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Welsh Health Specialised
Services Committee (WHSSC)



Rhwydwaith Arennau Cymru
Welsh Kidney Network

WELSH KIDNEY NETWORK CLINICAL STRATEGY BOARD

TERMS OF REFERENCE

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Approved By:	Joint Committee
Issue Date:	16 May 2023
Review Date:	16 May 2024
Version:	1.0

1.	Constitution and purpose	2
2.	Delegated Powers and Authority	4
3.	Sub groups	7
4.	Membership	7
5.	Quorum	10
6.	Frequency of Meetings and Attendance	10
7.	Dealing with Members’ interests during Network Board meetings	10
8.	Decision process	11
9.	Administrative Support	11
10.	Support to Sub-Committee Members	11
11.	Reporting and Assurance Arrangements	12
12.	Training, Development and Performance	12
13.	Review	13
14.	Applicability of standing orders to welsh kidney network business	14
15.	Responsibilities of members and officers of the all wales kidney network	14
16.	Organogram of reporting arrangements to Joint Committee	15
	Appendix 1	16
	Appendix 2	19
	Appendix 3	20

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 13th 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
- 3rd 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	<p>Appointed for 3 years (max 4), 2 days per month.</p> <p>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.</p>
Executive Director	<p>Appointed by the Managing Director, WHSSC</p> <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>

Member Role	Tenure, Appointment & Accountability
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
Plus the extant specialists Clinical Leads (appendix 2)	As outlined in appendix 2
Patient Advocacy Groups representatives	<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"> • Kidney Wales Foundation Reg No: 700396 • Paul Popham Fund Reg No: 1160114 • Kidney Care UK Reg No: 270288 <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.</p> <p>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 Manager	Permanent full time appointment into WHSSC

Member Role	Tenure, Appointment & Accountability
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.

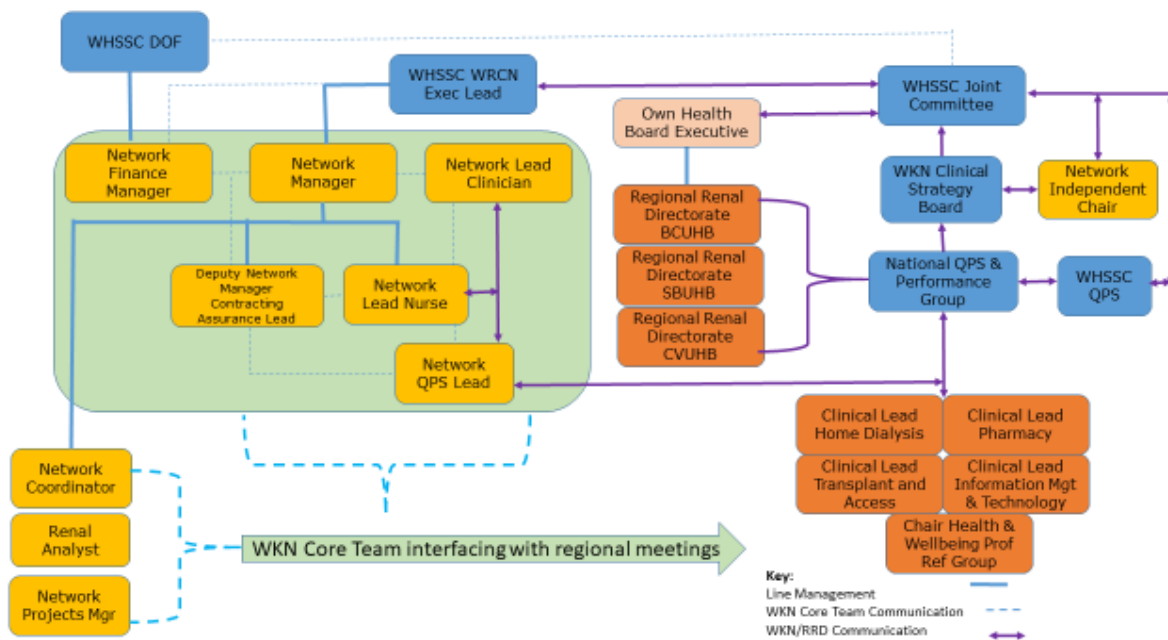
- The core Kidney Network Team, will be responsible to the nominated WHSSC Executive Director for the development and delivery of the Network objectives.

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 AAC 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
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***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 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

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
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