

**Independent Report reviewing the governance arrangements of the Welsh Kidney Network and its reporting arrangements within the NHS Wales Joint Commissioning Committee.**

**September 2025**

**Author: Steve Combe Independent Governance Adviser**

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### 1. METHODOLOGY

The purpose of this governance review is to further review how the Welsh Kidney Network (WKN) now sits within the NHS landscape since the formal establishment of the NHS Wales Joint Commissioning Committee (JCC) on 1 April 2024 and to determine the optimum reporting mechanism for the WKN in the new governance arrangements of the JCC and the adequacy of systems and controls in place within the JCC in relation to the management and oversight of the WKN.

The full scope for the review is set out in **Appendix 1**.

The methodology used was to undertake a review of relevant documentation and to hold a series of confidential discussions with relevant individuals to identify themes and issues. No personalised information was used in the compilation of this report. This list of interviewees is set out in **Appendix 2**.

### 2. INTRODUCTION

On 13 August 2009 the Minister for Health and Social Services formally agreed the establishment of a single Welsh Clinical Renal Network (WCRN) to be managed by the Welsh Health Specialised Service Committee (WHSSC) and to be hosted by Cwm Taf Local Health Board (LHB). The aim was that the WCRN would act as a vehicle through which specialised renal services would be planned and developed on an all- Wales basis in an efficient, economical and integrated manner and to provide a single decision-making framework with clear remit, responsibility and accountability.

Under these arrangements the WCRN acted as a sub-committee of the WHSSC Joint Committee, with an independent Chair reporting to the Chair of WHSSC.

On 1 April 2024 the JCC was established and brought together WHSSC, the Emergency Ambulance Services Committee (EASC) and the National Collaborative Commissioning Unit (NCCU). The interim operating framework agreed by the JCC on the 9 April 2024 stated that the operating arrangements for the WKN would remain unchanged other than the reporting line to the new JCC and that the ToRs were amended to reflect this. It was also agreed that the legacy independent chair arrangement would continue and there would be a review of the ToR of the WKN to ascertain the function it is performing and how this should be discharged within the new JCC governance infrastructure.

### 3. THE NETWORK

The WKN is not a legally constituted body and operates within the governance arrangements of the JCC.

The full Terms of Reference for the WKN are attached at **Appendix 3**.

The role of the WKN is to:

- Lead the development and implementation of kidney service strategy;
- Provide evidence based and timely advice to the Welsh Government and JCC to assist the LHBs in discharging their functions and meeting their responsibilities with regard to the delivery of kidney policy and services across Wales;
- Undertake planning for the development and delivery of an integrated kidney 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 JCC to include quality, performance and financial information. Reports should also include activities which the JCC 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; 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.

These functions have been delivered through a Network Board, Chaired by an Independent Chair. This Board is supported by a WKN Quality and Patient Safety Group, a WKN Commissioning Group and a Network (Planning and Transformation) Group. There are also currently 4 Stakeholder Reference Groups.

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The WKN has a clinical lead and several clinicians working on a sessional basis. There is a dedicated kidney management team to support the work of the Board and to assist in the commissioning and performance management of specialised kidney services. The Network manager reports to a Commissioning Director lead for Kidney Services. Currently this is the Director of Commissioning Specialised Services.

It is important to note that the clinical lead in the Network acts as a professional adviser to Welsh Government on kidney services.

### 4. WORKING ARRANGEMENTS

Since its establishment it is clear that the WRCN and now the WKN, has achieved a great deal in the planning and implementation of effective and efficient specialised kidney services. It has used its budget imaginatively for the benefit of patients and has reinvested savings to improve kidney services. The clear “buy in” by clinicians to this model has been a significant factor in the success of the Network. Over time its role has developed and changed and it now has moved beyond the commissioning of specialist kidney services and looks at the whole patient pathway, including prevention. This is in line with the Welsh Government Quality Statement for kidney services which states:

*“The vision is to develop a Kidney Integrated Care Pathway (KICP) to provide the overarching framework for the delivery of kidney care from prevention to supporting patients to decide on the form of kidney replacement therapy that is right for them. The KICP will aim to drive system-wide improvement through a reduction in unwarranted variation of care and improved patient outcomes”.*

The membership of the WKN Network Board is broad in nature and includes clinicians, managers and individuals representing charitable and voluntary organisations involved with kidney services.

Whilst maintaining the interim reporting arrangements, the WKN is not fully integrated in governance terms for operational oversight to the Senior Leadership Team (SLT). Under the interim arrangements, there is a direct reporting link between the WKN Network Board Independent Chair and the Chair of the JCC, and formal reports are provided to the JCC meetings, from the WKN Independent Chair on a routine basis with the aim of providing assurance. Whilst decision making and performance within the WKN may be effective, there is little evidence that the decision making and performance management arrangements within the WKN are adequately embedded and aligned to the broader organisational arrangements. This means there is a risk that decisions made within the WKN are not in line with delegated authorities set out in Standing Orders and Scheme of Delegation for the JCC.

### 5. OPTIONS FOR FUTURE ARRANGEMENTS

There are a number of options for the future arrangements for the WKN. These include:

1. Retain the working arrangements broadly unchanged, with the option of asking one of the independent lay members of the JCC to undertake the chair role. This option would require the JCCs Joint Committee to confirm that the WKN remains as a sub-committee of the Board with revised ToR and clear delegated powers set out in the JCCs Standing Orders (SOs). This would have the advantage of allowing the WKN to continue its work with minimum disruption and to maintain current levels of clinical engagement. The disadvantages include the fact that the WKN would not operate within direct line of sight with the organisation’s SLT governance arrangements and that the levels of delegated authority required would be unusual for a Joint Committee as such committees are usually only assurance committees.
2. Revise the reporting arrangements of the WKN to more fully integrate their workings with JCC’s new organisational governance arrangements, this could have several strands including:
  - Setting out in writing the role of the Commissioning Director lead;
  - The Clinical Lead role to be converted to an Associate Medical Director for the WKN and to Chair the meetings of the WKN Commissioning Team;
  - The Commissioning Director lead to chair meetings of the Network (Planning and Transformation) Group ensuring that decisions are within their delegated authority. Issues outside their delegated authority or issues considered contentious could be escalated to the JCC’s Senior Leadership Team, and where necessary, engaging with the Collaborative Commissioning Leadership Group (CCLG) and, the Joint Committee of the JCC. Regular reports would be provided to the CCLG through the Director of Commissioning as necessary;
  - Strengthening the linkages between the WKN Commissioning Group and other specialised commissioning groups within the JCC to ensure greater synergy.

Under this option the operation of the Network Board would need to be reviewed as decisions would be made within the JCC SLT management arrangements. Consideration would need to be given to the Network Board meeting less frequently and operating more as a stakeholder Board. The role of the Independent Chair would also need to be reviewed as the JCC now has its own Independent Lay Members who could undertake this role. This would impact on the level of management support required to manage current arrangements.

This option has the advantage of more closely integrating WKN operations and processes with those of the broader organisation, including budgetary control, scrutiny and conflicts of interests. Reporting regularly to the CCLG, which includes membership of senior managers from Health Boards, would also lead to a greater understanding of the work of the WKN and its challenges.

The main disadvantage would be a potential delay in decision making compared to current arrangements and a possible impact on the levels of clinical engagement.

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3. Transfer the WKN to the NHS Executive to align its work with the other specialist groups and networks working in NHS Executive. There are a number of clinical networks operating within the NHS Executive. These tend to be advisory in nature. This option would require discussion with NHS Executive colleagues regarding the appropriateness of this arrangement and would also require agreement as to whether the budget held by the WKN should be retained by the JCC.

The advantages of this option are that it would align the WKN with other networks and simplify governance arrangements within the WKN and the JCC. The disadvantages are it would:

- create staff disruption as it is likely to mean a change in employment status for some,
- risk greatly lessening clinical engagement as the WKN would be advisory only within the NHS E,
- mean that current funding arrangements would need to be disaggregated, including the funding of posts in LHBs,
- potentially delay the work the WKN is doing to move services closer to patient homes,
- potentially lead to a reduction in the level of service experienced by patients.

## 6. CONCLUSION AND RECOMMENDATIONS

The WKN has achieved, and continues to achieve, a great deal. Its working arrangements have evolved and it now operates over the entire patient pathway in order to provide patients with faster access to services and reduce demand on more specialist services. Importantly, this collaborative clinical model provides focus on prevention and focusses attention on reducing demand and prevalence of acute kidney disease. Whilst its operating model has been successful its governance arrangements need to be more aligned with those of the JCC organisational arrangements.

The option of moving the WKN into the NHS Executive is not recommended for the reasons set out previously including:

- It would be a time consuming and difficult challenge at a time when both the JCC and NHS E are fully establishing themselves;
- The staff would be disrupted due to potential changes in employer;
- The budgeting and resourcing arrangements would need to be changed and agreements reached on revised arrangements;
- It also risks reducing clinical engagement and having a negative impact on patient care.

The option to retain the WKN as a Board Committee is also not recommended as this arrangement would bypass the internal governance arrangements within the JCC, including the SLT decision making arrangements. It also runs the risk of the WKN making decisions outside organisational delegated levels of authority.

The option of more fully integrating the WKN into the JCC governance arrangements is the recommended option as this ensures decisions are made in line with delegated authority and there is appropriate scrutiny and challenge built in. As indicated above this would require a number of actions ie:

1. The Commissioning Director lead role to be clearly specified and the time commitment to undertake this role to be recognised;
2. The Clinical Lead role to be converted to an Associate Medical Director for the WKN and to Chair the meetings of the WKN Commissioning Team
3. The Commissioning Director lead to chair a Network (Planning and Transformation) Group ensuring that decisions are within their delegated authority.
4. The Commissioning Director will report to the Collaborative Commissioning Leadership (CCLG) on a routine basis, to inform planning and highlight issues considered contentious.
5. The linkages between the WKN Commissioning Group and other specialised commissioning groups within the JCC should be strengthened to ensure greater synergy.
6. The terms of reference of the WKN Board should be reviewed and consideration given to establishing it as a stakeholder Board meeting on a quarterly basis. Alternatively, it could operate as an advisory sub group to the JCC Board.
7. The role of the Independent Chair should be reviewed at an appropriate time and consideration should be given to asking the Commissioning Director lead to chair the revised Board meetings or one of the JCC independent lay members with a special interest to co-chair the revised Board in a similar way to the roles of Board champions.
8. The terms of reference of the WKN should be reviewed to reflect any changes agreed.
9. The management support arrangements within the WKN should be reviewed in line with any changes agreed.

The detailed working arrangements for this model are not set out here as this will be a matter for discussion and agreement between interested parties.

## 7. OTHER ISSUES

Whilst undertaking the review it became clear that the WKN operates in a different way to the other networks within the NHS Executive. There is an opportunity for the specialist networks to be established as advisory groups to the JCC. This is allowed for in the JCC SOs. This would allow the JCC to access expert advice in a number of specialist areas and it is suggested that discussions take place with senior officers in the NHS Executive to pursue such an arrangement.



### INTERNAL REVIEW SCOPING DOCUMENT

<b>Name of Review:</b>	<b>Welsh Kidney Network (WKN)</b>
<b>Version control:</b>	V2
<b>Date:</b>	14 February 2025
<b>Date Scope Approved by NWJCC SLT:</b>	20 February 2025
<b>Anticipated Review Commencement Date:</b>	24 February 2025

<b>Review Sponsor</b>	Melanie Wilkey Director of Commissioning Specialised Services Claire Harding Interim Director of Planning
<b>Lead Reviewer:</b>	Steve Combe Consultant

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### 1. Purpose of the document

This document has been produced to capture and record the basic information needed to direct and manage the Review. The Review Scoping Document (Scope) addresses the following fundamental aspects of the Review:

- The aims and objectives of the Review
- The expected benefits and outcomes of the Review
- The roles and responsibilities of those involved in managing the Review
- The arrangements and timings to implement and manage the Review.

When approved by the Review Sponsor this Scope will provide the 'baseline' for the Review and cannot be amended without the formal approval of the NHS Wales Joint Commissioning Committee (NWJCC) Senior Leadership Team (SLT). It will be referred to whenever a major decision is taken about the Review and used at the conclusion of the Review to measure whether the Review was managed successfully and delivered an acceptable outcome.

### 2. Scope for the Review

## 2.1 Background and Context for the Initiation of the Review

The NWJCC was established on 1 April 2024 and brought together predecessor bodies, namely the Welsh Health Specialised Services Committee (WHSSC), the National Collaborating Commissioning Unit (NCCU) and the Emergency Ambulance Services Committee (EASC).

The creation of the NWJCC has led to the implementation of a new, overarching governance and accountability structure and it necessary to review the particular governance and reporting arrangements for a number of specific services to ensure robust systems and processes are in place, and are managed and reported effectively to the NWJCC.

Prior to the establishment of the NWJCC, the Welsh Kidney Network (WKN) formed part of the WHSSC structure, with an independent Chair reporting to the Chair of WHSSC and directly to the WHSSC, and a Lead Director Sponsor reporting directly to the Managing Director.

The purpose of this governance review is to further review how the WKN now sits within the new NHS landscape since the formal establishment of the JCC and to determine the optimum delivery mechanism for the WKN and the adequacy of the systems and controls in place within the NWJCC in relation to the management of the WKN.

The Review will also take into consideration the role of the WKN in providing advice and guidance to Welsh Government including the production of the Quality Statement which sets out national priorities for Kidney Services.

The review will seek to provide assurance to the Chief Commissioner via the Director of Commissioning for Specialised Services that the WKN is currently operating effectively and systems are being managed appropriately and there is clarity on purpose, reporting arrangements and delivery of objectives appropriate to and within the new governance arrangements for the NWJCC.

On 13th August 2009 the Minister for Health and Social Services formally agreed the establishment of a single Welsh Renal Network to be managed by the WHSSC and to be hosted by Cwm Taf Local Health Board (LHB). The aim was that the Welsh Renal Clinical Network (WRCN) (now known as the Welsh Kidney Network (WKN)) would act as a vehicle through which specialised kidney services would be planned and developed on an all- Wales basis in an efficient, economical and integrated manner and to provide a single decision-making framework with clear remit, responsibility and accountability.

It seems it was established as a managed network, but it would appear that the membership of the Renal Board and its sub groups grew and developed over time and are not based on any Welsh Government Directions. It should also be noted that an independent governance review was undertaken in September 2022 when it was known as the Welsh Renal Clinical Network (WRCN). The report is presented at Appendix 2. and the transitional plan report (see Appendix 6) proposed that the WKN continue to operate as usual for Q1, other than the reporting line to the new JCC and that the TORs are amended to reflect this. It was also agreed that the independent chair arrangements that existed under WHSSC continue during the transition period. It was also agreed that a review of the terms of reference of the WKN would be undertaken to ascertain the function it is performing and how this should be discharged within the new JCC governance infrastructure.

Under the new JCC governance structure the WKN is no longer a sub-committee of the JCC, however as outlined in the transitional plan report the WKN continue to operate as per the arrangements under the predecessor organisation

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WHSSC and the Chair provides an assurance to the Joint Committee through a chairs report. Consideration is being given to the WKN reporting to the new Collaborative Commissioning Leadership Group (CCLG) from Q4 2024-2025 onwards. In the interim during the transition phase the WKN continues to provide assurance report to the Joint Committee. The lead Director for the WKN is the Director of Commissioning Specialised Services.

The WKN obtains its authority and responsibility as delegated by Local Health Boards (LHBs) through the Joint Commissioning Committee as an organisation. This delegation provides the autonomy within an agreed framework for the officers of the All Wales Kidney Network to carry out the duties required of them to manage and lead the planning and performance management of the kidney service contracts. Under the WHSSC legacy arrangements the WKN was authorised by the Joint Committee to undertake all roles and activities within its terms of reference.

The purpose of the network, as currently set out in the WKN terms of reference (ToR) is to:

- Provide evidence based and timely advice to the Welsh Government and the JCC to assist the LHBs in discharging their functions and meeting their responsibilities with regard to the delivery of kidney policy and services across Wales; Undertake planning for the development and delivery of an integrated kidney service on an all-Wales basis on behalf of, and with the agreement of the JCC; Determine in conjunction with the JCC the kidney services that should be procured in Wales; In conjunction with the JCC, manage the centrally held, ringfenced, kidney budgets required for delivery of services; Performance monitor, on behalf of the JCC, the delivery services against National standards and agreed service level agreements for delivery of kidney services; Provide timely delivery and performance reports to the JCC and the Minister; Advise and monitor clinical governance in relation to kidney services within the agreed JCC Quality and Safety framework; Lead and assist in the creation, implementation and monitoring of care pathways / care bundles for kidney services; Fulfil a national remit, with a sub-structure that enables local interface
- Ensure a full-time, central support function so that it can successfully undertake its delegated responsibilities;
- Manage the National core dataset for kidney services;
- Engage with public and patients on current and future kidney service and policy developments;
- Provide a Quality Statement to Welsh Government which sets out national standards and priorities for the delivery of kidney services, from cradle to grave, across NHS Wales and is based on best practice. Develop and implement an annual work plan to deliver these priorities; and
- Lead, coordinate and oversee the implementation of clinical pathways as directed within the National Clinical Framework Implementation Programme.

These functions are delivered through a Network Board, Chaired by an Independent Chair pulling membership from multi-disciplinary clinicians, regional leads and managers, and the three Kidney Charities operating in Wales. Welsh Government are also in attendance (membership is outlined in the ToR at Appendix 1) This Board is supported by a Management Group and a Quality and Safety Group that is made up of officers from the Health Boards (HBs).

The Network Board Chair used to attend meetings of the former WHSSC Joint Committee and provides a regular update report to the Joint Committee on the work of the Network Board.

The Chair of the Network reports to the NWJCC Chair.

There is also a dedicated kidney management team within the JCC to support the work of the WKN and provide the routine commissioning and performance management of specialised kidney services. The Network manager reports to a Director lead for Kidney Services. Currently this is the Director of Commissioning Specialised Services.

It is important to note that the clinical lead in the Network acts as a professional adviser to Welsh Government on kidney services.

## 2.2 Scope & Exclusions

The areas that the Review will seek to provide assurance on and make recommendations for are:

- That clear national objectives for WKN are in place and are understood by all stakeholders with due regard to current and future Welsh Government Kidney policy intent;
- That appropriate delegations are afforded to the NWJCC with the appropriate governance arrangements and delivery methods in place to meet the objectives of the WKN within the confines of the mechanisms available to the Welsh Government and the NHS;
- That the reporting structure of WKN is clear with due regard for NWJCC and Welsh Government reporting requirements particularly in relation to the respective roles of the WKN Chair and the NWJCC Chair;
- That the role and responsibilities of NWJCC in the context of the role, responsibilities and delegated accountabilities from the Welsh Government for WKN are clearly understood and set out;

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- Whether the WKN is fully integrated into the governance and delivery processes of the NWJCC, and if there are potential synergies with other national networks and how they are hosted / managed;
- That WKN is fully integrated into the management structure of the NWJCC Specialised Services Directorate with the appropriate accountabilities clearly set out;
- That the alignment of WKN with the Commissioning Teams in the Specialised Services Directorate and the matrix arrangements for the professional functions are clearly understood;
- That there is clarity on alignment of roles and responsibilities and comparability of scope and responsibilities;
- That an annual work-plan setting, and approval process is in place with due regard for NWJCC and Welsh Government requirements and processes;
- That the governance, oversight and procurement route for any training or other external products by WKN aligns to NWJCC, CTMUHB and NHS requirements;
- That the required financial arrangements and financial controls for WKN are in place with due regard for NWJCC, CTMUHB and NHS requirements;
- That clear and optimum WKN staff employment status, management, clinical oversight and working arrangements is in place to meet its objectives and comply with NWJCC and NHS requirements;
- That the optimum governance, approval, and oversight of any WKN website or any other WKN communication products is in place with due regard for NWJCC and NHS compliance requirements; and
- That the optimum stakeholder engagement processes, in particular with HBs, is in place for services relating to WKN with due regard for NWJCC requirements and processes.

### 2.3 Review Constraints

- Impact on WKN staff
- Time to complete Review
- Absent corporate knowledge

### 2.4 Review Assumptions

- Assume all WKN staff will be aware of the Review
- Stakeholders will participate in the Review
- All information provided is accurate

## 3. Review Approach

### 3.1 Review Sponsor

The Director of Commissioning for Commissioning Specialised Services is the Review Sponsor. In the absence of the Director, the Interim Director of Planning will be nominated to support the work.

### 3.2 Lead Reviewer

The lead reviewer will be Steve Combe, Independent Consultant.

### 3.3 Stakeholders

This stakeholder list may be subject to change by the Lead Reviewer as the Review progress in order to fully meet the Review objectives.

- Chief Commissioner
- Chair of the JCC
- Chair of the WKN
- Selected WKN Staff
- NWJCC Director of Commissioning for Specialised Services
- NWJCC Finance Lead for WKN
- NWJCC Committee Secretary
- NWJCC Associate Director for Comms and Engagement
- Welsh Government Policy Lead(s) for WKN
- The NHS Wales Executive
- Clinicians for WKN/ Consultant Nephrologists (or equivalents) in HBs
- WKN link persons in HBs

### 3.4 Review Reporting

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The Lead Reviewer will report regularly to the Review Sponsor and Chief Commissioner as required. As the review is anticipated to be undertaken within 4 weeks, interim reporting is not anticipated, but any fundamental risks or issues identified during the review process should be reported to the sponsor as soon as possible.

The Lead Reviewer will report the findings of the Review to the NWJCC Senior Leadership Team and may also be asked to present the findings of the review to key stakeholders including WKN staff, Welsh Government, NWJCC Senior Leadership Team, and the JCC Committee as required.

### 4. Risk Approach

#### 4.1 Risk Approach

The Review Sponsor will review and report on the appropriateness of the WKN entries on the NWJCC risk register in collaboration with the WKN Manager.

#### 4.2 Risk Reporting

Due to the short timescale for the review, interim risk reporting is not required ahead of the main report, but any fundamental risks or issues identified during the review process should be reported to the sponsor as soon as possible..

### 5. Review Timeline & Key Milestones

#### 5.1 High level timeline









The Review will begin in January 2025 and is anticipated to complete in no more than 4 weeks.

#### 5.2 Key milestones (Indicative)

- Draft Review Scoping Document agreed-January 2025
- Appoint Review Sponsor-January 2025
- Appoint Lead Reviewer-January 2025
- Undertake Review (evidence gathering/Stakeholder meetings)-January 2025-February 2025
- Review write up-February 2025
- Draft report to Review Sponsor - February 2025
- Final Review report completed - end February 2025

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### 6. Appendices (documents related to Review)

1.	WKN terms of reference May 2023	 WKN ToR FINAL.docx
2.	WKN Governance review scope and final report - Sept 2022	 WRCN%20review.final.docx
3.	Report to the JCC – WKN Assurance Report – November 2024 and January 2025	<a href="https://jcc.nhs.wales/the-committee/committee-meeting-papers/november-2024/335-wkn-chairs-report/">jcc.nhs.wales/the-committee/committee-meeting-papers/november-2024/335-wkn-chairs-report/</a>  <a href="https://jcc.nhs.wales/the-committee/committee-meeting-papers/january-2025/524-wkn-chairs-report-231224/">jcc.nhs.wales/the-committee/committee-meeting-papers/january-2025/524-wkn-chairs-report-231224/</a>
4.	WKN Website Link	<a href="#">Home - Welsh Kidney Network</a>
5.	JCC risk register – WKN risks	 5.3 JCC Risk Register.docx   5.3.1 Appendix 1 - JCC Risk Register - Nc
6.	Interim Operating Framework - WKN	 2.2 Interim operating Framework - JCC 9 Apr   2.2.1 Appendix 1 - JCC Combined Transit
7.	WHSSC Legacy Statement - WKN	 2.4 Legacy Statements.docx   2.4.5 Appendix 5 - WHSSC Legacy Stater

**Draft Interview Schedule for Internal Review of**  
**Welsh Kidney Network (WKN)**  
**January 2025**

List of Interviewees

	Name
1	Ian Green, Chair of the JCC
2	Stacey Taylor, Interim Chief Commissioner
3	Ian Phillips, Chair WKN
4	Mel Wilkey, Director of Commissioning Specialised Services
5	Jacqui Maunder, Committee Secretary / Associate Director of Corporate Services
6	Gareth Roberts, WKN Lead Consultant Nephrologist
7	Sue Browne, WKN Manager
8	Helen Harris, WKN Finance Lead
9	Iain Hardcastle, NHS Executive (not interviewed)
10	Rowan Carbury, Welsh Government
11	Nicola Johnson, Director of Strategy, PtHB
12	Claire Harding, Associate Director of Planning, JCC
13	Stuart Davies, Temporary PET Lead JCC – Jan 2025
14	James Chess – Consultant Nephrologist, SBUHB



**WELSH KIDNEY NETWORK CLINICAL STRATEGY BOARD  
TERMS OF REFERENCE**

Document Author:	WKN Network Manager
Executive Lead:	Specialist Commissioning Director
Approved By:	Joint Commissioning Committee
Issue Date:	February 2025
Review Date:	February 2026

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### **1. CONSTITUTION AND PURPOSE**

#### **1.1 Constitution**

In accordance with Joint Commissioning Committee (JCC) Standing Order 3, the JCC may and, where directed by the LHBs jointly or the Welsh Government must, appoint joint sub-committees of the JCC either to undertake specific functions on the JCC's behalf or to provide advice and assurance to others (whether directly to the JCC, or on behalf of the JCC to each LHB Board and/or its other committees).

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

The JCC 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 JCC and to be hosted by Cwm Taf Morgannwg UHB (CTMUHB) and be a sub-committee of the JCC. 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.

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### 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 JCC, 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 in two Regions

Detailed service specifications will be developed to support the commissioning and accountability arrangements including key metrics for delivering high quality and sustainable kidney services that meet the needs of the population.

The WKN sets the strategic direction for kidney services in Wales. It also has an advisory role for Health Boards and provides Policy development support to Welsh Government. The WKN identifies and prioritises developments based on the quality attributes described in the Quality Statement for Kidney Disease.

### 1.3 Relationships and accountabilities

Although the JCC 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 JCC 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 JCC's other joint sub-committees and groups to provide advice and assurance to the JCC through the:

- Joint planning and co-ordination of the JCC 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 JCC's overall risk and assurance framework.

The sub-committee through its National Quality and Patient Safety and Performance Assurance (QPS) Committee and via the JCC Quality, Patient and Outcomes Committee (QPOC) 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 JCC'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 JCC.

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 JCC 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 JCC 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 JCC'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 JCC. This includes transplantation, dialysis, vascular access and Erythropoietin Stimulating Agents

## 5.2.1 APPENDIX 1

(ESAs) and Immunosuppressant's for Renal Transplantation. Additionally the WKN will recommend to JCC 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 kidney service strategy;
- Provide evidence based and timely advice to the Welsh Government and JCC to assist the LHBs in discharging their functions and meeting their responsibilities with regard to the delivery of kidney policy and services across Wales;
- Undertake planning for the development and delivery of an integrated kidney 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 JCC to include quality, performance and financial information. Reports should also include activities which the JCC 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;
- 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 JCC in respect of this committee are set out below.

### 2.3 Authority

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

The WKN is authorised by the JCC 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 JCC's procurement, budgetary and other requirements.

The WKN 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 WKN will meet with Internal Audit without the presence of JCC 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.

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### 3. SUB-GROUPS

The WKN may, subject to the approval of the JCC, establish sub-groups or task and finish groups to carry out on its behalf specific aspects of WKN 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
- All Wales Acute Kidney Injury Group
- 3<sup>rd</sup> Sector Collaborative Group
- National Vascular Access Group

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

### 4. MEMBERSHIP

4.1 The membership of the WKN includes:

Member Role	Tenure, Appointment & Accountability
An Independent Chair	Appointed for 3 years (max 4), 2 days per month.  Appointed by the Chair of JCC in accordance with the JCC Standing Orders. The Independent Chair will be expected to attend JCC and IGC & QPS as required.
Director of Commissioning for Specialised Services (DoCSS), JCC	The officer members' responsibilities are determined by the JCC and are set out in the scheme of delegation to officers included within the JCC Standing Orders. They will also be outlined in the officers job description.  The delegated financial limits are set out within the Standing Financial Instructions (SFI's)
Lead Clinician	Appointed by DoCSS on a sessional basis; 2 sessions per week. Period of three years
Welsh Kidney Network Manager	Permanent full-time appointment into JCC
Clinical Lead for Quality & Patient Safety	Appointed by the DoCSS on a sessional basis; 1 session a week. Period of three years
Lead Nurse	Permanent appointment into JCC
Plus the extant specialists Clinical Leads (appendix 2)	As outlined in appendix 2
Patient Advocacy Groups representatives	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

## 5.2.1 APPENDIX 1

Member Role	Tenure, Appointment & Accountability
	<p>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> <p>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.</p> <p>1 representative per charity will be a full board member.</p>
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 Finance Manager	Permanent part-time appointment (0.6 wte) into JCC
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:

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

### 4.2 Member Appointments

JCC appointed members of the WKN shall be determined by the JCC Chair, - taking account of the balance of skills and expertise necessary to deliver the WKN'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.

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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 JCC 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 Board's 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 JCC 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 JCC. The detail will be recorded in the minutes of the meeting and as part of any recommendation made to the JCC.

### 9. ADMINISTRATIVE SUPPORT

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

- Arranging meetings and issuing invites for each meeting;

## 5.2.1 APPENDIX 1

- 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 WELSH KIDNEY NETWORK MEMBERS

The Committee Secretary, on behalf of the Chair of JCC, and the JCC 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 JCC.

#### 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 WKN 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 JCC on the WKN'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 JCC's attention any significant matters under consideration by the WKN;
- Ensure appropriate escalation arrangements are in place to alert the JCC Chair, JCC Directors or chairs of relevant sub-committees of any urgent or critical matters that may compromise patient care and affect the operation or reputation of the JCC;

The JCC may also require the WKN Chair to report upon WKN matters 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 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 JCC, shall oversee a process of regular and rigorous self-assessment and evaluation of the WKN'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 WKN Chair and the WKN Committee Secretariat.

The WKN 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 WKN 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 WKN with reference to the JCC.

WKN members' terms and conditions of appointment, (including any remuneration and reimbursement) are determined by the JCC, 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 Director of Commissioning funding approval, recommend to the WKN 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 JCC 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.

### 5.2.1 APPENDIX 1

- 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**

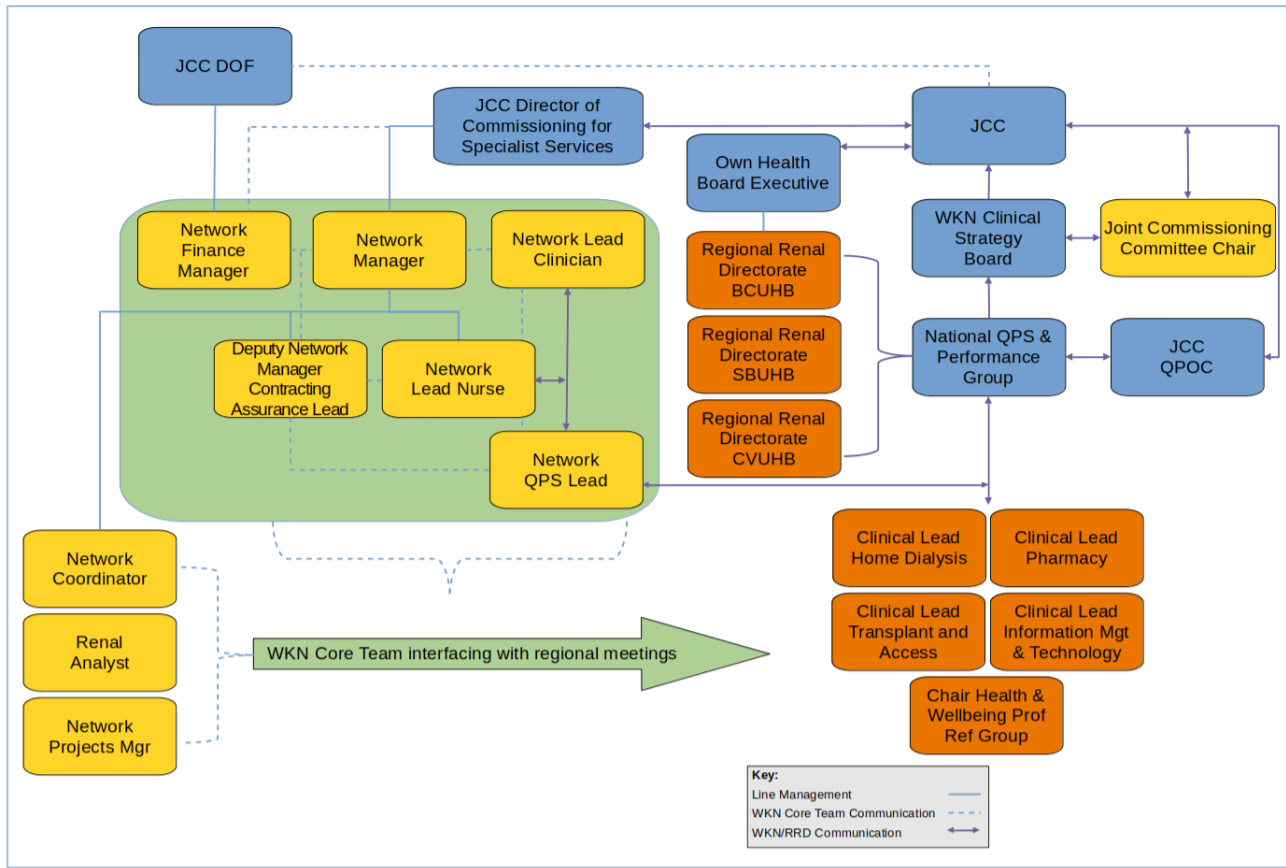
The requirements for the conduct of business as set out in the JCC / Standing Orders are equally applicable to the operation of the Welsh Kidney Network.

### **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 JCC.
- 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 JCC Executive Director for the development and delivery of the Network objectives.

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

The following line management responsibilities will apply:



### WKN Sub Groups

Although the JCC 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 JCC's other sub-committees and groups to provide advice and assurance to the JCC through the:

- Joint planning and co-ordination of the JCC 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 JCC's overall risk and assurance framework.

The Welsh Kidney Network shall embed the JCC / 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 centre around Quality Safety and Outcomes 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 JCC QSOC 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 (appendix 4) 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

### 5.2.1 APPENDIX 1

- 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 JCC Quality, Safety and Outcomes Sub-committee.

#### **3. JCC Collaborative Commissioning Leadership Group (CCLG)**

The JCC Collaborative Commissioning Leadership Group has a number of functions delegated to it by the JCC 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 JCC, there will be times that this will need to go through the JCC CCLG 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 JCC Directors.

Examples of this would include:

- Contribution to the development of the 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 JCC CCLG by the Network Lead Clinician and Manager (or their deputies) where such items are on the JCC CCLG 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 JCC IMTP and agreed WKN work plan.

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

- **All Wales Clinical Lead (and also Clinical Lead for Home Dialysis)**  
Appointed on a sessional basis; 2 sessions a week. Period of three years
- **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 one year
- **Clinical Lead for Transplant and Vascular Access Data**  
Appointed on a sessional basis; 1 session a week. Period of one year
- **Clinical Lead for Pharmacy**  
Seconded\* on a sessional basis; up to 4 sessions a week. Period of one year.
- **Clinical Lead for Pharmacy and Innovation**  
Seconded\* on a sessional basis; up to 4 sessions a week. Period of one year.
- **Clinical Lead for Prevention**  
Seconded\* on a sessional basis; up to 4 sessions a week. Period of one year.
- **Clinical Lead for AKI**  
Seconded\* on a sessional basis; up to 4 sessions a week. Period of two years.
- **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.*



## 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 Joint Commissioning Committee (JCC) in 2011. The WKN is funded by the Health Boards via JCC and manages a ring fenced and allocated funds commissioning budget on behalf of JCC. 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 JCC's host Health Board "Cwm Taf Morgannwg" will apply and this includes any audit arrangements as approved by the JCC.

## 5.2.1 APPENDIX 1

### 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/ JCC 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 JCC Integrated Medium Term Plan (IMTP). 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 Browne	Network Manager	WKN

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Annmarie Pritchard	Deputy Network Manager	WKN
Sarah McMillan	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

Name	Designation	Organisation
Gareth Roberts (Chair)	Consultant Nephrologist, and Clinical Lead	WKN
Susan Browne	Network Manager	WKN
Annmarie Pritchard	Deputy Network Manager	WKN
Sarah McMillan	Lead Nurse	WKN
Helen Harris	Finance Manager	WKN
Sarah Siddell	Directorate Manager	SBUHB
Clare Parker	Consultant Nephrologist, Clinical Director, SBUHB	SBUHB
Lisa Morris	Snr Nurse	SBUHB
Charlie Mackenzie	Finance Manager	SBUHB

#### WKN/RRD, CVUHB

Name	Designation	Organisation
Gareth Roberts (Chair)	Consultant Nephrologist, and Clinical Lead	WKN
Susan Browne	Network Manager	WKN
Annmarie Pritchard	Deputy Network Manager	WKN
Sarah McMillan	Lead Nurse	WKN
Helen Harris	Finance Manager	WKN
Rachel Long	Directorate Manager	CVUHB
Aled Lewis	Clinical Director, CVUHB	CVUHB

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TBC	Consultant Nephrologist and Nephrology Lead	CVUHB
Lisa Higginson	Snr Nurse	CVUHB
James Leaves	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/JCC and its Sub-Committees/Groups

9.1 WKN members are accountable to the JCC 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 JCC. In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into JCC'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;

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- bring to the JCC specific attention any significant matters under consideration by the Meeting; and
- ensure appropriate escalation arrangements are in place to alert the JCC 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 JCC or Health Boards

## APPENDIX 4



Welsh Kidney Network

National Quality Patient Safety

Performance and Assurance

Terms of Reference

## 5.2.1 APPENDIX 1

<i>Document Author:</i>	Welsh Kidney Network Manager
<i>Executive Lead:</i>	
<i>Approved by:</i>	Welsh Kidney Network Quality & Patient Safety Group Welsh Kidney Network Board
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<b>1. CONSTITUTION AND PURPOSE</b>
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### 1.1 Constitution

In accordance with JCC 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. As a minimum, it shall establish a joint sub-committee, whose purpose is to [provide advice and assurance on all matters of quality and patient safety relevant to the work of the Joint Committee. This sub-committee will be known as the **National Quality Patient Safety Performance and Assurance (the sub-committee)**).

### 1.2 Purpose

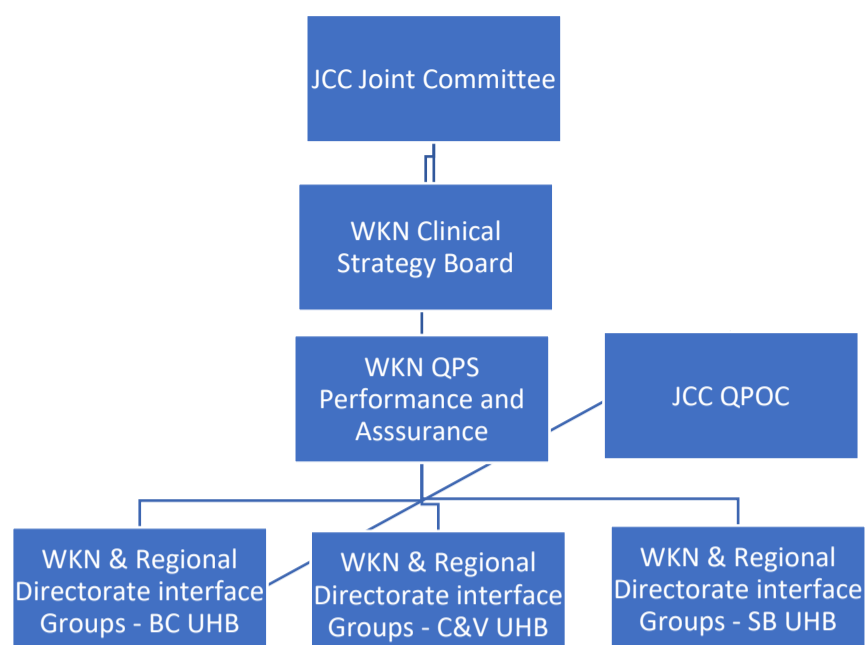
The purpose of the sub-committee is to provide timely **assurance** to the WKN Clinical Strategy Board and Joint Committee that is commissioning high quality and safe services. This will be achieved by

- Providing advice to the WKN Clinical Strategy Board and Joint Committee, including escalation of issues that require urgent consideration and action;
- Addressing concerns delegated by WKN Board and Joint Committee; Ensuring that LHB Quality and Patient Safety Committees are informed of any issues relating to their population recognising that the concerns of specialised service may impact on primary and secondary and vice versa (whole pathway); and
- Provide assurance to the WKN Clinical Strategy Board and Joint Committee in relation to improving the experience of patients, carers, citizens and those that come into contact with WKN Commissioned Services.

This delegation provides the autonomy for the WKN to lead the commissioning and performance management of the renal service contracts in accordance with professional standards set by the Welsh Government (including Quality Statement for Kidney Disease and Service Specifications) and the renal professional groups such as the Renal Association.

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### 2. GOVERNANCE STRUCTURE



### 3. SCOPE

The Quality & Patient Safety Sub Group is accountable to the Welsh Kidney Network Board. Although responsibility for quality and safety is retained by each individual Health Board providing services, the WKN Board requires assurance that commissioned services are both safe and sustainable. This is achieved by promoting the concept of an open, transparent, supportive culture where safety is enhanced - through continuous learning and transparency.

In summary the Quality & Patient Safety Sub Group will review, monitor and where applicable advise the WKN Board on the following matters;

- Quality and Patient Safety issues in relation to WKN commissioned services. This is inclusive of both external issues e.g. alerts issued by professional bodies and internally e.g. concerns raised through the Health Boards.
- Implications for quality and safety arising from the development of the Board's corporate strategies and plans.
- Progress on delivery of quality improvement initiatives agreed by the WKN Board.
- Provide assurance that matters escalated to the JCC Quality, Patient and Outcomes Committee (QPOC) Sub-Committee have been fully investigated and report on any lessons learned.

In discharging these areas of responsibility the Quality and Patient Sub-Group may establish task and finish groups to deliver specific actions, as required.

Scope in detail:

- Oversee a mechanism for sharing lessons learnt from adverse clinical incidents and untoward events beyond organisational boundaries and across the Network.
- Identify issues of quality and safety arising out of joint working between Services and Health Boards and advise the Welsh Kidney Network and JCC Quality, Patient and Outcomes Committee (QPOC) Sub-committee of the issues and potential solutions.
- Oversee, via the relevant WKN Work programs, the development and dissemination of a comprehensive and broadly accepted portfolio of guidelines to support best practice across the Network.
- Implement on behalf of the Network a formal audit and outcomes process building on existing data collection processes.
- Act as a point of reference and advice to the Welsh Kidney Network on the implementation of National Guidance as it relates to commissioned renal services within the Network.
- Oversee the monitoring and implementation of the National Renal Standards as set out in the Renal Delivery Plan (2016-20), its successor document and other relevant strategies.
- Advise the Welsh Kidney Network, Clinical Reference Group – Audit, on all aspects of clinical information in relation to the needs of the Network
- Oversee the use of UK Renal Registry data for clinical audit and advise the Welsh Kidney Network Board on any data quality issues.
- Agree with clinical stakeholders within the Network a standardised approach to the production of Unit level Annual Reports and oversee the amalgamation of these into a consolidated and comprehensive Network Annual Report.

### 4. DECISION MAKING

The Quality and Patient Sub-Group will be chaired by WKN Clinical Lead, QPS. In the event of absence, the Chair will be the WKN Clinical Lead.

Decisions by the Quality and Patient Sub-Group will be made through consensus. In the event this cannot be achieved the matter will be escalated to WKN Board.

In public and private all parties will stand by the decisions made by the Quality and Patient Sub-Group, regardless of individual preferences or feelings.

The Quality and Patient Sub-Group members acknowledge that the decision making process may at times be difficult and that compromise will be needed.

All decisions and reports generated by the Quality and Patient Sub-Group must be ratified by the WKN Board or WKN Board Chair via Chair's Actions (where appropriate) prior to actioning.

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### 5. MEMBERSHIP

The Membership of the Quality and Patient Safety (QPS) and Performance Assurance Sub-Group:

- Network Clinical Lead for Quality & Patient Safety (Chair)
- All Wales Clinical Lead
- Network Lead Nurse
- Network Manager/Deputy
- Network Clinical Lead for Information Management and Technology
- Network 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
- Clinical Directors from each of the three Health Board regions

Where a member is unable to attend, they may nominate an appropriately senior deputy to attend in their place, provided this has been agreed by the Chair or Deputy Chair.

The Quality and Patient Safety (QPS) and Performance Assurance may extend invitations to other personnel with relevant skills, experience or expertise necessary to deal with the business of the agenda or to support delivery of a project.

### 6. QUORUM

Meetings of the Sub Group will be considered quorate if the meeting is attended by a minimum of 3 members of the WKN representatives and one clinical representative from each of the three regional renal services.

### 7. SECRETARIAT

The Management Group will be supported by the Network Coordinator.

The Secretariat will:

- provide the first point of contact for QPS Sub-Group members in relation to all routine business;
- co-ordinate the activities of the QPS Sub-Group

### 8. FREQUENCY AND MANAGEMENT OF MEETINGS

Meetings will take place sufficiently frequently to manage the QPS Sub-Groups work programme and provide reports to the Welsh Kidney Network Board.

These will align with the WKN Board and through it, to the Joint Committee i.e. if there are five meetings per annum, there will be five QPS sub-group meetings.

At a minimum, there will be quarterly meetings.

Papers will be distributed one week in advance of the meeting together with an agenda. This is intended to give QPS Sub-Group members the opportunity to read information in advance of the meeting.

Following agreement by the Chair, if any additional item needs to be raised on the day, this will be covered under Any Other Business, subject to there being time available.

### 9. MINUTES

Draft action plans and decisions from the meetings will be circulated to all members of the Board within five working days, with full draft minutes ten working days after the meeting.

QPS sub-group members are responsible for circulating minutes to their own Governing Bodies (or similar) as appropriate. Such circulation must be undertaken in a manner that respects issues of confidentiality.

### 10. REVIEW

Formal review of the Terms of Reference for the QPS sub-group will be placed on the agenda annually. Members however may raise any concerns or suggestions for improving processes as needed.