**

2.1 The WKN is a non-statutory body and therefore obtains its authority and responsibility as a delegated sub-committee by the Local Health Boards (LHBs) through the Joint Committee.

This delegation will provide the autonomy within an agreed framework for the officers of the WKN to carry out the duties required of them to manage and lead the planning and performance management of the renal service contracts. These roles are to be based on

the quality standards set by the Welsh Government and service specifications which will be set by the Network, and will ensure a consistent and equitable approach across Wales.

The WKN is authorised by the Joint Committee to undertake all roles and activities within its terms of reference. In doing so, the WKN shall have the right to request an agreed set of performance information relevant to renal services of the relevant LHBs. It may seek additional information within reason, stating the purpose of the request and its relevance. All employees are directed to cooperate with any reasonable request made by the Welsh Kidney Network. All information requests will be filtered through the Renal Directorate Managers as the main point of contact.

The WKN is authorised by the Joint Committee to request legal or other independent professional advice, via the Committee Secretary and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Joint Committee's procurement, budgetary and other requirements.

Fundamentally, the WKN will within the scheme of delegation and the renal plan as part of the ICP use allocated funds on behalf of WHSSC. This includes transplantation, dialysis, vascular access and Erythropoietin Stimulating Agents (ESAs) and Immunosuppressant's for Renal Transplantation. Additionally the WKN will recommend to Joint Committee resource priorities for renal services

The WKN will also have the responsibility for overseeing the implementation of the Service Specifications for the services the Network has responsibility for commissioning. Included within this work will be to support LHBs, Clusters and practices in managing patients who may not require referral to a Nephrologist. WKN will need to engage with other Cardiovascular Disease clinicians and clinical networks to fulfil this role.

## **2.2 Role of the Welsh Kidney Network**

### **The role of the WKN is to:**

- Lead the development and implementation of renal service strategy;
- Provide evidence based and timely advice to the Welsh Government and Joint Committee to assist the LHBs in discharging their functions and meeting their responsibilities with regard to the delivery of renal policy and services across Wales;
- Undertake planning for the development and delivery of an integrated renal service on an all Wales basis on behalf of, and with the agreement of the WHSSC Joint Committee;
- Determine in conjunction with the WHSSC Joint Committee the renal services that should be procured in Wales;
- In conjunction with WHSSC Joint Committee, manage the centrally held, ring-fenced and allocated renal budgets required for delivery of services;
- Performance manage, on behalf of WHSSC, the Health Boards renal centres for the services the Network has responsibility for commissioning against national standards and agreed service level agreements for delivery of renal services;

- Provide regular reports to Joint Committee to include quality, performance and financial information. Reports should also include activities which the Joint Committee should be aware of and where decisions are required;
- Monitor clinical performance in relation to renal services; and escalate where appropriate through the WHSSC Governance Structure
- Lead and assist in the creation, implementation and monitoring of service specifications / care pathways / care bundles for renal services;
- Fulfil a national remit ensuring equitable services in terms of quality and access, with a sub-structure that (i) is fit for purpose and (ii) enables local interface;
- Maintain a once for Wales approach on the quality and delivery of the services the Network has responsibility for commissioning;
- Ensure a full-time, central support function that supports the delivery of agreed outcomes and the approved WKN work programme as part of the ICP, so that it can successfully undertake its delegated responsibilities;
- Support on the strategic development and implementation of renal related IT systems.
- Ensure the needs and view of patients are fully considered when prioritising plans and making decisions on service provision and support in accordance with the Duty of Quality legislation.
- Working with Kidney 3rd Sector partner and directly engage with public and patients on current and future renal service and policy developments.

The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this committee are set out below.

### **2.3 Authority**

The WKN is authorised to by the Joint Committee to investigate, or have investigated, any activity within its terms of reference.

The sub-committee is authorised by the Joint Committee to obtain outside legal or other independent professional and clinical advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with WHSSC's procurement, budgetary and other requirements.

The sub-committee will ensure that it is aware of and receives relevant reports on the activities and reports of external independent regulators and agencies, such as Health Inspectorate Wales, Care Quality Commission, National Audit Office and Wales Audit Office that relate to the commissioning and delivery of specialised renal services.

### **2.4 Access**

The Head of Internal Audit of the host LHB shall have unrestricted and confidential access to the Welsh Kidney Network sub Committee.

The sub-committee will meet with Internal Audit without the presence of WHSSC officials on at least one occasion each year.



The Chair of the Welsh Kidney Network shall have reasonable access to the Directors and other relevant senior staff within the Welsh Health Specialised Services Team.

### 3. SUB-GROUPS

The sub-committee may, subject to the approval of the Joint Committee, establish sub-groups or task and finish groups to carry out on its behalf specific aspects of sub-committee business.

Current Sub-Groups:

- WKN and Regional Renal Directorate Interface Groups (Swansea Bay UHB, Betsi Cadwaladr UHB and Cardiff & Vale UHB)
- WKN National Quality & Patient Safety and Performance Assurance Group
- Health & Wellbeing Professionals Group
- Clinical Reference Group (CRG)
- All Wales Patient Education Group
- Welsh Kidney Patient Network Group
- 3<sup>rd</sup> Sector Collaborative Group

The terms of reference and operating arrangements are presented at **Appendix 1**.

### 4. MEMBERSHIP

4.1 The membership of the sub-committee includes:

Member Role	Tenure, Appointment & Accountability
An Independent Chair	Appointed for 3 years (max 4), 2 days per month.  Appointed by the Chair of WHSSC in accordance with the WHSSC Standing Orders. The Independent Chair will be expected to attend Joint Committee and IGC & QPS as required.
Executive Director	Appointed by the Managing Director, WHSSC

Member Role	Tenure, Appointment & Accountability
	<p>The officer members' responsibilities are determined by the Joint Committee and are set out in the scheme of delegation to officers included within the WHSSC Standing Orders. They will also be outlined in the officers job description.</p> <p>The delegated financial limits are set out within the Standing Financial Instructions (SFI's)</p>
Lead Clinician	Appointed by Executive Director on a sessional basis; 2 sessions per week. Period of three years
Clinical Lead for Quality & Patient Safety	Appointed by the Executive Director on a sessional basis; 1 session a week. Period of three years
Lead Nurse	Permanent appointment into WHSSC
<p>Plus the extant specialists Clinical Leads (appendix 2)</p> <p>Patient Advocacy Groups representatives</p>	<p>As outlined in appendix 2</p> <p>Patient Advocacy Groups (PAG) are required to be Registered Charities with the Charities Commission and whose primary function is to support the Welsh population and/or has a dedicated focus on Wales. As at date of approving these Term of Reference patient advocacy groups in Wales that meet this criteria are:</p> <ul style="list-style-type: none"> <li>• Kidney Wales Foundation Reg No: 700396</li> <li>• Paul Popham Fund Reg No: 1160114</li> <li>• Kidney Care UK Reg No: 270288</li> </ul>

Member Role	Tenure, Appointment & Accountability
-------------	--------------------------------------

It is anticipated that as the main purpose of patient advocacy group representation on the WKN Board is to ensure that the 'voice of the patient' is heard.

All individual PAG nominations or amendments to the invited PAG as listed above, will be prior approved by the WKN Board Chair.

1 representative per charity will be a full board member.

Clinical Director Representative –  
North, SW and SE Wales

Directorate / Service Managers  
North, SW and SE Wales  
Senior Renal Nurse Representative  
- North, SW and SE Wales

Network Manager

Permanent full time appointment into WHSSC

Network Finance Manager

Permanent part-time appointment (0.6 wte) into WHSSC

Welsh Kidney Patient Network  
representative

Citizen's voice body for health and  
social care in Wales (CVB) LLAIS

If a member is unable to attend a deputy will be made available with prior approval by the Chair. The Deputy must have the same authority as a member.

The committee will be supported by the following:

- WHSSC Committee Secretary,
- Deputy Network Manager,
- Network Audit and Information Analyst
- Network Projects/Development Manager
- Network Coordinator
- Welsh Government – Policy Lead for Renal Services,

The following only where an agenda item requires their presence:

- WAST Renal Hub Manager
- Welsh Kidney Research Unit representative
- WHSSC Medical Director
- Welsh Government – Medical Director
- Welsh Government – Chief Nursing Officer
- Welsh Association of Renal Physicians & Surgeons representative
- Members of Welsh Kidney Network Project Boards

The sub-committee Chair may extend invitations to other persons to attend sub-committee meetings, as appropriate.

#### **4.2 Member Appointments**

WHSSC appointed members of the sub-committee shall be determined by the Joint Committee Chair, - taking account of the balance of skills and expertise necessary to deliver the Sub-Committee's remit and subject to any specific requirements or directions made by the Welsh Government. The need to ensure appropriate geographical representation across Wales will also be required.

WKN Board appointed members shall hold office for a maximum period of three years, during which time a member may resign or be removed by the WKN. An appointed member may be asked to continue their role on the WKN following an annual review and by the agreement of the Joint Committee Chair.

### **5. QUORUM**

At least eight members must be present to ensure the quorum of the sub-committee, one of whom should be the sub-committee Chair or Lead Clinician, and at least one representative from each of the Regions, and at least two clinical professions.

### **6. FREQUENCY OF MEETINGS AND ATTENDANCE**

The sub-committee will hold a minimum of five meetings per year.

Additional meetings may be called as appropriate with agreement of all members.

The Welsh Kidney Network Clinical Strategy Board is an 'Open' Public meeting. Members of the public attendees are welcomed as observers. The Chair shall take all necessary steps to ensure that the Boards business is conducted without interruption and disruption. In exceptional circumstances, this may include a requirement that observers leave the meeting.

Unless the Board has given prior and specific agreement, members of the public or other observers will not be allowed to record proceedings in any way other than in writing.

Members will be expected to attend a minimum of 75% of all meetings.

## **7. DEALING WITH MEMBERS' INTERESTS DURING NETWORK BOARD MEETINGS**

Declarations of interest will be a standing agenda item for all meetings.

Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

Interests declared at the start of, or during a meeting will be managed in accordance with section 7.3 of the WHSSC Standing Orders.

The Chair, advised by the Committee Secretary, must ensure that the Network Board's decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual board members must demonstrate, through their actions, that their contribution to the Network Board's decision making is based upon the best interests of the NHS in Wales.

Where individual members identify an interest in relation to any aspect of Network Board business set out in the Network Board's meeting agenda, that member must declare an interest at the start of the Network Board meeting. Members should seek advice from the Chair, through the Committee Secretary before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the Network Board minutes.

## **8. DECISION PROCESS**

Decisions can only be made in line within the parameter of the sub-committee's functions and the delegated powers and authority of the group as set out in section 2.0.

Decisions will normally be achieved through consensus.

In exceptional circumstances where a decision cannot be reached the matter will be referred to the Joint Committee. The detail will be recorded in the minutes of the meeting and as part of any recommendation made to the Joint Committee.

## **9. ADMINISTRATIVE SUPPORT**

The sub-committee will be supported by WHSSC WKN Secretariat, whose duties and responsibilities include:

- Arranging meetings and issuing invites for each meeting;
- Agreement of agendas with the Chair and preparation, collation and circulation of papers;
- Taking minutes;
- Ensuring that there is a register of actions agreed at meetings and seeking timely updates from members with regards to their specific action points;
- Maintaining records of members' appointments and renewal dates; and
- Maintaining the register of interests for the sub-committee.

## **10. SUPPORT TO SUB-COMMITTEE MEMBERS**

The Committee Secretary, on behalf of the Chair of WHSSC, and the WHSSC WKN Secretariat shall:

- Arrange the provision of advice and support to the sub-committee members on any aspect related to the conduct of their role; and
- Ensure the provision of a programme of organisational development for sub-committee members as part of any overall OD programme developed by the Joint Committee.

### **10.1 Circulation of papers**

The WKN Committee Secretariat will ensure that all papers are distributed at least seven clear working days in advance of any meeting.

Items for information will not be considered by the sub-committee in accordance with the Business Framework 4.1.7. These items may be circulated outside of the meeting.

### **10.2 Circulation of minutes**

The WKN Committee Secretariat will ensure that the draft minutes will be provided to the meeting Chair within ten calendar days following the meeting.

The WKN Committee Secretariat will ensure that a Chair's brief is shared with members, where practicable, within five working days following the meeting.

## **11. REPORTING AND ASSURANCE ARRANGEMENTS**

The sub-committee Chair will:

- Report formally, regularly and on a timely basis to the Joint Committee on the sub-committee's activities. This includes verbal updates on activity, the submission of committee minutes and written reports as well as the presentation of an annual report;
- Bring to the Joint Committee's attention any significant matters under consideration by the sub-committee;
- Ensure appropriate escalation arrangements are in place to alert the WHSSC Chair, WHSSC Directors or chairs of other relevant sub-committees of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the Joint Committee;

The Joint Committee may also require the Sub-Committee Chair to report upon the committee's activities at public meetings or to partners and other stakeholders including Local Health Boards where this is considered appropriate.

The WKN Committee Secretariat or the executive lead for the WKN will, on behalf of the sub-committee Chair, share the WKN Chair report to the WKN lead from each of the LHB's.

## **12. TRAINING, DEVELOPMENT AND PERFORMANCE**

The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any task and finish groups established.

An induction process will be established for new members and any training and development sessions will be managed by the sub-committee Chair and the WKN Committee Secretariat.

The sub-committee shall organise a development day on an annual basis for its members to undertake a self-assessment and any other identified developmental needs of the committee.

## **13. REVIEW**

13.1 The sub-committee membership will be reviewed every two years.

Sessional lead Members of the sub-committee will normally be appointed for a period of three years. Following which expression of interests will be sought. During this time a member may resign or be removed if unable to carry out their duties.

These terms of reference shall be reviewed annually by the sub-committee with reference to the Joint Committee.

WKN members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the Joint Committee, in accordance with the Standing Orders, subject to any specific requirements, regulations or directions agreed by the LHBs or the Welsh Ministers. Patient and carer representatives will have reasonable travel expenses for attending Board meetings reimbursed according to LHB policy.

The WKN recognises the value that clinical leadership brings to drive forward and provide expert advice on distinct areas of commissioning priorities. Therefore, the sub-committee may, subject to Executive Director funding approval, recommend to the sub Committee the appointment of appropriately experienced members of clinical teams to hold clinical specialist leadership roles in alignment with extant priorities. These roles will be subject to recruitment via Expressions of Interest and will be remunerated as sessional or responsibility payments for a defined period. (See Appendix 2)

### **13.2 Withdrawal of Individuals in Attendance**

The Network Board may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

### **13.3 Conduct of Meetings**

The Chair, will preside at any meeting of the Welsh Kidney Network Board

The Welsh Kidney Network may invite individuals or groups to address its meetings.

Board meetings will normally be held virtually via Microsoft Teams to reduce time taken out of clinical commitments and to maximise attendance.

### **13.4 Values and Standards**

The Welsh Kidney Network will conduct all its activities in accordance with NHS Values and the Standards of Behaviour Framework set for public services in Wales. Individual members will operate within their defined standards of behaviour framework which incorporates the Seven Principles of Public Life (the Nolan Principles).

### **13.5 Communications**

The Welsh Kidney Network will agree a Communications Policy in relation to its activities.

### **13.6 Secretariat**

The Welsh Kidney Network will be supported by the Network Coordinator and the WHSSC Committee Secretary as agreed by the Kidney Network Manager. Any queries should be directed to Welsh Kidney Network Manager. The Secretariat will:



- provide the first point of contact for Welsh Kidney Network members in relation to all routine business;
- co-ordinate the activities of the Welsh Kidney Network.
- Arranging meetings and issuing invites for each meeting;
- Agreement of agendas with the Chair 10 working days ahead of the meeting
- preparation, collation and circulation of papers;
- ensure that all papers are distributed at least five clear working days in advance of any meeting,
- ensure that the draft minutes will be provided to the meeting Chair within ten working days following the meeting.
- Ensuring that there is a register of actions agreed at meetings and seeking timely updates from members with regards to their specific action points;
- Maintaining records of members' appointments and renewal dates; and
- Maintaining the register of interests for the sub-committee.

#### **14. APPLICABILITY OF STANDING ORDERS TO WELSH KIDNEY NETWORK BUSINESS**

The requirements for the conduct of business as set out in the WHSSC / Standing Orders are equally applicable to the operation of the Welsh Kidney Network.

#### **15. RESPONSIBILITIES OF MEMBERS AND OFFICERS OF THE ALL WALES KIDNEY NETWORK**

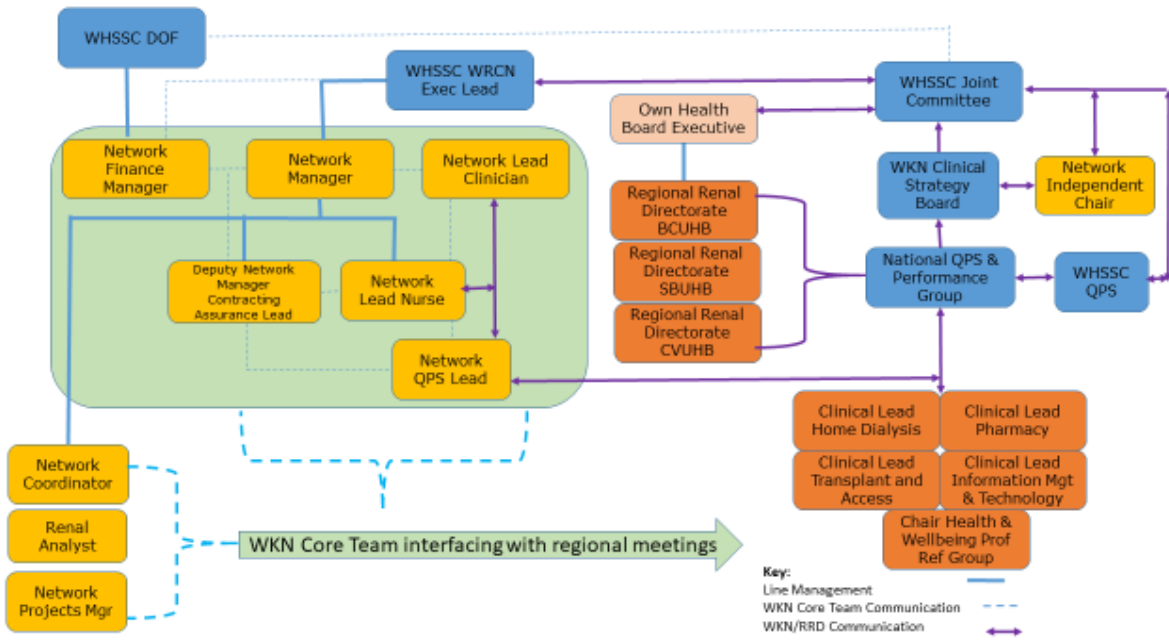
- The Welsh Kidney Network Chair will be directly responsible to the Chair of the Joint Committee.
- All clinical members, including the Network Lead Clinician, receiving sessional or responsibility payments, will remain clinically responsible to their own health boards, but accountable to the WKN Board for all professional leadership in relation to their role.
- The core Kidney Network Team, will be responsible to the nominated WHSSC Executive Director for the development and delivery of the Network objectives.

#### **16. ORGANOGRAM OF REPORTING ARRANGEMENTS TO JOINT COMMITTEE**

The following line management responsibilities will apply;

Independent Chair > Joint Committee Chair

Executive Lead > WHSSC Managing Director



## WKN Sub Groups

Although the Joint Committee WHSSC has delegated authority to the Welsh Kidney Network for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens.

The Welsh Kidney Network, through its Chair and members, shall work closely with the Joint Committee's other sub-committees and groups to provide advice and assurance to the Joint Committee through the:

- joint planning and co-ordination of the Joint Committee and Welsh Kidney Network business; and
- sharing of information

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Joint Committee's overall risk and assurance framework.

The Welsh Kidney Network shall embed the WHSSC / LHB corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

### 1. WKN Regional Renal Centre Interface Groups

The three WKN Regional Groups will provide a localised forum to enable a meaningful interface with the three individual health board providers of renal services within Wales.

The regional groups will focus on the operational delivery of the services, key issues and performance and the development of local action plans as required to enable activities to progress. Including agreeing areas that need escalating through to the WKN board to enable actions to move forward.

They will also maintain an all-Wales overview on innovation, sharing and rolling out good practice.

Regional updates will center around Quality and Patient Safety will be provided to the National Quality & Patient Safety and Performance Assurance Group. Identifying areas of near misses, Datix themes and learning, highlighting areas of best practice and innovation. It will be decided within this forum risks considered of significance to be included within the WKN Directorate Risk Register, for risks of 15 and above these will be reported through the WHSSC QPS process.

The Regional Groups will meet on a quarterly basis. A full 'terms of reference' and membership of the Regional Groups are appended to this document (Appendix 3)

Membership of the Regional Group(s):

- Network Lead Clinician (Chair)
- Network Lead Nurse
- Network Manager / Deputy
- Network Finance Manager
- Network Clinical Lead for Quality & Patient Safety
- Renal Procurement Lead
- Relevant provider Health Boards (Swansea Bay UHB, Betsi Cadwaladr UHB and Cardiff & Vale UHB) with membership as:
  - Nephrology Clinical Directors
  - Nephrology Directorate Managers
  - Nephrology Lead Nurses
  - Nephrology Finance Managers

## **2. WKN National Quality & Patient Safety (QPS) and Performance Assurance Group**

This will be a forum to review and analyse matters relating to Quality and Patient Safety and performance for renal services. The focus will have a commissioning aspect but with alignment to operational aspects so as to help ensure appropriate governance.

The Terms of Reference for the National QPS and Performance Assurance Group is appended to this document and forms part of the underpinning governance arrangements of the WKN Board.

Membership includes:

- Network Clinical Lead for Quality & Patient Safety (Chair)
- Network Lead Nurse
- Network Manager/Deputy
- Network Clinical Lead for Information Management and Technology
- Network Audit and Information Analyst
- Consultant Nephrologists (the QPS leads) from each of the 3 Health Boards
- Nephrology Directorate Managers from each of the 3 Health Boards
- Nephrology Matrons from each of the 3 Health Boards

The Chair will report to the WKN Board and the WHSSC Quality & Patient Safety Sub-committee.

## **3. WHSSC Management Group**

The WHSSC Management Group has a number of functions delegated to it by the Joint Committee including the development of the Integrated Commissioning Plan and its interface with Health Board Integrated Medium Term Plans.

The WKN is required to contribute to these plans as part of its commissioning and / or advisory role.

Whilst the majority of the WKN's activities will report directly through to the Joint Committee, there will be times that this will need to go through the WHSSC Management Group first to ensure relevant and appropriate debate and contribution. This will be on an exceptional basis and will be determined in collaboration between the Network Board and WHSSC Directors.

Examples of this would include:

- Contribution to the development of the ICP / IMTPs where resources for specialist renal services are required;
- Where there is collaborative commissioning responsibility for a part of the care pathway between the WKN and Health Boards
- Where the WKN is providing specialist advice to Health Boards on general nephrology activities that are outside of its commissioning responsibilities e.g. non-specialist medicine prescribing
- Where there is potential for a resource transfer between the WKN and Health Boards akin to the previous ESA and Immunosuppression projects.

The WKN will be represented at the WHSSC Management Group by the Network Lead Clinician and Manager (or their deputies) where such items are on the WHSSC Management Group agenda.

**Extant specialist clinical leads:**

The following clinical lead roles have a national remit for the development of Strategy and service specifications in relation to the portfolios identified to develop and support the delivery of the WHSSC ICP and agreed WKN work plan.

The roles will hold a leadership responsibility for implementation, ensuring equitable services in terms of quality and access.

- **Clinical Lead for Quality and Patient Safety (QPS)**  
Appointed on a sessional basis; 1 session a week. Period of three years
- **Clinical Lead for Information Management and Technology (IM&T)**  
Appointed on a sessional basis; 1 session a week. Period of three years
- **Clinical Lead for Transplant and Vascular Access**  
Appointed on a sessional basis; 1 session a week. Period of three years
- **Clinical Lead for Home Dialysis**  
Appointed on a sessional basis; 1 session a week. Period of three years
- **Clinical Lead for Pharmacy**  
Seconded\* on a sessional basis; up to 4 sessions a week. Period to be determined subject to WKN Board approval.
- **Clinical Lead for National Health & Wellbeing Professionals Reference Group**  
Seconded\* on a sessional basis; 2 sessions per week, 12 months pending review.

*\*Seconded basis due to likelihood of post holder being under A4C terms and conditions.*



Rhwydwaith Arennau Cymru  
Welsh Kidney Network

## Welsh Kidney Network and Regional Renal Directorate Interface Meeting

### Terms of Reference

#### 1.0 Introduction

- 1.1 The Welsh Kidney Network (WKN) was established in 2009 by Welsh Assembly Government, with specialist commissioning and advisory responsibility for adult renal services in Wales. It was adopted as a subcommittee of Welsh Health Specialised Services Committee (WHSSC) in 2011. The WKN is funded by the Health Boards via WHSSC and manages a ring fenced and allocated funds commissioning budget on behalf of WHSSC. Renal services are the only specialist service to be clinically led by a national network of clinicians working collaboratively in Wales to provide clinical leadership, strategy and guidance.
- 1.2 The aim of the WKN/Regional Directorate Interface meetings is to build partnership relationships and provide a platform to enable the strategic aims, work plans and priorities of the WKN to be discussed in alignment with operational plans of the three regional renal centres in Wales.
- 1.3 The establishment of these forums is anticipated to support effective collaboration by sharing of information and areas of good practice and to create a space to discuss and proactively resolve any early warning issues with potential to impact on service delivery and promote an environment of continuous improvement.
- 1.4 The governance arrangements of WHSSC's host Health Board "Cwm Taf Morgannwg" will apply and this includes any audit arrangements as approved by the Joint Committee.

#### 2.0 Purpose and Function

- 2.1 The aim of the WKN/ Regional Renal Directorate (WKN/RRD) interface meetings are to continue to build partnership relationships and provide a platform to enable the strategic aims, work plans and priorities of WKN to be discussed in alignment with

financial, demand and capacity, quality metrics and operational plans of the regional renal directorate for delivering renal services.

2.2 The WKN/RRD interface meeting will work in synergy with the already established Health Board/ WHSSC Quarterly Service Level Agreement (SLA) meetings. The SLA meetings have their own Terms of reference.

The combination of these meetings will underpin the commissioning of renal services for the population of that the regional renal directorates are responsible for to ensure equitable access to safe, effective, sustainable and high quality renal services for people across Wales.

2.3 Collectively, the WKN/RRD interface meetings and SLA meetings will:

- Provide collaborative leadership and development of renal services across the region in accordance with strategic aims, work plans and priorities of both the WKN and the RRD.
- Promote equity of service delivery across Wales by identifying unwarranted variation in renal service provision across regions, working collaboratively to develop and implement any agreed remedial action plans.
- To advise WKN Board of any operational barriers, across the patient pathway, to local service improvement plans and work collaboratively to overcome barriers through sharing of good practice, influence and negotiation.
- To collaboratively review Independent Service Provider (ISP) contracts, identifying any areas of variation and innovation and plans for repatriation, retender or procurement plans to accommodate growth.
- In conjunction with Health Board and WKN Lead Nurse to provide a platform to discuss quality and patient safety issues that have been considered through local governance structures and/or WKN QPS to ensure that care provision remains aligned with service specifications, prudent principles and evidence based practice.
- Promote and support service and peer reviews, national PREMs and PROM initiatives and reflect on findings and work in collaboration to implement any agreed remedial action plans.
- Provide a platform for discussing any re-configuration of services/ commissioning arrangements which may have an impact on the commissioning and provision of renal services for the population that the RRD holds responsibility for.
- Agree the priorities for commissioning renal services for the RRD population on an annual basis to inform the WHSSC Integrated Commissioning Plan (ICP). All priorities will be aimed at improving patient pathways, based on Clinical Evidence and Effectiveness which meet the principles, Prudent/Value Based Health Care



Healthier Wales, Once for Wales, thereby improving the quality of services and value for money;

- To jointly review the financial, quality and service performance of the RRD to identify any issues and to agree actions to be taken. Monitor the implementation of these actions and their efficacy.
- Agree issues, risks and good practice that should be brought to the WKN Board's attention.

### 3.0 Delegated Powers and Authority

The Group is authorised to undertake any activity within its Terms of Reference.

### 4.0 Sub Groups

4.1 The Group may establish sub-groups or Task and Finish Groups to carry out, on its behalf, specific aspects of the business within its remit.

### 5.0 Membership

5.1 Members of the Group shall be appointed by WKN and RRD and derived from the three organisations.

5.2 The Membership of the meeting will be as follows.

#### 5.2.2 WKN/RRD Interface Meetings:

##### WKN/RRD, BCUHB

Name	Designation	Organisation
Gareth Roberts (Chair)	Consultant Nephrologist, and Clinical Lead	WKN
Susan Spence	Network Manager	WKN
Annmarie Pritchard	Deputy Network Manager	WKN
TBC	Lead Nurse	WKN
Helen Harris	Finance Manager	WKN
Iwan Bonds	Directorate Manager	BCUHB
Stuart Robertson*	Consultant Nephrologist /Senior Nurse*	BCUHB / Wrexham
Abdulfattah Alejmi*	Consultant Nephrologist/Senior Nurse*	BCUHB / Bangor

Mick Kumwenda*	Consultant Nephrologist/Senior Nurse*	BCUHB / Glan Clwyd
Andy Whitfield	Finance Manager	BCUHB

**\*At least one Consultant/Snr Nurse from each locality may be nominated/in attendance**

**WKN/RRD, SBUHB**

<b>Name</b>	<b>Designation</b>	<b>Organisation</b>
Gareth Roberts (Chair)	Consultant Nephrologist, and Clinical Lead	WKN
Susan Spence	Network Manager	WKN
Annmarie Pritchard	Deputy Network Manager	WKN
TBC	Lead Nurse	WKN
Helen Harris	Finance Manager	WKN
Sarah Siddell	Directorate Manager	SBUHB
Clare Parker	Consultant Nephrologist, Clinical Director, SBUHB	SBUHB
TBC	Snr Nurse	SBUHB
TBC	Finance Manager	SBUHB

**WKN/RRD, CVUHB**

<b>Name</b>	<b>Designation</b>	<b>Organisation</b>
Gareth Roberts (Chair)	Consultant Nephrologist, and Clinical Lead	WKN
Susan Spence	Network Manager	WKN
Annmarie Pritchard	Deputy Network Manager	WKN
TBC	Lead Nurse	WKN
Helen Harris	Finance Manager	WKN
Rachel Long	Directorate Manager	CVUHB

Mike Stephens	Consultant Transplant Surgeon, Clinical Director, CVUHB	CVUHB
Helen Jefferies	Consultant Nephrologist and Nephrology Lead	CVUHB
TBC	Snr Nurse	CVUHB
TBC	Finance Manager	CVUHB

5.3 Other members/staff may be appointed as deemed appropriate by the WKN/RRD.

5.4 In the absence of the Chair and/or an appointed deputy, the remaining members present shall elect one of themselves to chair **the** meeting.

## **6.0 Member appointments**

6.1 The membership of the WKN/RRD shall be determined jointly by WKN and RRD taking account of the balance of skills and expertise necessary to deliver the remit outlined in this terms of reference.

## **7.0 Secretariat Support**

The WKN co-ordinator will provide all administrative support including minutes of meetings and circulation of papers.

## **8.0 Meetings**

### **8.1 Quorum**

Finance representatives from WKN/RRD plus at least 2 other representative from each organisation to allow any formal decisions to be agreed.

#### **8.1.1**

A person attending on behalf of a Member but who is not the nominated deputy shall not count towards the required quorum.

### **8.2 Frequency of meetings**

Meetings shall be held quarterly and will be varied in time/day to ensure that clinical representatives can attend with minimal impact on clinical duties.

### **8.3 Responsibilities of Members and Attendees**

Members have a responsibility to:

- a) Attend at least 75% of meetings (or ensure a nominated deputy attends), having read all the papers beforehand;
- b) Disseminate information throughout their respective organisation and through the appropriate Peer Groups.
- c) Identify any agenda items to the meeting's administrative support as requested; and
- d) Prepare and submit papers for the meeting as requested so that they can be issued in accordance with section 8.4.

#### **8.4 Circulation of Papers**

The administrative support will be provided by the WKN will ensure that papers are distributed at least 5 working days prior to the meeting.

The minutes of the meeting will be sent to all members in draft for agreement prior to being issued.

#### **9.0 Relationships and accountabilities with Health Boards/WHSSC and its Sub-Committees/Groups**

9.1 WKN members are accountable to the WHSSC Director of Specialised Services via the WKN Board and RRD members are accountable to the Chief Executive for their organisation. See Appendix 1

9.2 The Meeting, through its Chair and Members shall work closely with the WKN Board to provide advice and assurance to the WHSSC Joint Committee. In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into WHSSC's overall risk and assurance framework.

#### **10.0 Reporting and assurance arrangements**

10.1 The Chair of the Group shall:

- report formally on a quarterly basis to the WKN Board. This includes verbal updates on activity, the submission of the minutes and written reports;
- bring to the WHSSC Joint Committee specific attention any significant matters under consideration by the Meeting; and
- ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Chief Executive or Chairs of other LHBs and relevant sub committees of any urgent/critical matters that may affect the operation and/or reputation of WHSSC or Health Boards